THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS COMPENSATION

Full Commission

WCC File No. 1200349
Appellate Case No. 2018-000133

James Provins, Employee/Deceased,
Debra Provins, Alleged Dependents/Claimants, Appellants,

v.

Spirit Construction Services, Inc., Employer,
And Insurance Company of the State of PA, Carrier, Respondents.

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SC Court of Appeals

RECORD ON APPEAL

Volume II of III

September 12, 2018

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ORTHOPAEDIC ASSOCIATES
of KENTUCKIANA, P.L.L.C.

3605 Northgate Court, Suite 202, New Albany, Indiana 47150

PHYSICAL EXAMINATION

Date 6/3/13

Patient Name James Provin Birth Date

Height	Weight	Blood Pressure	Pulse	Respirations
5.7"	235 lbs			12

Well developed and well nourished yes no
Orientation x3 yes no
Mood and affect appropriate yes no
Gait

Tenderness

ROM

Instability

Strength

Skin inspection and palpation

Temp/Pulses

Light Touch

DTRs

Lymphatic

Coordination

Diagnosis

Plan Lortab 7.5 No use (R) Ram
PT RCR
BW RP

Signature

main phone 502-585-4376 fax 502-581-1274 appointments 502-562-0346 web site OAdocs.com

ORTHOPAEDIC ASSOCIATES
of KENTUCKIANA, P.L.L.C.

3605 Northgate Court, Suite 202, New Albany, Indiana 47150

WORK RESTRICTION STATEMENT

Patient's Name: James Prouin

Today's Date: 6/3/13 *Restrictions Void After:* 7/1/13 4 wk 1:30

NATURE OF INJURY: The patient has problems with their (R) Shoulder

TREATMENT: The patient has been evaluated today.

Medication: The patient may/may not do their regular/light duty job with the suggested medications.

Driving: The patient may/may not drive their private vehicle.
The patient may/may not drive a commercial vehicle.

REFERRAL:

Physical Therapy: Home program Work hardening/conditioning
Formal program _____ times per week for _____ weeks

Specialist Referral: _____

WORK STATUS: Regular Duty See Restrictions Below Out of Work

OTHER: _____

INTENSITY: Regular As tolerated Light Medium Heavy

WALKING: No limits Level Ground Must uses crutches/walker/cane Close in parking
_____ hrs/day with rests every _____ minutes Sit down with bathroom breaks

EQUIPMENT: No restrictions No vibrating tools No dangerous equipment

NO CONSTANT/REPETITIVE USE: Pulling, Pushing, Pulling, Reaching, Pinching, Gripping, Twisting, Bending, Kneeling, Squatting, Use above shoulder height

WEIGHT RESTRICTIONS in pounds:

	Right Constant	Right Occasional	Left Constant	Left Occasional
Lifting				
Pulling/Pushing				

WORK LEVEL:

Between	Floor Knees Hips Waist Chest Shoulder No Limits	and	Floor Knees Hips Waist Chest Shoulder No Limits

No use of (R) Arm

Frank Bonnarens, MD FOBonnarens MD/RC

THESE RESTRICTIONS ARE VOIDED AFTER THE PATIENT'S NEXT SCHEDULED APPOINTMENT DATE

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ORTHOPAEDIC ASSOCIATES of KENTUCKIANA, P.L.L.C.
3605 Northgate Circle, Suite 202
New Albany, Indiana 47150
502-585-4376
OAdocs.com

fax 502-581-1274 appointments 502-562-0346

Date: July 01, 2013

Name: PROVIN, JAMES Age: _____ Birth Date: [redacted]

Address: _____ Home Phone: [redacted]

Occupation: _____ S.S.#: _____

Referred by Dr.: _____ X-Ray #: _____

HISTORY: The patient returns today in followup on his right shoulder saying he is continuing with the pain. Range of motion is fair at this point, still needs a lot of work in the glenohumeral motion. Strength still needs a lot of work too. Surgical pathology was again discussed with the patient. He is saying that it hurts when he moves it. Given the recent surgery for the rotator cuff repair, this is not surprising. We are going to renew the Lortab. He is allowed to return to work, no use of the right arm. We will see him return here in four weeks' time for recheck. We will have them really zero in on the glenohumeral motion over in physical therapy.

FOB/hba

New Albany Office: 3605 Northgate Court, Suite 102, New Albany, Indiana 47150
Elizabethtown Office: 2410 Ring Road Suite 500, Elizabethtown, KY 42701
Louisville Office: 4001 Kresge Way, Suite 330, Louisville, KY 40207
9070 Dixie Highway Suite 6 Louisville KY 40258
170 Dr Arla Way Louisville KY 40207

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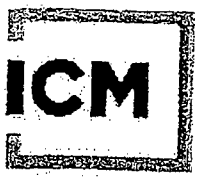


July 9, 2013

Dr. Frank Bonnarens
148 Dr Arla Way
Hillview, KY 40229

+ drop arm = weakness et fatigue

Re: Employee: James Provins
DOB:
DOI: 01/24/2012

Dear Dr. Bonnarens,

Thank you for allowing me to attend James Provins's appointment today. To recap the treatment to date, you decided that Mr. Provins should undergo shoulder surgery and that was completed on 05/15/13 and post-operative evaluation completed on 06/03/13 and at that time an order for physical therapy was given and he no longer needed to wear the post-operative arm sling.

I look forward to working with you in order to assist in coordinating the medical care for James Provins. I will be attending appointments, obtaining medical notes and discussing the ongoing treatment plan with you.

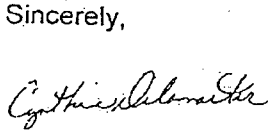
- Surgical procedure per operative report was right shoulder rotator cuff repair, acromioplasty/Mumford procedure, debridement of the biceps stump and labral tears and insertion of bone graft. (5/15/13)
- Current evaluation finding today? PROM good active-weak c̄ abduction good ext/int Rotation strong pendulum retract
- Has Mr. Provins made progress in his physical therapy program? yes progressing
- Further treatment plan? And estimated length of treatment? Lestato PT-cont.
- Work status currently of one handed duty was given at on June 3, 2013? Please note any changes to the work status at this time? No use R arm
- When do you feel Mr. Provins will be able to RTW in a full duty capacity? 6 months post op.
- Previous estimate of the attainment of maximum medical improvement following treatment was 6 months post operatively or November 2013 do you feel he is progressing toward that goal? probably

Copies of all office notes and diagnostic procedure reports may be faxed to me at 678-533-5801.

Integrated Care Management
3440 Preston Ridge Road, Suite 300 - Alpharetta, GA 30005 - 770-730-8400 - Fax 678-942-9563 - 800-500-3270
www.integratedcare.com

Should you have any questions or concerns you wish to discuss regarding James Provins, you may contact me at 502-649-3026.

Sincerely,



Cynthia Dilamarter, RN, CCM
Case Manager
Phone: 502-649-3026

cc: Sharon West
Donald Smith, Attorney

THE OVERALL COLORED FACE OF THE ORIGINAL DOCUMENT CHANGES SHADE GRADUALLY AND SMOOTHLY

Jewish Outpatient Care Center
225 Abraham Flexner Way, Ste 403
Louisville, KY 40202
Telephone: (502) 585-4376

Preston Medical Center
7926 Preston Highway, Ste 103
Louisville, KY 40219
Telephone: (502) 969-2302

FRANK U. SCHRAMEK, M.D.
DEA # AB2378532 - KY LIC# 29483
ORTHOPAEDIC ASOCIATES

Southend Medical Clinic
5329 Dixie Highway, Suite 100
Louisville, Kentucky 40216
(502) 587-4376

DEA # AB2378532

Name Susan Poering

Address

Date 7/26/13

Lortab 7-5
#40
7 pills 6 mos

1-24
25-49
50-74
75-100
101-150
151 and Over

Refill (circle) 1 2 3 4 5

M.D.

Physician's Signature Required

M.D.

Prescription is void if more than one (1) prescription is written per blank.

THE ORIGINAL DOCUMENT HAS A SEPIA-TONE WATERMARK ON THE BACK

ORTHOPAEDIC ASSOCIATES
of KENTUCKIANA, P.L.L.C.

3605 Northgate Court, Suite 202, New Albany, Indiana 47150

WORK RESTRICTION STATEMENT

Patient's Name: Barnes Plains D.O.B.
Today's Date: 7/24/13 *Restrictions Void After:* Aug 26, 2013
NATURE OF INJURY: The patient has problems with their (R) shoulder
TREATMENT: The patient has been evaluated today.
Medication: The patient may/may not do their regular/light duty job with the suggested medications.
Driving: The patient may/may not drive their private vehicle.
The patient may/may not drive a commercial vehicle.
REFERRAL:
Physical Therapy: Home program Work hardening/conditioning
Formal program _____ times per week for _____ weeks
Specialist Referral: _____

WORK STATUS: Regular Duty (See Restrictions Below) Out of Work
OTHER: _____
INTENSITY: Regular As tolerated Light Medium Heavy
WALKING: No limits Level Ground Must uses crutches/walker/cane Close in parking
_____ hrs/day with rests every _____ minutes Sit down with bathroom breaks
EQUIPMENT: No restrictions No vibrating tools No dangerous equipment
NO CONSTANT/REPETITIVE USE: Pulling, Pushing, Pulling, Reaching, Pinching, Gripping, Twisting, Bending, Kneeling, Squatting, Use above shoulder height
WEIGHT RESTRICTIONS in pounds:

	Right Constant	Right Occasional	Left Constant	Left Occasional
Lifting				
Pulling/Pushing				

WORK LEVEL:

Between	Floor Knees Hips Waist Chest Shoulder No Limits	and	Floor Knees Hips Waist Chest Shoulder No Limits

No use of (R) Arm

Frank Bonnarens, MD FOBonnarens MD/RR

THESE RESTRICTIONS ARE VOIDED AFTER THE PATIENT'S NEXT SCHEDULED APPOINTMENT DATE

main phone 502-585-4376 fax 502-581-1274 appointments 502-562-0346 web site OAdocs.com

FRANK O. BONNARENS, M.D.
ORTHOPAEDIC ASSOCIATES

Jewish Outpatient Care Center
225 Abraham Flexner Way, Ste 403
Louisville, KY 40202
Telephone: (502) 585-4376

Preston Medical Center
7926 Preston Highway, Ste 103
Louisville, KY 40219
Telephone: (502) 969-2302

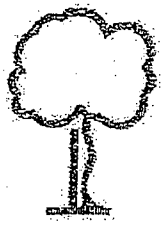
Northeast
2401 Terra Crossing Blvd, Ste 401
Louisville, KY 40245
(502) 585-4376

Name Kyres Prewitt Date 7/24/13

Physical Therapy
2-3x wk x 4 wks
(R) Shoulder

FCBonnarens MD/kr

Prescription is void if more that one (1) prescription is written per blank.



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3605 Northgate Circle, Suite 202
New Albany, Indiana 47150
502-585-4376
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fax 502-581-1274 appointments 502-562-0346

Date: August 26, 2013

Name: PROVINS, JAMES Age: _____ Birth Date: _____

Address: _____ Home Phone _____

Occupation: _____ S.S.#: _____

Referred by Dr.: _____ X-Ray #: _____

HISTORY: The patient returns today saying that he feels like he is not getting any better. He said he is still having pain in the shoulder. The examination shows that he has marked signs consistent with scapulothoracic dyskinesis. Passively his glenohumeral motion is actually good. He has good external rotation strength, good abduction strength. Neuro is intact. Pulses are present. No evidence of lymphadenopathy, but his active range of motion is poor at this point. What we are going to do this is change the therapy to Phoebe only, see him return here in four weeks' time for recheck. He is allowed to return to work, no use of the right arm in the interim.

Discussion was carried out with the nurse case manager whose questions were answered to her satisfaction. The reason we are transferring the care over to Phoebe Powell was discussed; the nurse case manager understands. He is allowed to return to work, no use of the arm.

FOB/hba

Follow-up History

Today's Date: 8-26-13

Name: James Provin Birth date:

Chief Complaint: Not Getting Better

Where is the problem? Rt Shoulder Sx 5/15/13

On a scale of 1-10 how bad is it?

Better or Worse? Same

When does it bother you? All the Time, mostly when move it

What is the pain like? 5

Medicines help? Yes

Other (new) problems?

New Test	When?	Where?	Results Available?

Are you seeing another doctor for a new problem with your health ?

Diagnosis? (Diabetes, Blood Pressure, Heart Attack?)	Are you using medicine?	What is the name of the medicine?	Who is the doctor treating you for this?

Are you using new medicines? Please include over the counter or natural meds

Medicine Name	Dosage	How Often	When did you start?

Is there anything else the doctor should know?

Signature : Date:

ORTHOPAEDIC ASSOCIATES
of KENTUCKIANA, P.L.L.C.

3605 Northgate Court, Suite 202, New Albany, Indiana 47150

PHYSICAL EXAMINATION

Date 8/26/13

Patient Name James Provins Birth Date

Height	Weight	Blood Pressure	Pulse	Respirations
5'7"	240 lb			

Well developed and well nourished: yes no
Orientation x3: yes no
Mood and affect appropriate: yes no
Gait

Tenderness

ROM

Instability

Strength

Skin inspection and palpation

Temp/Pulses

Light Touch

DTRs

Lymphatic

Coordination

Diagnosis

Plan Placebo only

Pt
No use

Signature

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Phoebe
962-5242

FRANK O. BONNAREKS, M.D.
ORTHOPAEDIC ASSOCIATES

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225 Abraham Flexner Way, Ste 403
Louisville, KY 40202
Telephone: (502) 585-4376

Preston Medical Center
7926 Preston Highway, Ste 103
Louisville, KY 40219
Telephone: (502) 969-2302

Northeast
2401 Terra Crossing Blvd, Ste 401
Louisville, KY 40245
(502) 585-4376

Name James Provins Date 8/26/13

Continue PT (R) arm
2-3 x wk x 4 wks

F O Bonnarens MD/mt

Prescription is void if more that one (1) prescription is written per blank.

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ORTHOPAEDIC ASSOCIATES
of KENTUCKIANA, P.L.L.C.

3605 Northgate Court, Suite 202, New Albany, Indiana 47150

WORK RESTRICTION STATEMENT

Patient's Name: James Provins
Today's Date: 8/26/13 Restrictions Void After: 9/23/13
NATURE OF INJURY: The patient has problems with their _____
TREATMENT: The patient has been evaluated today.
Medication: The patient may/may not do their regular/light duty job with the suggested medications.
Driving: The patient may/may not drive their private vehicle.
The patient may/may not drive a commercial vehicle.
REFERRAL:
Physical Therapy: Home program Work hardening/conditioning
Formal program _____ times per week for _____ weeks
Specialist Referral: _____

WORK STATUS: Regular Duty (See Restrictions Below) Out of Work
OTHER: _____
INTENSITY: Regular As tolerated Light Medium Heavy
WALKING: No limits Level Ground Must uses crutches/walker/cane Close in parking
_____ hrs/day with rests every _____ minutes Sit down with bathroom breaks
EQUIPMENT: No restrictions No vibrating tools No dangerous equipment
NO CONSTANT/REPETITIVE USE: Pulling, Pushing, Pulling, Reaching, Pinching, Gripping, Twisting, Bending, Kneeling, Squatting, Use above shoulder height
WEIGHT RESTRICTIONS in pounds:

	Right Constant	Right Occasional	Left Constant	Left Occasional
Lifting				
Pulling/Pushing				

WORK LEVEL:

Between	Floor Knees Hips Waist Chest Shoulder No Limits	and	Floor Knees Hips Waist Chest Shoulder No Limits

No use (R) arm

Frank Bonnarens, MD FOBonnarens MD/MF

THESE RESTRICTIONS ARE VOIDED AFTER THE PATIENT'S NEXT SCHEDULED APPOINTMENT DATE

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New Albany, Indiana 47150
502-585-4376
OAdocs.com

fax 502-581-1274 appointments 502-562-0346

Date: September 23, 2013

Name: PROVINS, JAMES Age: _____ Birth Date: [redacted]

Address: _____ Home Phone: [redacted]

Occupation: _____ S.S.#: _____

Referred by Dr.: _____ X-Ray #: _____

HISTORY: The patient returns today saying that when he is at rest he is having 0 out of 10 pain. When he is moving it, there are certain ways he can move it, it makes the pain increase. He said that he feels like he is progressing with the physical therapy. Examination shows that he has good passive range of motion in abduction and external rotation, still missing 20 degrees of internal rotation, but his active range of motion is extremely poor. The patient clinically seems to have an intact subscapularis, supraspinatus and infraspinatus muscle, but given the limitations in the active range of motion and the fact that he is now four months postop, we are going to go ahead and obtain an arthrogram MRI of the right shoulder and see him return with the results. Same work restrictions.

Discussion was carried out with the nurse case manager whose questions were answered to her satisfaction. The plan at this point is to obtain an MRI to evaluate the status of the rotator cuff, labrum, etc. If that is intact then we will have one discussion with the patient. If it is not, we will have a separate one.

FOB/hba

New Albany Office: 3605 Northgate Court, Suite 102, New Albany, Indiana 47150
Elizabethtown Office: 2410 Ring Road Suite 500, Elizabethtown, KY 42701
Louisville Office: 4001 Kresge Way, Suite 330, Louisville, KY 40207
9070 Dixie Highway Suite 6 Louisville KY 40258
170 Dr Arle Way Louisville KY 40207

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3605 Northgate Circle, Suite 202
New Albany, Indiana 47150
502-585-4376
OAdocs.com

fax 502-581-1274 appointments 502-562-0346

Date: October 07, 2013

Name: PROVINS, JAMES Age: _____ Birth Date: [redacted]

Address: _____ Home Phone: [redacted]

Occupation: _____ S.S.#: _____

Referred by Dr.: _____ X-Ray #: _____

HISTORY: The patient returns today in followup on his left shoulder saying that he is continuing with the pain, difficulty in doing his activities of daily living. He said he cannot go back to work as an ironworker the way it is. Evaluation itself is unchanged. MRI shows a recurrent tear of the rotator cuff. Pros and cons of both operative and non-operative treatments were explained, the patient understands. He said he would like to proceed with surgery. He understands risks, benefits and potential complications associated with surgery including but not limited to infection, loss of motion, recurrence, and death. Further understands no guarantees or warrantees are given. He understands the importance of therapy following the surgery and agrees to be compliant. He said he wants to discuss this with his lawyer to make sure about whose paying what and then he will let us know if he would like to proceed with the surgery.

Discussion was carried out with the nurse case manager whose questions were answered to her satisfaction. The patient will be letting us know how he would like to proceed. He is going to be looking at the finances, discussing this with his lawyer. In the meanwhile, as far as work is concerned, no use of the left arm.

FOB/hba

ICM

3440 Preston Ridge Road
Suite 300
Alpharetta, Georgia 30005

Tel 800-500-3270
Fax 678-942-9564
integratedcare.com

April 30, 2013

Sharon West
Gallagher Bassett / Sharon West
8731 Red Oak Boulevard
Suite 240
Charlotte, NC 28217

Claim: 003186-000589-wc-01
James Provins
DOI: 01/24/2012
DOB:
Employer: Spirit Construction Services, Inc.

INITIAL REPORT

FROM: 04/10/2013 **TO:** 04/30/2013

REASON FOR REFERRAL:

- File referral for the coordination of evaluation and treatment for the right shoulder.

AUTHORIZED TREATING PHYSICIAN:

- Dr. Frank Bonnarens
  148 Arla Way
  Hillview, KY 40229
  (502) 585-4376
  (502) 581-1274

DIAGNOSIS:

- 726.13 - Right shoulder rotator cuff tear

PROJECTED MMI:

- Estimated 6 months post surgery.

CURRENT MEDICATIONS:

- Over the counter as needed

FUTURE APPOINTMENTS:

- Surgery to be scheduled upon clearance from the ENT for drainage from ear.

DESCRIPTION OF INJURY:

- No contact with Mr. Provins per attorney request.

CURRENT WORK STATUS:

- **Transitional:** 04/15/13 2# lifting limit
- **Full Duty:** undetermined Prognosis is guarded at this time due to the amount of muscle atropy and there is a probability Mr. Provins will not be able to perform the demands of steel worker.

ACTIVITY SUMMARY:

- 04/10/2013 Initial file referral completed. Call and emails from the account with CM directives. Review of medical records received. Call to Mr. Provins attorney and a one time contact with Mr. Provins allowed along with the 10 day notification waived for expediency of the referral to an orthopedic surgeon. Coordination of the appointment with Dr. Frank Bonnarens completed via phone call. Call to Mr. Provins and intro of self and informed of the date/time of the evaluation for treatment.
- 04/11/2013 Call from Mr. Provins, reiteration by the CM the attorney wishes no contact, confirmed appt date/time/location. Correspondence to Mr. Provins and the attorney regarding the scheduled appointment. All information emailed to attorney's x2 and account. Correspondence to Dr. Bonnarens and forwarded to attorney via email.
- 04/15/2013 Call from Mr. Provins, reiteration by the CM the attorney wishes no contact, confirmed appt date/time/location. Consulted with Dr. Bonnarns after the evaluation and obtained information regarding further treatment. Conference with nurse pre-post evaluation for discussion of case and necessary steps toward surgery. Email to the account with updated findings and recommendations for treatment. All parties copied on email.
- 04/19/2013 Email to Noelle @ Dr. Bonnarens requesting the medical records. Review of medical records received. Call from Mr. Provins regarding the ENT appointment and CM referred back to his attorney.
- 04/29/2013 Call with Noelle @ Dr. Bonnarens regarding the ENT visit, 10-15 MD's given to Mr. Provins to assist in his scheduling of the ENT appt. Email with the account on the case status.
- 04/30/2013 Email update to the account with meds attached.

PREVIOUS MEDICAL HISTORY:

- No contact with Mr. Provins unable to attain verbal history.

SOCIAL AND PHYSICAL HISTORY:

- Per medical documentation Mr. Provins is a 52 yr old standing 5'7" and weighing 240#. He denies smoking but he drinks about 8 to 10 beers a day. No know information no contact with Mr. Provins.

EDUCATION & VOCATIONAL PROGNOSIS:

- Unknown

ADDITIONAL INFORMATION:

MD Findings:

- Rotator cuff tear
- Exam completed by MD dictation will have specific findings.

ICM

September 9, 2013

J. South Lewis
872 South Pleasantburg Drive
Greenville, SC 29607

RE: Employee: James Provins
Claim #: 003186-000589-wc-01
Employer: Spirit Construction Services, Inc.
3090 Holmgren Way
Green Bay, WI 54304
DOI: 01/24/2012

Dear Mr. Lewis,

This letter is being sent to confirm the following appointment information for your client, James Provins, which is as follows:

Provider: Dr. Frank Bonnarens
Address: 148 Dr Arla Way, Hillview, KY 40229
Phone: 502-581-1274
Appointment Date/Time: Monday September 23, 2013 @ 3:00 pm

If for any reason James Provins is unable to attend this appointment, please contact me as soon as possible at 502-991-2306, so that other arrangements can be made. Please have James Provins bring to the appointment all necessary medical records such as X-ray/MRI/CT scan films.

If you have any questions please feel free to contact me directly.

Regards,

Amy Valdes

Amy Valdes, RN
Case Manager
Phone: 502-991-2306

cc: Sharon West

FAX

TO: Ortho FROM: Dr McMurry

FAX: 502-581-1274 PAGES:

PHONE: PHONE:

SUBJECT: DATE: 5-10-13

COMMENT:

Surgery clearance

Thank

Have a good weekend

PERSONAL AND CONFIDENTAL

If this information is patient data, it is protected by Kentucky and Indiana Law. You are prohibited from using this information for any purpose other than providing patient care. The information may not be disclosed to another party without first obtaining the patient's consent or proper judicial order. If the recipient of this material is not the individual intended, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of the material is strictly prohibited and unauthorized. Please return all information to ADVANCED ENT AND ALLERY.

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www.AdvancedENTandAllergy.com

History and Physical

Patient Name:	James Provins	**Visit Date:**	April 24, 2013
Patient ID:	438968	**Provider:**	Gorden T. McMurry, MD
Sex:	Male	**Location:**	Dupont Office
Birthdate:		**Location Address:**	4004 Dupont Circle Louisville, KY 40207-4819
		Location Phone:	(502) 893-0159

Chief Complaint

- Ear Infection

History Of Present Illness

" James " is a 51 year old male who is an adult . He is seen at the request of REFERRING DOCTOR for the evaluation of a history of an infection and and HX of right sided ear trauma involving welding sparks in the right ear. The onset of this condition has been gradual. The symptoms may be associated with recurrent drainage and smell from tight ear. He stated he needs clearance for his shoulder surgery for a workers comp claim and has to have his ear looked at first.. No alleviating factors have been identified. The patient has no additional complaints. He denies ear pain, vertigo, and dizziness.

Past Medical History

Disease Name	Date Onset	Notes
-no significant medical history	--	--
Abnormal auditory perception, unspecified, WNL hearing	04/24/2013	--
deviated nasal septum right, wiith 50% obstruction	04/24/2013	--
Otorrhea	04/24/2013	--

Past Surgical History

Procedure Name	Date	Notes
Tonsillectomy	@ 20 yrs old	--

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--	--

Family Medical History

Disease Name	Relative/Age	Notes
-No reported Family History	/	--

Social History

Finding	Status	Start/Stop	Quantity	Notes
alcohol use	--	--/--	--	--
Alcohol, daily	--	--/--	--	--
Tobacco	Unknown	--/--	--	--

Review of Systems

Constitutional
- **Denies** : chills, fatigue, fever

Eyes
- **Denies** : changes in vision, double vision

Cardiovascular
- **Denies** : chest pain, irregular heart beats

Respiratory
- **Denies** : cough, coughing up blood, hoarseness, shortness of breath

Gastrointestinal
- **Denies** : abdominal pain, constipation, diarrhea, dysphagia, heartburn, nausea, vomiting

Genitourinary
- **Denies** : difficulty voiding

Integument
- **Denies** : new skin lesions, rash

Neurologic
- **Denies** : seizures, speech difficulties

Musculoskeletal
- **Denies** : joint pain, joint swelling, muscle cramps, muscle pain

Endocrine
- **Denies** : cold intolerance, excessive sweating, heat intolerance, decreased libido, hot flashes, loss of hair, weight gain, weight loss

Psychiatric
- **Denies** : anxiety, depression

Heme-Lymph
- **Denies** : easy bleeding, easy bruising

Allergic-Immunologic
- **Denies** : currently on allergy shots, sinus allergy symptoms

All Others Negative

Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m^2	BSA m^2	O2 Sat	HC
04/24/2013	10:39 AM	131/76	Sitting				68 - R	16		240lbs 0oz					

Physical Examination

Constitutional
- **General Appearance** : well-developed, well nourished, alert, oriented, in no acute distress, cooperative with examination
- **Communication Ability / Voice Quality** : communication ability normal, normal voice quality

Head
- **Inspection** : normocephalic, no lesions , atraumatic
- **Palpation** : no tenderness on palpation, no masses on palpation, TMJ nontender with normal range of motion bilaterally

Face
- **Inspection** : normal appearance, no lesions , no evidence of trauma
- **Palpation** : frontoethmoidal sinus nontender, maxillary sinuses nontender to palpation, no masses
- **Facial Strength** : facial motion symmetric, normal eye closure strength bilaterally
- **Parotid Glands** : no tenderness on palpation, no swelling , no palpable masses

Eyes
- **Ocular Motility/Alignment** : ocular alignment normal, ocular motility normal, no nystagmus , no proptosis
- **Pupils and Irises** : pupils equal, round and reactive to light

Ears
- **Hearing** : hearing to conversational voice intact A.U.
- **External Ears** : right moist debirs and pus removed form the right canal with cotton applicator
- **Otoscopic Exam** : tympanic membranes normal, no lesions, no perforations, no fluid present behind tympanic membranes, middle ear cavities appear normal without obvious fluid or masses A.U.

Nose / Nasopharynx
- **External Nose** : appearance normal, no tenderness on palpation, no nasal discharge , no deformities, no evidence of trauma, nostrils patent without discharge
- **Intranasal Exam** : left deviated nasal septum with 50% obstruction
- **Nasopharynx** : nasopharynx mirror exam: within normal limits, adenoids within normal limits, posterior choanae patent

Oral Cavity / Oropharynx
- **Lips** : upper and lower lips pink and moist

- **Teeth** : *multiple caries , poor dentition, multiple upper and lower missing teeth present*
- **Gums** : gingivae healthy
- **Oral Mucosa** : oral mucosa moist, no lesions
- **Floor of Mouth** : floor of mouth within normal limits, salivary ducts patent
- **Tongue** : tongue moist and without lesions
- **Palate** : soft and hard palates within normal limits
- **Oropharynx** : appearance within normal limits, tonsils normal in appearance, peritonsilar regions within normal limits

Hypopharynx / Larynx

- **Hypopharynx** : normal general appearance, no lesions
- **Larynx** : normal general appearance, epiglottis within normal limits, arytenoid cartilage within normal limits, vocal cord appearance normal

Neck

- **Inspection and Palpation** : appearance normal, no masses or tenderness on palpation
- **Thyroid** : size of gland normal, no tenderness, nodules or masses on palpation, position midline
- **Submandibular Glands** : normal size, nontender to palpation
- **Lymph Nodes** : no lymphadenopathy

Chest / Respiratory

- **Respiratory Effort** : breathing unlabored

Cardiovascular

- **Extremities** : no cyanosis, no edema

Skin and Subcutaneous Tissues

- **Skin** : normal coloration and skin turgor, no rashes, no lesions

Neurological/Psychiatric

- **Cranial Nerves** : CN II-XII intact
- **Cerebellum** : no ataxia, fine coordination within normal limits
- **Gait** : gait normal

Assessment

- Right Otorrhea 388.60
- Right Otitis Externa, Acute 380.22

Plan

Orders

- Culture- Ear RIGHT (CULTR) - - 04/24/2013

Medications

- CIPRODEX Otic Drops, Suspension 0.3-0.1 %
  SIG: Instill 3 drops into affected ear by otic route 3 times per day for 10 days:
  DISP: (1) 7.5 ml drop btl with 0 refills
  Prescribed on 04/24/2013

Instructions

- 4-24-2013- James presents for check of his right ear for clearance for open shoulder surgery due to possible risk of infection. He has had a recurrent issues with am odor and some drainage from the right ear. He has a HX of injury to the right ear due to metal welding entering the ear. The exam today revealed some moist debris which were removed with cotton applicator as well as a culture collected. Discusssed stoping q tip use and water prevention. He stated he has had hearing loss since the right ear injury during welding 5-6 yrs ago. The hearing test today revealed bilteral sensorineural hearing loss. There was no evidence of perforation today though. Placed on ear drops and use strict water precautions. ADDENDUM>>>>>>> 5-10-2013- Discussed surgical clearance with ortho office baout shoulder surgery for pt. The culture results were reviewed with them and were noted to be pseudomonois which was suseptiable to the ciprodex drops he was placed on. He should now be cleared for shoulder surgery after use of ciprodex ear drops for ear drianage.

Disposition

- Transcribed by Kristen Brown MA

Electronically Signed by: Gorden T. McMurry, MD -Author on May 10, 2013 02:50:02 PM

[Digital Signature Validated]

[Digital Signature Validated]

BAPTIST HEALTH LOUISVILLE

Operative Report

*OSC - --Baptist Health Louisville

PROVINS, JAMES
9981174
Date of Birth:
Dictating Surgeon: Frank O. Bonnarens, M.D.*
Primary Care Physician:
Date of Operation:

PREOPERATIVE DIAGNOSES
1. Rotator cuff tear.
2. Impingement of AC joint.
3. Degenerative joint disease.
4. Tear of the long head of the biceps.

POSTOPERATIVE DIAGNOSES
1. Rotator cuff tear.
2. Impingement of AC joint.
3. Degenerative joint disease.
4. Tear of the long head of the biceps.

PROCEDURE(S) PERFORMED
1. Right shoulder rotator cuff repair
2. Acromioplasty/Mumford procedure.
3. Debridement of the biceps stump and labral tears.
4. Insertion of bone graft.

SURGEON
Frank O. Bonnarens, M.D.

ASSISTANT
Sampson.

ANESTHESIA
General.

DESCRIPTION OF PROCEDURE
The patient was brought to the operating room. After obtaining the appropriate consent, general anesthesia was induced. The arm was cleaned and prepped in the usual manner and sterilely draped. Standard posterior portal was made and the arthroscope was inserted. Biceps tendon was seen to be torn, the stump remaining. Anterior portal was located and the shoulder was systematically examined. The patient was seen to have a massive tear of the rotator cuff. The patient was seen to have a tear of the lung into the biceps with the stump remaining. The stump was debrided. Minor labral tears anterior and posterior were debrided. Articular cartilage showed mild degenerative changes. No

evidence of loose bodies, but it looked like the supraspinatus, infraspinatus, and the rotator interval were all involved in the rotator cuff tear. The subacromial space was entered. Hypertrophied bursal tissue present and resected. A standard arthroscopic acromioplasty with release of the coracoacromial ligament was carried out. The rotator cuff was then mobilized utilizing converging sutures. Both EL and the U component of a rotator cuff tear were closed. Bone marrow aspirate had been obtained for grafting purposes with particular graft, and the marrow contents was concentrated on the back table for later reimplantation. The anchor was then placed. Standard watertight closure of the rotator cuff was accomplished. Once this had been completed, electrocautery was used to isolate the distal centimeter of the clavicle. Soft tissue was resected within the AC joint. Distal centimeter of the bone resected. Entire area was reevaluated and no additional pathology was noted. So the concentrated bone marrow with particular graft was then reinserted at the interface between the rotator cuff and the underlying bone to act as a scaffolding. The incisions were closed. A dry sterile dressing was applied and the patient was brought to recovery without incident.

Frank O. Bonnarens, M.D.*
FOB:eb
D: 05/15/2013 13:42:41
T: 05/16/2013 19:07:50
Job ID: 29968590
Document ID: 25094491
Rev: 0
cc:

Dictating Provider Copy

Time In _____

BAPTISTWORX

NEW INJURY PATIENT INFORMATION

(All sections must be completed in order for insurance to be filed)

_____ Time Out

Name	Social Security Number	Date of Birth	Marital Status
James Perkins			M

Home Address	City	State	Zip	Telephone #

Employer	Occupation/Job Title	Supervisor	Employer Phone #
N/C			

Reason for Visit

Is this a work related injury? (Yes) No

If yes, date of injury? 1-24-12 Time 12:00 AM or (PM)
(This information is mandatory in order to file workers' compensation insurance)

What happened? (Please be specific) got hurt at work

Have you been seen anywhere else for this injury? (Yes) No

If yes, when and where FRANK BONNANAN

Do you have any medication allergies?

NO

Do you have any new medical problems since your last visit?

NO

Have you had any surgeries since your last visit?

~~NO~~ N/A

What current medication are you taking?

LORTAB 7.5

I have read the above questions and answers, and to the best of my knowledge they are complete and correct. I consent that any physician or hospital who has treated me for any purpose may divulge to above employer and to Baptistworx any information obtained by them. I also authorize Baptistworx to divulge to above named employer, any information regarding my medical history and physical findings.

James Perkins
Signature of Employee

6-2-13
Date

Have you ever been here before for an injury or physical? Yes (No)
If yes, When? _____

8/99

Time In _____

BAPTISTWORX

URGENT CARE MEDICAL & HEALTH HISTORY FORM

_____ Time Out

Name: James Pravlis Date of Birth _____ Social Security #: _____ Date _____

I. HAVE YOU EVER HAD?

1. Injury, Illness or Hospitalization in past 5 years	☐Yes ☐No	12. Head/Brain Injury, illness, or disorder	☐Yes ☐No
2. High Blood Pressure	☐Yes ☐No	13. Stroke, paralysis, loss of consciousness	☐Yes ☐No
3. Diabetes (controlled by diet or medication)	☐Yes ☐No	14. Anemia (low blood count)	☐Yes ☐No
4. Heart Disease, Heart Attack, Heart Surgery	☐Yes ☐No	15. Cancer	☐Yes ☐No
5. Lung Disease, Asthma, Emphysema	☐Yes ☐No	16. Prostate or urinary tract problems	☐Yes ☐No
6. Liver Disease, Asthma, Emphysema	☐Yes ☐No	17. Stomach ulcers or reflux disease	☐Yes ☐No
7. Seizures or Epilepsy	☐Yes ☐No	18. Disorder of hearing or balance	☐Yes ☐No
8. Nervous or Psychiatric Disorder (anxiety, depression)	☐Yes ☐No	19. Injury/Disorder of your neck or back	☐Yes ☐No
9. Sleep Apnea or other Sleep Disorder	☐Yes ☐No	20. Injury/Disorder of your joints or extremities	☐Yes ☐No
10. Kidney Disease, Dialysis	☐Yes ☐No	21. Chronic pain of any kind	☐Yes ☐No
11. Regular, frequent alcohol or habit forming drug use	☐Yes ☐No	22. Any other surgery, hospitalization or medical problem	☐Yes ☐No

II. HAVE YOU RECENTLY OR ARE YOU CURRENTLY EXPERIENCING?

23. Fever or chills	☐Yes ☐No	29. Changes in your skin, nails or hair	☐Yes ☐No
24. Changes in vision	☐Yes ☐No	30. Frequent or severe headaches	☐Yes ☐No
25. Sinus pain, drainage, congestion	☐Yes ☐No	31. Night sweats	☐Yes ☐No
26. Chest pain	☐Yes ☐No	32. Unintentional/Unexplained weight loss	☐Yes ☐No
27. Short of breath	☐Yes ☐No	33. Increased stress, anxiety, or mood swings	☐Yes ☐No
28. Changes in bowel or bladder habits	☐Yes ☐No	34. Joint swelling or pain	☐Yes ☐No

III. HAVE YOU EVER?

35. Been rejected for employment for health reasons?	☐Yes ☐No
36. Been discharged or rejected for Military Service?	☐Yes ☐No
37. Applied for or received Disability Compensation	☐Yes ☐No
38. Had exposure to poisons, asbestos, or other hazardous materials?	☐Yes ☐No
39. Had a prior occupational illness or injury?	☐Yes ☐No
40. Females only: Are you pregnant?	☐Yes ☐No
41. Females only: Any other Gynecological/Obstetric Problems?	☐Yes ☐No
42. Are you allergic to any medications or dyes? (If yes, list below)	☐Yes ☐No

Please list all your current medications, vitamins and herbal supplements, including over-the-counter medications:

For any YES answer, please respond with corresponding #, diagnosis and current limitations.

Are there any diseases that run in your family? ☐Yes ☐No

When was your last Tetanus shot?

Do you smoke? ☐Yes ☐No If "yes", how much?

Do you drink alcohol? ☐Yes ☐No If "yes", how much?

PHYSICIAN'S NOTES

Signature of Patient

Signature of Medical Examiner

8/99

BAPTISTWORX – Occupational Health and Wellness

CONDITIONS AND CONSENTS

1. CONSENT TO DIAGNOSTIC TESTS, PROCEDURES, AND MEDICAL TREATMENT:
I voluntarily consent to care involving routine physicals, diagnostic tests, physical therapy, medical treatment and/or further studies as requested by my current or potential employer or ordered by the BaptistWorx physicians, including his/her assistants or designees. I consent to Allied Health students observing and participating in my care under the supervision of a qualified professional. I also voluntarily consent to drug and/or alcohol testing as requested by my current or potential employer. This consent also includes testing for communicable and blood-borne infectious diseases, such as hepatitis, tuberculosis, and the human immunodeficiency virus (HIV), if (a) a physician orders testing for diagnostic purposes; (b) there has been an exposure to healthcare personnel; or (c) such tests are part of the routine diagnostic testing required for my employer's physicals. No guarantee has been given to me as to the results that may be obtained from my care.

2. PHYSICIANS AND OTHER HEALTH CARE PROVIDERS WHO ARE INDEPENDENT PRACTITIONERS:
Sometimes, the medical treatment provided to patients of BaptistWorx is provided by physicians who are independent practitioners and not employees or agents of BaptistWorx. Independent practitioners may include, but are not limited to, cardiologists, radiologists, and occupational medicine physicians.

3. CONSENT TO USE AND DISCLOSURE OF INFORMATION:
I authorize BaptistWorx and the independent practitioners on its medical staff to use and disclose information about me to carry out treatment, payment and healthcare operations. Examples of such uses and disclosures include, but are not limited to, providing information to: (a) any person, company, or entity (such as workers' compensation carriers, my employer, my insurance company, review organizations or third party administrators) that is or may be liable for paying any claim for benefits arising out of services provided to me; (b) any independent practitioner providing services for me; (c) any providers who may be providing follow-up care to me; (d) any licensing or accrediting organizations necessary for BaptistWorx to obtain or maintain licensure or accreditation; and (e) ***any other persons or entities described in Baptist's Notice of Privacy Practices.*** This consent includes the release of medical records and billing information related to drug-related conditions, alcoholism, psychological and psychiatric conditions, and/or communicable or blood-borne infectious diseases, such as hepatitis, tuberculosis, and the human immunodeficiency virus (HIV). I also consent to any third party payor or its review organization paying for my care to discuss my plan of treatment for utilization review purposes.

4. FINANCIAL AGREEMENT AND ASSIGNMENT OF BENEFITS:
I agree to the assignment of all third party payor (such as my employer or insurance company) benefits to BaptistWorx. I agree to pay BaptistWorx for all charges for services that are not covered or paid by any third party payor regardless of the reason. After reasonable notice, any unpaid account may be turned over to a collection agency and/or attorney for collection. Should it be necessary for BaptistWorx to pursue collection, I agree to pay all reasonable collection costs, including court costs and attorney's fees incurred by BaptistWorx in collecting my account.

5. SMOKE-FREE ENVIRONMENT:
BaptistWorx maintains a smoke-free environment. Smoking is prohibited by health care personnel, patients, and visitors except in designated areas outside the building.

6. PRIVACY NOTICE AND RIGHTS:

(a) I acknowledge receiving a copy of Baptist's Notice of Privacy Practices. ✓ Yes

OR

(b) I did not receive a copy of the Notice today, but received a copy previously. ____ Yes

The undersigned agrees that a copy of this consent and assignment of benefits may be used in place of the original copy. Further, the undersigned certifies that he/she has read and agrees to this form and has received a copy.

Patient Name (print): JAMES PROVIUS Soc. Sec.#: _____

Signature: James Provius Date: 6-7-13

The undersigned certifies that the patient is a MINOR and that the undersigned has read and agrees to this consent and assignment as parent or guardian.

Print Name: _____ Relationship to patient: _____

Signature: _____ Date: _____

Revised 2/9/04

53

DATE OF INJURY:01/24/2012

RxBin 610014
RxGrp FSNCVTY
ID No. 1001214596
Name JAMES PROVINS
Issuer Medco

Prescription drug ID card

FIRST SCRIPT

BAPTISTWORX

Physical Therapy Re-Evaluation/ Brief Evaluation
Special Report

Name: JAMES ERWINS Pt#: 8356
Date: 7/8/13 PLACE LABEL HERE

MD: BOLARRENS Age: Diagnosis: S/P RTC (DARIN MAY - PT UNSURE OF DATE) 5/15/13 PER OP REPORT

History: RETURNS TO MD ON 7/29/13. NO NEW MEDICAL HISTORY SINCE INITIAL EVAL.

Tests performed:

Subjective: "HURTS IN THE JOINT"; ALSO C/O ELBOW PAIN; FREQUENTLY INTERRUPTS SLEEP

Pain 5/10 @ ANY MOVEMENT

Paresthesias OCCASIONAL - USUALLY DURING/@ SLEEP

Better when PAIN PILLS

Worse when ANY MOVEMENT

Objective:

Observation

Palpation (R) SS TENDON, LHB

R.O.M. (R) SHO (SEATED) ✓ 80° @ SUBST. (SUPINE) IR 46°
ABD 55° @ SUBST. ER 64°
EXT 26°

Strength

NT 2° SIGNIFICANT PAIN @ ELEVATION

Sensation I/S

Reflexes I/S

Special testing NO SPECIAL TESTS 2° SX
* MINIMAL SCAPULAR MOBILITY

Other:

Treatment: SEE DAILY NOTE
___ MH x ___ min to ___, ___ Ice x ___ min to ___
___ US (cont/pulsed) ___ MHz @ ___ wts/cm2 x ___ min to ___
___ Ionto ___ mA/min @ ___ mA to ___
___ Estim ___ IFC ___ Pre-mod ___ combo to ___
Patient positioned ___ supine ___ prone ___ sidelying L R ___
___ Other ___

Exercise: AS PER EX FLOW SHEET

Education: SEE DAILY NOTE

New Goals: SEE POC

Please see plan of treatment for assessment, goals, and plan.

Signature: [illegible], PT, DPT Date: 7-8-13

FRANK O. BONNARENS, M.D. 964-4889
ORTHOPAEDIC ASSOCIATES

Jewish Outpatient Care Center
225 Abraham Flexner Way, Ste 403
Louisville, KY 40202
Telephone: (502) 585-4376

Preston Medical Center
7926 Preston Highway, Ste 103
Louisville, KY 40219
Telephone: (502) 969-2302

Northeast
2401 Terra Crossing Blvd, Ste 401
Louisville, KY 40245
(502) 585-4376

Name James Provins Date 8/26/13

Address

Physical Therapy Rt shoulder
2-3x/wk x 4wks Phebe only

Refill NR 1 2 3 4 5

- ☐ 1-24
- ☐ 25-49
- ☐ 50-74
- ☐ 75-100
- ☐ 101-150
- ☐ 151 and over

FO Bonnarens MD/MPS

Prescription is void if more that one (1) prescription is written per blank.

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

PROVINS JAMES

4290-87-0 DOB:

Patient Name: [illegible]
Patient #:
Date:

SUBJECTIVE: Pain: 0 1 2 3 4 5 6 7 8 9 10 Time In: Time Out:

Eager to transfer to FV, Agitated about PT schedule

OBJECTIVE: Observation/ Posture/ Gait:

Palpation:

AROM:

Strength: Special Tests:

PROCEDURES & MODALITIES

MH: Ice: Paraffin 97018: Vasopneumatic :97016 Rx Minutes: Location / Other:

Electrical Stimulation: IFC Pre-Mod FES HVGS Max mAmp:
RX Minutes: Supervised 97014 X 15 min Constant Attend 97032 UNattended G0283
Location / Electrode Placement/ Other: (R) Shoulder

Ultrasound 97035: RX Minutes: Combo Rx 97032: Minutes: Parameters: % 1.0 / 3.0 MHz Wts/ cm²
Location:

Iontophoresis 97033: RX Minutes: x milliamps MA/min *Dexamethasone used* Lg / Med / Sm / Butterfly / 24 hour -pad
Location:

Traction 97012 : RX Minutes: S/I Position: Program:
Lumber Cervical Weight: / Hold / Relax Progression / Regression

RX Minutes: Manual PT 97140, 15 Ther Exercise 97110, 15 NMR 97112, Ther Act 97530, 15 Gait Training 97116
Other Procedure CPT Minutes
TM
UBE:
Bike:

See Attached Flow Sheet(s) (Exercise and Manual PT)

Ther Ex / Ther Act
See flow sheet

manual therapy
positional release to (R) biceps and subscapularis, posterior capsule glides, scapular mobs and mobs c movement to increase accessory rotations and manual trap stretching

Timed Code Treatment Minutes 45 Minutes Total Visit Time : 60 Minutes

PATIENT EDUCATION:
Purpose of Rx Orthotic/ Splint Usage Proper body mechanics Posture Compliance with HEP Other:

ASSESSMENT: Improving c scapular mobility c tx
Less soreness p E-Stim & ice

PLAN: Cont c POC
Progress per Plan Of Care
Progress strengthening / stabilization / functional activity i.e.
Other:

SIGNATURE: Phoebe Powell PT DATE: 8/28/2013

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BAPTISTWORX

PROVINS JAMES
4290-87-0 DOB
MSR:00019622307 ERE

Physical Therapy Plan of Treatment

Diagnosis: s/p Right Rotator Cuff Repair Physician__ Bonnarens

Therapy Assessment:.Patient's right shoulder complex has shown gradual improvement with flexibility but remains limited with active right shoulder range of motion and strength. He has progressed with self care activities and continues to have good rehab potential

Rehab Potential: Excellent *Good* Fair Guarded

Plan of Treatment: **Ultrasound** **Iontophoresis** **Electrical Stimulation** **Heat/Cold** **Manual Treatment** **Therapeutic Exercise** Traction **Patient Education** **Work Simulation** **HEP** Other _____

Frequency of visits: QD **TIW** *BIW* WEEKLY One time only Daily

Expected Duration of Treatment: 2 to 3 months

Short Term Goals: met by_6wks			**Long Term Goals**: met by D/C		
1) no tenderness in right shoulder with scapular elevation	Y	N	1) independent with HEP	Y	N
2) Functional AROM in right shoulder	Y	N	2) full pain-free AROM in right shoulder to prepare for work task	Y	N
3) Functional strength in right scapulohumeral complex	Y	N	3) Normal right scapulohumeral strength for lifting and work simulation to return to work	Y	N
4)	Y	N	4)	Y	N
	Y	N		Y	N

PT Signature: Phoebe Powell PT 8/28/2013
Phoebe Powell, PT
Initial Certification / 90 Day Recertification **Certification Period: 8/7/2013 to 11/6/2013**
I certify that the therapy services are furnished while this patient is under my care. The services outlined above are required by this patient, and will be reviewed every 30 days.
M.D.:_____ **Date:** _____
Please sign and return via fax to 964-1052. Thank you, BaptistWorx Physical Therapy

Discharge Summary from Physical Therapy

Dates Seen:_____ Number of Visits:_____ Final Diagnosis:_____

Treatment:_____

Discharge Status of Patient:_____

Goals: All Met Partially Met Not Met Prognosis:_____

Comments:_____

PT SIGNATURE DISCHARGE DATE

PROVINS JAMES

4290-87-0 DOB:

Patient Name:
Patient #:
Date:

SUBJECTIVE: Pain 0 1 2 3 4 5 6 7 8 9 10 Time In: Time Out:

Sore P last season

OBJECTIVE: Observation/ Posture/ Gait:

Palpation:

AROM: Strength: Special Tests:

PROCEDURES & MODALITIES

MH: Ice Paraffin 97018: Vasopneumatic :97016 Rx Minutes : Location / Other :

Electrical Stimulation: IFC Pro-Mod PES HVGS Max mAmp:
RX Minutes: Supervised 97014 15 Constant Attend 97032 UNattended G0283
Location / Electrode Placement/ Other: (R) Shoulder

Ultrasound 97035: RX Minutes: Combo Rx 97032: Minutes: Parameters: % 1.0 / 3.0 MHz Wts/ cm²
Location:

Iontophoresis 97033: RX Minutes: x milliamps MA/min *Dexamethasone used* Lg / Med / Sm / Butterfly / 24 hour -pad
Location:

Traction 97012 : RX Minutes: S / I Position: Program:
Lumbar Cervical Weight: / Hold / Relax Progression / Regression

RX Minutes: Manual PT 97140, 15 Ther Exercise 97110, 15 NMR 97112, Ther Act 97530, 15 Gait Training 97116
Other Procedure CPT Minutes
See Attached Flow Sheet(s) (Exercise and Manual PT)

TM
UBE:
Bike:

See flow sheet for Ther Ex / Ther Act

manual therapy
positional release to (R) biceps and subscapularis, posterior capsular glides in supine and (R) S/L positions, contract relax supine scapular motion and prone scapular motion & STM to surrounding muscle tissue

Timed Code Treatment Minutes 45 Minutes Total Visit Time : 60 Minutes

PATIENT EDUCATION:
Purpose of Rx Orthotic/ Splint Usage Proper body mechanics Posture Compliance with HEP Other:

ASSESSMENT: Improving c (R) scapulohumeral flexibility c t/t

PLAN: Cont PT
Progress per Plan Of Care

Progress strengthening / stabilization / functional activity i.e.

Other:

SIGNATURE: Phoebe Powell PT **DATE:** 8/20/2013

BAPTISTWORX
Physical Therapy

11630 Common wealth Drive Suite 200
Louisville, KY 40299
(502) 267-6292

7092 Distribution Drive Suite E
Louisville, KY 40258
(502) 935-9970

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Kim Abell, PT Physical Therapist KY License #3609
Joan Dalton, PT Physical Therapist KY License #1017
Sarah Gold, PT Physical Therapist KY License #2834
Phoebe Powell, PT Physical Therapist KY License #3159
Craig Smith, PT Physical Therapist KY License #1314
Ron Lasley, PTA Physical Therapy Assistant KY Certification #A1013
Brittney Stout, MPT Physical Therapist KY License # 4567

Date: 9/20/2013
To Dr. Bonnarens
From: Phoebe Powell, PT
Re: James Provins

Mr. Provins has attended 21 PT sessions. Treatment has consisted of ice, electrical stimulation, iontophoresis, manual therapy, therapeutic exercise, therapeutic activities and patient education.

S: Patient reports that his pain is almost nothing unless he elevates his arm then he has pain. The only other time he reports pain is with sleep; "".

O:: ROM: Right shoulder AROM flexion 70; abduction 55; External Rotation at 0 of abduction 80; Internal rotation: Thumb to sacrum.
Right shoulder PROM flexion 150; Abduction 125; External rotation 60, Internal Rotation 35

MMT: Right strength in available ranges Flexion 3; abduction 3-, External rotation 3+, Internal rotation 3+to 4-

A: Patient's passive mobility of his right shoulder is progressing. His active range of motion of his right shoulder remains limited which appears secondary to limited scapular mobility and limited accessory rotational motions of the glenohumeral joint. Gradually progressing with present treatment program

P: Please advise after your exam.

Thank you for this referral.

Phoebe Powell PT

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FRANK O. BONNARENS, M.D.
ORTHOPAEDIC ASSOCIATES

Jewish Outpatient Care Center
225 Abraham Flexner Way, Ste 403
Louisville, KY 40202
Telephone: (502) 585-4376

Preston Medical Center
7926 Preston Highway, Ste 103
Louisville, KY 40219
Telephone: (502) 969-2302

Northeast
2401 Terra Crossing Blvd, Ste 401
Louisville, KY 40245
(502) 585-4376

Name James Provins Date 9/23/13

Address

Cont Physical Therapy
2-3 x wk x 4 wks
(R) Shoulder

Refill NR 1 2 3 4 5

- ☐ 1-24
- ☐ 25-49
- ☑ 50-74
- ☐ 75-100
- ☐ 101-150
- ☐ 151 and over

FOBonnarens MD/pa

Prescription is void if more that one (1) prescription is written per blank.

PROVINS JAMES
4290-87-0 DOB:
MSR:00019684133

Patient Name:
Patient #:
Date:

SUBJECTIVE: Pain 0 1 2 3 4 5 6 7 8 9 10 Time In: Time Out:
MRI Scheduled for 8pm today
Shoulder still feels tight

OBJECTIVE: Observation/ Posture/ Gait:

Palpation:

AROM: Strength: Special Tests:

PROCEDURES & MODALITIES

MH: Ice: Paraffin 97018: Vasopneumatic :97016 Rx Minutes : Location / Other :

Electrical Stimulation: IFC Pre-Mod FES HVGS Max mAmp:
RX Minutes: Supervised 97014 Constant Attend 97032 UNattended G0283
Location / Electrode Placement/ Other:

Ultrasound 97035: RX Minutes: Combo Rx 97032: Minutes: Parameters: % 1.0 / 3.0 MHz Wts/ cm²
Location:

Iontophoresis 97033: RX Minutes: x 10 milliamps MA/min Dexamethasone used ✓ (Lg) Med / Sm / Butterfly / 24 hour pad
Location: (R) Shoulder

Traction 97012 : RX Minutes: S / I Position: Program:
Lumbar Cervical Weight / Hold / Relax Progression / Regression

RX Minutes: Manual PT 97140, 15 Ther Exercise 97110, 15 NMR 97112, Ther Act 97530, 15 Gait Training 97116
Other Procedure CPT Minutes
TM
UBE:
Bike:
See Attached Flow Sheet(s) (Exercise and Manual PT)

- GH mobs
- Scapular mobs
- posterior capsule stretching
- positional releases to biceps and subscapularis

Timed. Code Treatment Minutes 45 Minutes Total Visit Time: 52 Minutes

PATIENT EDUCATION:
Purpose of Rx Orthotic/ Splint Usage Proper body mechanics Posture Compliance with HEP Other:

ASSESSMENT: Joint capsule mobility improves c treatment but remains tight at posterior capsule which limits accessory rotational movements

PLAN: Cont PT
Progress per Plan Of Care
Progress strengthening / stabilization / functional activity i.e.
Other:

SIGNATURE: Phoebe Lowell PT DATE: 10/21/13

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BAPTISTWORK

Physical Therapy

11630 Common wealth Drive Suite 200
Louisville, KY 40299
(502) 267-6292

7092 Distribution Drive Suite E
Louisville, KY 40258
(502) 935-9970

3303 Fern Valley Road
Louisville, KY 40213
(502) 962-5242

Kim Abell, PT Physical Therapist KY License #3609
Joan Dalton, PT Physical Therapist KY License #1017
Sarah Gold, PT Physical Therapist KY License #2834
Phoebe Powell, PT Physical Therapist KY License #3159
Craig Smith, PT Physical Therapist KY License #1314
Ron Lasley, PTA Physical Therapy Assistant KY Certification #A1013
Brittney Stout, MPT Physical Therapist KY License # 4567

Date: 10/04/2013
To Dr. Bonnarens
From: Phoebe Powell, PT
Re: James Provins

Mr. Provins has attended 26 PT sessions. Treatment has consisted of ice, electrical stimulation, iontophoresis, manual therapy, therapeutic exercise, therapeutic activities and patient education.

S: Patient reports had MRI which resulted in right shoulder pain. No significant changes in function of right shoulder. Right shoulder still feels tight.

O:: ROM: Right shoulder AROM flexion 80; abduction 60; External Rotation at 0 of abduction 80; Internal rotation: Thumb to sacrum.
Right shoulder PROM flexion 150; Abduction 125; External rotation 60, Internal Rotation 35

MMT: Right strength in available ranges Flexion 4; abduction 3to 3+, External rotation 3+ to 4-, Internal rotation 4+

A: Right shoulder active range of motion and glenohumeral strength is gradually improving. PROM of right shoulder remains limited by capsule tightness. Remains painful to manually stretch posterior capsule. Functional use of right shoulder remains limited with scapular elevation activities.

P: Please advise after your exam.

Thank you for this referral. Phoebe Powell PT

PROVINS JAMES
4290-87-0 DOB:

Patient Name:
Patient #:
Date:

Time In: Time Out:

SUBJECTIVE: Pain: 0 1 2 3 4 5 6 7 8 9 10

Reassessment + MD note

OBJECTIVE: Observation/ Posture/ Gait:

Palpation:

AROM: Strength: Special Tests:

PROCEDURES & MODALITIES

MH: Ice: Paraffin 97018: Vasopneumatic :97016 Rx Minutes : Location / Other :

Electrical Stimulation: IFC Pre-Mod FES HVGS Max mAmp: _____
RX Minutes: Supervised 97014 _____ Constant Attend 97032 _____ UNattended G0283 _____
Location / Electrode Placement/ Other:

Ultrasound 97035: RX Minutes: _____ Combo Rx 97032: Minutes: _____ Parameters: % 1.0 / 3.0 MHz Wts/ cm²
Location:

Iontophoresis 97033: RX Minutes: _____ x _____ milliamps _____ MA/min Dexamethasone used ____ Lg / Med / Sm / Butterfly / 24 hour -pad
Location: (R) shoulder

Traction 97012 : RX Minutes: _____ S / I Position: Program:
Lumbar Cervical Weight: _____ / _____ Hold _____ / Relax _____ Progression _____ / Regression _____

RX Minutes: Manual PT 97140, 15 Ther Exercise 97110, 15 NMR 97112, _____ ~~Ther Act 97530~~, 15 Gait Training 97116 _____
Other Procedure CPT _____ Minutes _____ See Attached Flow Sheet(s) (Exercise and Manual PT)
TM
UBE:
Bike:

Manual therapy
posterior release to (R) biceps and subscapularis
posterior capsule glides
scapular and GH mobs
PROM all planes & measurements taken for MD note

Timed Code Treatment Minutes 45 Minutes Total Visit Time : 50 Minutes

PATIENT EDUCATION:
Purpose of Rx Orthotic/ Splint Usage Proper body mechanics Posture Compliance with HEP Other:

ASSESSMENT: See MD note

progressing to passive mobility and passive scapulohumeral flexibility

PLAN: Await MD Assessment. If returned orders will cont to stated goals
Progress per Plan Of Care

Progress strengthening / stabilization / functional activity i.e.

Other:

SIGNATURE: Phoebe Powell P.T DATE: 10/4/13

Brittney Stout MPT 4567 / Randall Cass DPT 4584 / Kim Abell PT 2600 / Carrie Vinton DPT 5422 / Carrie Smith PT 4141 / Sarah Cass PT 4142

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BaptistWorx

PROVINS,JAMES "JIMMY"

osis: (R) RCT sprain ICD-9: 8404 DOI: 1/24/12

#:

Insurance & Billing address: GAL. BASS

BOMMIRENS 79483

any ID:

Therapy Evaluations and Re-Evaluations	CPT											
Date		6/7	6/11	6/13	6/14	6/18	6/19	6/20	6/21	6/25	6/26	+1
Initials		KA	CS									
Physical Therapy Evaluation	97001	1										
Physical Therapy Re-Evaluation	97002											
Unusual Procedure Services (use with all Evals/Re-Evals)	-22											
Special Procedures/Modalities	**CPT**					**UNITS PER DAY**						
Selective Debridement and Wound Care	97597											
Wound Care-Non Selective Debridement	97602											
Orthotic Fit/Train, each 15 minutes	97760											
Checkout for orthotic/prosthetic use, est pt., each 15 minutes	97762											
Self-care / Home Management training	97535											
Procedures/Modalities												
Therapeutic Activities, direct pt. contact, each 15 minutes	97530											
Neuromuscular reeducation, each 15 minutes	97112					1			1			1
Therapeutic Exercises, each 15 minutes	97110	1	2	2	1	1	2	2	2	2	2	
Community/work reintegration training, each 15 minutes	97537											
Manual therapy techniques, each 15 minutes	97140	1	1	1	1	2	1	1	1	1	1	
Gait Training (includes stair climbing), each 15 minutes	97116											
Iontophoresis, each 15 minutes	97033											
Group Therapy (Medicare)	97150											
Electrical stimulation, unattended Comm Ins only each 15 min	G0283											
Traction, mechanical (not time based)	97012											
Electrical stimulation, constant attend, each 15 minutes	97032											
Vasopneumatic devices (not time based)	97016											
Contrast Baths, each 15 minutes	97034											
Electrical stimulation, supervised, (not time based)	97014	1	1	1	1	1	1	1	1	1		
Ultrasound, each 15 minutes	97035											
Paraffin	97018											
Distinct Procedural Services:												
Work hardening/conditioning; initial 2 hours	-59					1					1	1
Work hardening/cond; each add hour	97545											
Physical performance test, each 15 minutes	97546											
App long arm splint (shoulder to hand)	97750											
App short arm splint (forearm to hand); static	29105											
App short arm splint (forearm to hand); dynamic	29125											
App finger splint; static	29126											
App finger splint; dynamic	29130											
Strap; low back	29131											
Strap; shoulder	29799											
Strap; elbow or wrist	29240											
Strap; hand or finger	29260											
Strap; knee	29280											
	29530											
Supplies												
Dressing Kit-Large $21	A9999	1	1	1	1	1	1	1	1	1	1	
Hand Exercisers $13	A9999	9	9	9	9	9	9	9	9	9	9	
Ankle support/ascend stab $104	L1902	3	3	3	3	3	3	3	3	3	3	
Cervical roll $20	A9999	3	10	3	10	10	10	10	9	9	9	
Tennis Elbow support/neoprene $25	L3701	6	7	0	7	7	7	7	7	7	10	
Electrical stimulation electrodes $19	A4595	4	5	4	5	10	5	5	0	0	5	
Iontophoresis electrodes $19	A4556	10	3	2	10	1	7	9	4	3	0	
Heel lift $21	L3485	3	1	2	4	4	2	8	2	4	10	
Lumbar roll $20	A9999											
Pulley $20	A9300											
Putty $9	A9999											
Thera band/Tu $4	A9999											

NO. 3843 P. 9

MAY 14 2015 5:00PM

199

534

BaptistWorx

Name: [illegible]
Date: [illegible]
APPLY LABEL HERE

Diagnosis: [illegible] ICD-9: [illegible] DOI: [illegible]
Claim#: [illegible] Insurance & Billing address: [illegible]
MD: [illegible] 29483
Company ID:

Therapy Evaluations and Re-Evaluations	CPT											
Date		7/2	7/2	7/5	7/8	7/10	7/12	7/12	7/15	7/19	7/22	+3
Initials		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Physical Therapy Evaluation	97001											
Physical Therapy Re-Evaluation	97002											
Unusual Procedure Services (use with all Evals/Re-Evals)	-22											
Special Procedures/Modalities	**CPT**	**UNITS PER DAY**										
Selective Debridement and Wound Care	97597											
Wound Care-Non Selective Debridement	97602											
Orthotic Fit/Train, each 15 minutes	97760											
Checkout for orthotic/prosthetic use, est pt., each 15 minutes	97762											
Self-care / Home Management training	97535											
Procedures/Modalities												
Therapeutic Activities, direct pt. contact, each 15 minutes	97530											
Neuromuscular reeducation, each 15 minutes	97112											
Therapeutic Exercises, each 15 minutes	97110	1	1	1	2	1	1	1	1	2	2	
Community/work reintegration training, each 15 minutes	97537											
Manual therapy techniques, each 15 minutes	97140	2	2	2	2	2	2	2	2	2	2	
Gait Training (includes stair climbing), each 15 minutes	97116											
Iontophoresis, each 15 minutes	97035											
Group Therapy (Medicare)	97150											
Electrical stimulation, unattended Comm Ins only each 15 min	G0283											
Traction, mechanical (not time based)	97012											
Electrical stimulation, constant attend, each 15 minutes	97032											
Vasopneumatic devices (not time based)	97016											
Contrast Baths, each 15 minutes	97034											
Electrical stimulation, supervised, (not time based)	97014	1	1	1	1	1						
Ultrasound, each 15 minutes	97035											
Paraffin	97018											
Distinct Procedural Services												
Distinct Procedural Services:	-59	✓	✓					✓	✓			
Work hardening/conditioning, initial 2 hours	97545											
Work hardening/cond; each add hour	97546											
Physical performance test, each 15 minutes	97750											
App long arm splint (shoulder to hand)	29105											
App short arm splint (forearm to hand); static	29125											
App short arm splint (forearm to hand); dynamic	29126											
App finger splint; static	29130											
App finger splint; dynamic	29131											
Strap; low back	29799											
Strap; shoulder	29240											
Strap; elbow or wrist	29260											
Strap; hand or finger	29280											
Strap; knee	29530											
Supplies												
Dressing Kit-Large	$21 A9999	1	1	1	1	1	1	1	1	1	1	
Hand Exercisers	$13 A9999	9	9	9	9	9	9	9	9	9	9	
Ankle support/ascend stab	$104 L1902	4	4	4	4	4	4	4	4	4	4	
Cervical roll	$20 A9999	1	1	4	4	5	5	9	9	9	9	
Tennis Elbow support/neoprene	$25 L3701	9	9	1	1	0	8	5	5	5	5	
Electrical stimulation electrodes	$19 A4595	3	3	7	8	8	2	3	3	3	3	
Iontophoresis electrodes	$19 A4556	0	2	9	5	4	9	7	0	2	1	
Heel lift	$21 L3485	5	4	9	0	0	9	3	5	4	0	
Lumbar roll	$20 A9999											
Pulley	$20 A9300											
Putty	$9 A9999											
Theraband	$4 A9999											

NO 3843 P 13 7/25

MAY 14 2015 5:01PM

200

535

BaptistWorx

Name:	Diagnosis: ① Rct S/P repair ICD-9: 840.4 DOI: 1/24/12
Date: PT:	Insurance & Billing address:
APPLY LABEL HERE	Claim#:
	MD:
	Company ID:

Medicare Eval/Re-Evaluations	CPT										
Date		7/26	7/28	7/31	8/2	8/4	8/7	8/9	8/12	8/13	8/16 +5
Initials											
Physical Therapy Evaluation	97001										
Physical Therapy Re-Evaluation	97002										
Unusual Procedure Services (use with all Evals/Re-Evals)	-22										
Special Procedures/Modalities	**CPT**	**UNITS PER DAY**									
Selective Debridement and Wound Care	97597										
Wound Care-Non Selective Debridement	97602										
Orthotic Fit/Train, each 15 minutes	97760										
Checkout for orthotic/prosthetic use, est pt., each 15 minutes	97762										
Self-care / Home Management training	97535										
Procedures/Modalities											
Therapeutic Activities, direct pt. contact, each 15 minutes	97530		1			1					
Neuromuscular reeducation, each 15 minutes	97112										
Therapeutic Exercises, each 15 minutes	97110	2	1	2	2	2	2	2	2	2	2
Community/work reintegration training, each 15 minutes	97537										
Manual therapy techniques, each 15 minutes	97140	1	1	1	2	1	1	2	2	2	1
Gait Training (includes stair climbing), each 15 minutes	97116										
Iontophoresis, each 15 minutes	97033										
Group Therapy (Medicare)	97150										
Electrical stimulation, unattended Comm Ins only each 15 min	G0283										
Traction, mechanical (not time based)	97012										
Electrical stimulation, constant attend, each 15 minutes	97032										
Vasopneumatic devices (not time based)	97016										
Contrast Baths, each 15 minutes	97034										
Electrical stimulation, supervised, (not time based)	97014						1				
Ultrasound, each 15 minutes	97035										
Paraffin	97018										
Other Procedures											
Distinct Procedural Services:	-59				✓			✓			
Work hardening/conditioning; initial 2 hours	97545										
Work hardening/cond; each add hour	97546										
Physical performance test, each 15 minutes	97750										
App long arm splint (shoulder to hand)	29105										
App short arm splint (forearm to hand); static	29125										
App short arm splint (forearm to hand); dynamic	29126										
App finger splint; static	29130										
App finger splint; dynamic	29131										
Strap; low back	29799										
Strap; shoulder	29240										
Strap; elbow or wrist	29260										
Strap; hand or finger	29280										
Strap; knee	29530										
Supplies											
Dressing Kit-Large $21	A9999	1	1	1	1	1	1	1		1	1
Hand Exercisers $13	A9999	9	9	9	9	9	9	9		9	9
Ankle support/ascend stab $104	L1902	4	5	5	5	5	5	5		5	5
Cervical roll $20	A9999	9	0	2	4	4	4	5		9	9
Tennis Elbow support/neoprene $25	L3701	5	8	0	1	1	1	6		5	5
Electrical stimulation electrodes $19	A4595	3	8	9	2	2	1	4		0	0
Iontophoresis electrodes $19	A4556	0	5	3	1	6	1	3		6	9
Heel lift $21	L3485	8	2	1	5	1	3	0		5	9
Lumbar roll $20	A9999										
Pulley $20	A9300										
Putty $9	A9999										
Theraband/T $4	A9999										

MAY 14 2015 5:00PM NO. 3843 P. 12

TREATMENT FLOW SHEET

Facility:

Physician: Bernhardt

Patient Name: Jones, Provins

Diagnosis: (R) RCT – s/p Repair

Date of Birth: 8356

Precautions:

Ther. Procedure/Exercise	Tx. Type	Date 7/31	Date 8/2	Date 8/5	Date 8/7	Date 8/9	Date 8/13	Date 8/14	Date 8/16	Date 8/19	Date 8/21	Date 8/23
(B) FF Sliding c̄ cane		5"x10	x15	✓	x5 3F	x15		x15		x15	5" x10	✓
UBE F/R		2'/2'	3'/3'	3F/3R	✓	3F 3R	3F/3R	3F/3R	✓	3F 3R	2'/4'	✓
ABD (Scapt) c̄ Cane		5"x10	blue	✓	✓	x15		x15		x15	✓	✓
Wall walk ABD + FF		x5	✓	x5	x5	x5		NT				
LPDs		Blue x15	✓	blue x15	✓	blue x15		Blue x15		blue x15	✓	✓
Scap Ret		Blue x20	✓	✓	✓	blue x15	Supine x20	Blue x15		blue x15	✓	✓
Shoulder roll		Blue x20	✓	✓	✓	blue x15				blue x15	✓	✓
IR c̄ Band		Green x15	Blue x20	✓	✓	blue x15				blue x15	✓	✓
Triceps		Green x15	✓	✓	✓	yellow x15		Green x15		yellow x15	Red x15	✓
Ext Ext (+ IR)		Green x15	✓	✓	✓	yellow x15					Red x15	✓
Biceps		Green x15	✓	✓	✓	yellow x15					Red x15	✓
S/L ER		1# x15	x17	✓	✓	1# x15	1# x20	1# x20		1# x20	✓	✓
Bow circles c̄ cane		x10	20 cm	x20	✓	x20		x20		x20	✓	✓
SB ABD Stretch		5"x10	x20	x20	✓	x20		x20		x20	—	
SB FF Stretch		5"x10	↓	✓	✓	x20		x20		x20	5"x10	✓
Pulley 3way		x20	x20	x20	✓	x20		x20	✓	x20	✓	✓
Pulley c̄ SB overhead		x10	x10	x10	✓	x10		x10		x10	x15	✓
Prone Row					but x10	Bilateral x10	x10	x10		x10	—	
prone t's thumbs down							x10	x10	✓	x10	x10	✓
prone W's							x10	x10	✓		x10	
prone retractions							x10	x10	✓		x10	
peers							x10	x10	✓		x10	
Provider Initials (See Provider Key)		[redacted]										

ABBREVIATIONS KEY: G = Group Therapy; Min = Minutes; Rep = Repetitions; ✓ = Same as Prior Entry; - = Not Done
TA = Therapeutic Act; NR = Neuromuscular Reed.; TE = Therapeutic Exercise

PROVIDER KEY:

[redacted] Kim Allen, PT, OCS

BaptistWorx

Name: [illegible]
Date:
APPLY LABEL HERE

Diagnosis: (R) PCL s/p surgery ICD-9: 844.4 DOI: 1/24/12
Claim#: Insurance & Billing address:
MD: L Nimmons
Company ID:

Therapy Evaluations and Re-Evaluations															
Date			11/6	11/15	8/21	8/23									
Initials			[illegible]	[illegible]	[illegible]	[illegible]									
Physical Therapy Evaluation															
Physical Therapy Re-Evaluation	97001														
Unusual Procedure Services (use with all Evals/Re-Evals)	97002														
	-22														
Special Procedures/Modalities															
Selective Debridement and Wound Care															
Wound Care-Non Selective Debridement	97597														
Orthotic Fit/Train, each 15 minutes	97602														
Checkout for orthotic/prosthetic use, est pt., each 15 minutes	97760														
Self-care / Home Management training	97762														
Procedures/Modalities	97535														
Therapeutic Activities, direct pt. contact, each 15 minutes	97530														
Neuromuscular reeducation, each 15 minutes	97112					1									
Therapeutic Exercises, each 15 minutes	97110		2	2	2	2									
Community/work reintegration training, each 15 minutes	97537														
Manual therapy techniques, each 15 minutes	97140		1	2	1	1									
Gait Training (includes stair climbing), each 15 minutes	97116														
Iontophoresis, each 15 minutes	97033														
Group Therapy (Medicare)	97150														
Electrical stimulation, unattended Comm Ins only each 15 min	G0283														
Traction, mechanical (not time based)	97012														
Electrical stimulation, constant attend, each 15 minutes	97032														
Vasopneumatic devices (not time based)	97016														
Contrast Baths, each 15 minutes	97034														
Electrical stimulation, supervised, (not time based)	97014														
Ultrasound, each 15 minutes	97035														
Paraffin	97018														
Distinct Procedural Services:															
Work hardening/conditioning, initial 2 hours	-59		✓	✓		✓									
Work hardening/cond; each add hour	97545														
Physical performance test, each 15 minutes	97546														
App long arm splint (shoulder to hand)	97750														
App short arm splint (forearm to hand); static	29105														
App short arm splint (forearm to hand); dynamic	29125														
App finger splint; static	29126														
App finger splint; dynamic	29130														
Strap; low back	29131														
Strap; shoulder	29799														
Strap; elbow or wrist	29240														
Strap; hand or finger	29260														
Strap; knee	29280														
	29530														
Supplies															
Dressing Kit-Large															
Hand Exercisers	$21	A9999	1	1	1	1									
Ankle support/ascend stab	$13	A9999	9	9	9	9									
Cervical roll	$104	L1902	5	5	5	6									
Tennis Elbow support/neoprene	$20	A9999	9	9	9	9									
Electrical stimulation electrodes	$25	L3701	5	5	5	4									
Iontophoresis electrodes	$19	A4595	1	1	1	8									
Heel lift	$19	A4556	1	3	4	1									
Lumbar roll	$21	L3485	5	1	9	8									
Pulley	$20	A9999													
Putty	$20	A9300													
	$9	A9999													

'MENT FLOW SHEET

F: PROVINS JAMES

Patient I 4290-87-0 DOB:

Acct. Nu...

Physician:

Diagnosis:

Precautions:

Ther. Procedure/Exercise	Tx. Type	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
					9/6	9/9	9/11	9/16	9/18	9/22	9/25
supine planks		20	20	20	2# X15X2	red T-Band strengthening X20	✓	✓	2# ✓ 2X20	✓	✓
Sidelying ER		20	1#/20	1#/20	1#/20X2	1# 20X2	1# 20X2	2# ✓	✓	2# 20	✓
prone t's thumb down		10	X12	X12	X15	X15	X10	20	✓	✓	✓
W's		10	X12	X12	X15	X15	X10	20	✓	✓	✓
retractions		10	X12	X12	X15	X15	X10	20	✓	✓	✓
Press		10	X12	X12	X15	X15	X10	20	✓	✓	✓
Rows		10	X12	X12	X15	X15	X10	20	✓	✓	✓
Corner stretch hold 20		X3	X3	X3	X3	X3	✓	✓	✓	✓	✓
doorway stretch hold 20		X3	X3	X3	X3	X3	✓	✓	✓	✓	✓
IR w/ towel hold 20		X3	X3	X3	X3	X3	✓	✓	✓	✓	✓
posterior capsule hold 20		X3	X3	X3	X3	X3	✓	✓	✓	✓	✓
inferior capsule hold 20		X3	X3	X3	X3	X3	✓	✓	✓	✓	✓
supine ADD ER			X12	X12	X15	—		seated ✓	✓	✓	✓
UBE					2F 2B	✓	✓	✓	✓	✓	3F 2B
Wall push ups						15	20	✓	✓	✓	✓
TBand IR/ER						red 20X	✓	✓	✓	✓	✓
Lat pull downs						red X20 T-Band	✓	✓	✓	✓	✓
bent arm rows						red X20 T-Band	✓	✓	✓	✓	✓
Provider Initials (See Provider Key)	[redacted]										

ABBREVIATIONS KEY: G = Group Therapy: Min = Minutes: Rep = Repetitions: ✓ = Same as Prior Entry: - = Not Done
TA = Therapeutic Act: NR = Neuromuscular Reed.; TE = Therapeutic Exercise

PROVIDER KEY:

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

TREATMENT FLOW SHEET

PROVINS JAMES
4290-87-0 DOB:

Physician:

Diagnosis:

Precautions:

Ther. Procedure/Exercise	Wt/Dyn Type	Date 9/30	Date 10/2	Date 10/4	Date	Date	Date	Date	Date	Date	Date
Supine punches	2# 2x20	✓	✓	✓							
Sidelying ER	2# 2x30	✓	✓	✓							
prone T's thumb down	20	✓	✓	✓							
W's	20	✓	✓	✓							
retractions	20	✓	✓	✓							
pecs	20	✓	✓	✓							
rows	20	✓	✓	✓							
Corner stretch	✓	✓	✓	✓							
doorway stretch	✓	✓	✓	✓							
IR c towel	✓	✓	✓	✓							
posterior capsule	✓	✓	✓	✓							
inferior capsule	✓	✓	✓	✓							
Supine ADD c ER	scotch x20		✓	✓							
UBE	3# 3.5	✓	✓	✓							
WALL push ups	20	✓	✓	✓							
T-Band IR/ER	red x 20	✓	✓	✓							
Lat pull downs	red x 20	✓	✓	✓							
bent arm rows	red x20	✓	✓	✓							
Provider Initials (See Provider Key)	[redacted]										

ABBREVIATIONS KEY: G = Group Therapy: Min = Minutes: Rep = Repetitions: ✓ = Same as Prior Entry: - = Not Done
TA = Therapeutic Act: NR = Neuromuscular Reed.; TE = Therapeutic Exercise

PROVIDER KEY:

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

BaptistWorx
Industrial Rehabilitation & Physical Therapy
3303 Fern Valley Road
Louisville, KY 40213
(502) 962-5241
Fax (502) 964-1052

FAX TRANSMISSION COVER SHEET

The information contained in this fax is confidential for the use of the individual or entity named below. 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 copy of this communication is prohibited. If you have received this communication in error, please notify us by collect telephone and return the original message to us at the above address at our expense.

Date: 12/30/13
To: Amy Valdez-nurse case manager
Fax: 1-678-942-7392
Re: Provins, James 6/29/61-August & October 2013 PT notes
Sender: Christy Straub-PT Office Coordinator

YOU SHOULD RECEIVE _12_ PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (502) 962-5241. THANK YOU!

** The above patient was also treated at another clinic of ours. To obtain those August and October records, call 502-935-9970.
Thank you

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.co

BAPTIST HEALTH

OCCUPATIONAL MEDICINE FAX # 502-935-9577

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

COMPANY:

DATE: 12.30.13

FAX NUMBER: 678.942.7392

TOTAL NO. OF PAGES, INCLUDING COVER: 13 pg's

PHONE NUMBER:

SENDER'S REFERENCE NUMBER OR SENDER'S PHONE #: 502-935-9970

RE: Aug Notes for James Provins

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

This facsimile contains privileged and confidential information intended only for the use of the specific individual or entity noted above. If you or your employer are not the recipient of this facsimile or an employee or agent responsible for delivering it to the intended recipient you are hereby notified that any unauthorized dissemination or copying of this facsimile or the information contained in it is strictly prohibited. If you have received this facsimile in error, please immediately notify the person named above at once by telephone and return the original facsimile to us at the address listed below via the US Postal Service. Thank you.

7092 DISTRIBUTION DRIVE LOU, KY 40258

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To align 2 pgs total

Patient Name	SSN	Body Part / Service	Auth. Remaining	Ex. Date	Attd/Sch
PROVINS, JAMES	8356	SHOULDER / UPPER ARM / PT	0		12/0

8/5/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/7/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/9/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/13/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/14/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/15/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/19/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/21/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/23/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/28/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

8/30/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/4/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/6/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/9/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/11/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/16/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/18/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/20/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/25/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/27/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

9/30/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

10/2/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

10/4/2013 We have received claims for this date of service, but there is no authorization for this date. Please fax into us any written authorization you might have received from the insurance carrier directly or any new RX that would potentially cover this visit.

*Here is the form that we log auth on. We got a total of 37 approved that covered all his visits here @ the Riverport location. He transfered to our Fern Valley location (ph 502-962-5241) so you will have to contact them.

For Re-Authorizations, send new RX via fax to 904-309-8942 or call 866-389-0211
Please fax back immediately requested patient updates to 904-309-8942

TAG:13-@PPANCHID 00438: We stopped seeing him on 7-23-13

Discharge Check list

1. Check list
2. Patient identification number present on all appropriate forms
3. Consent form
4. Evaluation form
5. Medical history
6. Plan of care including assessment and goals
7. Diagnosis documented
8. Progress notes
9. Discharge summary
10. Last encounter sheet enclosed
11. Number of therapists seen

Signature when chart is complete

_____

ROI: Previous submitted request

502-562-7049 or 502-587-4925

AUTHORIZATION FOR USE OR DISCLOSURE
OF PROTECTED HEALTH INFORMATION
ACCESS TO PROTECTED HEALTH INFORMATION

I, James Provins, [Print Name of Individual], Date of Birth: [redacted]

Last 4 digits of SSN: [redacted], hereby authorize SMEH [Insert Facility Name, See Back]

to use and/or disclose my individually identifiable health information as described below. I authorize the following person(s) or organization Debra Provins to receive the information in ✓ Paper or ____ Electronic form.

Street Address [redacted] ____ Telephone #: [redacted]

City, State, and Zip Code: [redacted]

The following individually identifiable health information may be used and/or disclosed:

Check () all that apply:

____ Discharge Summary ____ Facesheet ____ Emergency Room Records ____ Reports of Lab Tests
____ History and Physical Records ✓ Consultation Reports ____ Reports of X-rays ____ Operative Reports
____ Physical Therapy Notes ✓ All
____ Other*: ____

Dates of treatment to be released: 4 — 4-14-14

I authorize the release of any information contained in the above records concerning treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological condition, psychiatric/mental health treatment and/or HIV-related conditions.

Reason or purpose for the use and/or disclosure of the information: Our lawyer

Prohibition on Conditioning of Authorization: KentuckyOne Health will not condition treatment on your signing this authorization, unless:

- You are receiving research-related treatment; or
- The only reason the facility is providing you with health care is to make a report to a third party, such as your employer (e.g., fitness to return to work) or school (e.g., P.E. physical).

Re-disclosure: I understand that the information used and/or disclosed according to this authorization may no longer be protected by federal privacy law (also known as HIPAA) and the recipient of your health information may potentially redisclose it. However, under the Federal Substance Abuse Confidentiality Requirements, 42 CFR Part 2, the recipient may be prohibited from disclosing identifiable substance abuse information.

Expiration: This authorization will expire 90 days from the date signed.

Revocation: I understand that I may revoke this authorization at any time by notifying KentuckyOne Health in writing by sending a letter to Health Information Management at the specific facility address or completing the Revocation of Authorization form. I understand that if I revoke this authorization, it will not affect any actions that KentuckyOne Health took before it received my revocation letter. For example, KentuckyOne Health cannot rescind disclosures it has already made, and may use my health information as necessary to bill and collect for services rendered.

This Authorization is binding: The statements made in this authorization are binding, controlling and I understand that they take precedence over statements made in the KentuckyOne Health's Notice of Privacy Practices.

I understand a fee may be charged for copies of my medical record.
Mail the completed authorization form and a copy of your ID to the appropriate facility address listed on the 2nd page of this authorization.

Debra Provins 2/5/16

SIGNATURE OF INDIVIDUAL OR PERSONAL REPRESENTATIVE DATE

Printed name of individual's personal representative, if applicable: ____

Rationale for serving as personal representative to the individual (e.g., parent, legal guardian): ____

Witness: ____ Date: ____

FOR INTERNAL PURPOSES ONLY

When KentuckyOne Health is requesting an authorization to use health information for its own use, the following provision must be completed:

Staff Personnel:

Received by: M Medina Date: 2/5/14

Was a signed copy provided to the individual? (YES) NO
Access approved? (YES) NO

ROI Request F2110

Facility SMEH
Med Rec # L00042358 7
Account # M0343117 38

KentuckyOne Health®

PT

AUTHORIZATION FOR USE OR DISCLOSURE
OF PROTECTED HEALTH INFORMATION
ACCESS TO PROTECTED HEALTH INFORMATION

I, James Provins, [Print Name of Individual], Date of Birth: _____

Last 4 digits of SSN: _____, hereby authorize SMEH [Insert Facility Name, See Back]

to use and/or disclose my individually identifiable health information as described below. I authorize the following person(s) or organization

Debra Provins to receive the information in ✓ Paper or ___ Electronic form.

Street Address: _____ Telephone #: _____

City, State, and Zip Code: _____ 24

The following individually identifiable health information may be used and/or disclosed:

Check () all that apply:

___ Discharge Summary	___ Facesheet	___ Emergency Room Records	___ Reports of Lab Tests
___ History and Physical Records	✓ Consultation Reports	___ Reports of X-rays	___ Operative Reports
___ Physical Therapy Notes	✓ All		
___ Other*:			

Dates of treatment to be released: 4 — 4-14-14

I authorize the release of any information contained in the above records concerning treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological condition, psychiatric/mental health treatment and/or HIV-related conditions.

Reason or purpose for the use and/or disclosure of the information: Fus Lus 45 xR

Prohibition on Conditioning of Authorization: KentuckyOne Health will not condition treatment on your signing this authorization, unless:

- You are receiving research-related treatment; or
- The only reason the facility is providing you with health care is to make a report to a third party, such as your employer (e.g., fitness to return to work) or school (e.g., P.E. physical).

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Mail the completed authorization form and a copy of your ID to the appropriate facility address listed on the 2nd page of this authorization.

Debra Provins 2/5/16
SIGNATURE OF INDIVIDUAL OR PERSONAL REPRESENTATIVE DATE

Printed name of individual's personal representative, if applicable: _____

Rationale for serving as personal representative to the individual (e.g., parent, legal guardian): Processed by HealthPort

Witness: _____ Date: _____ Rep _____ Date _____ Pages _____

FOR INTERNAL PURPOSES ONLY

When KentuckyOne Health is requesting an authorization to use health information for its own use, the following provision must be completed:

RECEIVED FEB 08 2016

Staff Personnel:

Received by: MMedu Date: 2/5/14 Lrg 2/5/2016

Was a signed copy provided to the individual? YES NO

Access approved? YES NO

ROI Request F2110

24 pgs

12/23/2014

546

Circle or check affirmatives, backslash (\) negatives.

33 **Jewish Hospital Medical Center Southwest**

A service of Jewish Hospital & St. Mary's HealthCare

EMERGENCY PROVIDER RECORD
Chest Pain

Acct #: H034311738 MRN: L000423587
PROVIDIS, JAMES SEX
52 M M
HCN
05/10/14

AMI / PE / Pneumothorax / Aortic Dissection / Esophageal Rupture

TIME SEEN: 1040 ROOM: 9 EMS Arrival
HISTORIAN: patient family EMS
UNABLE TO OBTAIN HISTORY DUE TO:

HPI

chief complaint: chest pain / discomfort

onset / duration: SINCE RECENT

timing:
still present better
gone now lasted
sudden / gradual onset
resolved on arrival in ED

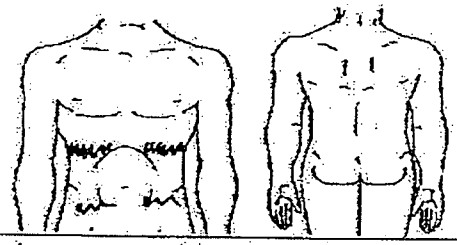
constant "waxing & waning"
intermittent episodes lasting
worse / persistent since

context: QUIT DRINKING 2 DAYS AGO, DENIES
[illegible] CPR COSTOCHONDRITIS

quality:
tearing
pressure
sharp
dull

radiation:
none
arm / shoulder
back / jaw
NO

location of pain:



associated symptoms:
fever / chills
sweating
coughing blood / sputum
palpitations
hurts to breathe / short of breath
nausea / vomiting
weak / dizzy / lightheaded

worsened by:
change in position
deep breaths
exertion
nothing
SUPINE

relieved by:
sitting up
rest
antacids
nothing

nitroglycerin 1 2 3
patient's own supply
given by paramedics
relief none / partial / complete / transient
Oxygen NRB L

onset during:
sleep rest light activity
mod. / heavy exertion
emotional upset
after vomiting / after meal
cannot recall

severity:
maximum (1-10)
mild moderate severe
when seen in ED (1-10)
gone almost gone mild moderate severe
residual discomfort in arm (R / L)

Similar symptoms previously angina "heart pain"

Recently seen / treated by doctor

Acute MI – Aspirin
☐ given within 24 hours of arrival ED EMS Home
☐ not given due to: ☐ allergy ☐ on coumadin ☐ other

40494603331

ROS

CONST
recent illness

EYES / ENT
vision change / problems
congestion / dental problems

CVS / PULMONARY (see HPI)

GI / GU
abdominal pain
black / bloody stools
problems / pain urinating

FEMALE GENITAL
LNMP preg post-menop

MS / SKIN / LYMPH
calf / leg pain
joint pain
neck / back pain
rash / swollen glands
leg / ankle swelling

NEURO / PSYCH
difficulty walking cane walker fall
headache
lost feeling / power
confusion / dementia
depression
anxiety / hyperventilation
tingling hands / face
muscle spasms hands / foot

☒ all systems neg except as marked

PAST HX

RELATED PAST HX
cardiac disease
AMI angina CHF MI CAD
diabetes Type 1 Type 2
diet / oral / insulin neuropathy
hyperlipidemia
hypertension POSSIBLE
TAD risk factors
pregnancy connective tissue
Turners, etc coarctation of aorta

cancer chemo rad tx
CVA / TIA bleed deficit
GI disease
GERD liver disease cholelithiasis
hepatitis pancreatitis ulcer
lung disease
asthma COPD pneumothorax
kidney disease ESRD calculi
thyroid disease

old records reviewed / summary

PERC Rule: ≥ 50yo / HR ≥ 100 / RA SaO2 ≤ 94 / prior DVT, PE / surg. trauma ≤ 4wks / hemoptysis / hormone tx / unilat leg swelling / clin sign PE (all neg. < 2% risk PE)
Wells Criteria for PE
3 pts each: clinically suspect DVT / most likely dx is PE
1.5 pts each: HR > 100 / immobilization or surgery past 4 weeks / prior DVT or PE
1 pt each: hemoptysis / cancer treatment in the past 6 mos
LOW (0-2pts) (3.6%) MOD (3-6pts) (20.5%) HIGH (> 6pts) (66%) Wells PE

Surgeries / Procedures none
any recent surgery
angioplasty / cardiac cath / stent
cardiac bypass
dental work recent
pacemaker
stress test
thrombolytics
SHOULDER SURG

appendectomy
cholecystectomy
endoscopy upper lower
hysterectomy / BTL / C-section
indwelling device line / port
foley catheter / dialysis graft

Imaging prior CT / MRI US date

☐ Immunization UTD

Medications none see nurses note
ASA clopidogrel warfarin LMWH
NSAID acetaminophen BCP's

Allergies NKDA see nurses note
antibiotic IV contrast

SOCIAL HX smoker drugs
alcohol (recent / heavy) occasional occupation
REGULAR ETOH DRINKER QUIT 1998

FAMILY HX CAD (under 55yo / over 55yo)
aortic aneurysm PE NA

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ER Notes

Jewish Hospital & St. Mary's HealthCare

☐ JH ☐ JHS ☐ FRI ☐ VNA/NHC ☐ JHMCSW

☐ JHMC ☐ JHMCS ☐ OLOF ☐ SMEH

ADDRESSOGRAPH

Acct# M034311738 MR#:L000423587
PROVIDS: DAM-S CICCU3
M M CICCU3-17
NON
04/10/14

ALCOHOL WITHDRAWAL PROTOCOL ORDERS: LORAZEPAM (ATIVAN)

Transcriber Initials Time	Date/ Time Ordered	Physicians Orders/Signature	Progress Notes
		TRANSCRIBE ALL ORDERS UNLESS OTHERWISE INDICATED	
		1. Record CIWA-Ar (Clinical Institute Withdrawal Assessment) score every 8 hours, unless patient shows signs of withdrawal, then every 4 hours.	
		• If CIWA-Ar is less than 8 for 48 hours, discontinue assessments.	
		• Discontinue all other PO and IM benzodiazepines. Call MD if patient is on Benzodiazepine drip regarding plan of action.	
		2. Activity: Keep patient in quiet room with even lighting. Take seizure precautions.	
		3. Diet: As previously ordered, but no caffeine. If taking PO, encourage fluid intake.	
		4. Labs: Unless previously obtained – CBC, CMP, TSH, Free T4, VDRL, and UA.	
		5. Toxicology: Unless previously obtained – Urine toxicology screen.	
		6. IV fluids: D5NS at 150mL/hour OR D5NS at 125 mL/hour.	
		✓ Add: Thiamine 100mg IV/PO daily x 3.	
		✓ Folate 1mg IV/PO daily x 3.	
		✓ Multivitamins IV/PO daily x 3.	
		☐ Magnesium Sulfate 2 gram to first liter.	
		☐ Potassium Chloride _____ mEq/Liter x _____ liters.	
		7. Monitor alcohol withdrawal severity score every 4 hours and PRN.	
		8. Give Lorazepam dose based on withdrawal severity score. Start with standard dosing scale (see #12 below). If severity score is less than 8, doses may be administered IV or orally at the nurse's discretion. FAXED	
		9. Routine Medications:	

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS# 1555776 3/10

Physicians Orders

F1230

Unapproved/Unsafe Abbreviations
DO NOT USE:
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)

Instead, please write:
"daily" and
"every other day"

Jewish Hospital & St. Mary's HealthCare

☐ JH ☐ JHS ☐ FRI ☐ VNA/NHC ☐ JHMCSW

☐ JHMC ☐ JHMCS ☐ OLOP ☐ SMEH

ADDRESSOGRAPH

Acct#:M034311738 MR#:L00042358/
PROVTAS,DANES 01CCU3
52 M M:01CCU3-17
Weche-Lon,Angela R M
NCN
04/10/14

ALCOHOL WITHDRAWAL PROTOCOL ORDERS: LORAZEPAM (ATIVAN)

Transcribe Initials Time | Date/Time Ordered | Physicians Orders/Signature

Clinical Institute Withdrawal Assessment – Severity Score – * If sign/symptom is not present, score = 0

Issue	Score *	Description
Tachycardia	1	Pulse rate 80-100 beats per minute
	2	Pulse rate 100-130 beats per minute
	3	Pulse rate exceeds 130 beats per minute
Hypertension (valid only in absence of history	1	Systolic 150-175 mm/hg
	2	Systolic 175-200 mm/hg
	3	Systolic over 200 mm/hg
Diaphoresis	1	Mild, barely visible
	2	Moderate
	3	Marked, clothes or bedding soaked
Nausea/Vomiting	1	Nausea only
	2	Vomits once, not exceeding twice in 8 hours
	3	Frequently vomiting, "dry heaves"
Fever	1	99 to 100.4 degrees F
	2	100.4 to 101.3 degrees F
	3	Greater than 101.3 degrees F
Agitation	1	Activity increased
	2	Restless/"fidgety"
	3	Restless, pacing, thrashing in bed
Confusion, orientation, Contact with reality	1	Detached, decreased sensation, vague orientation
	2	Vague about current illness, disorientation is infrequent
	3	Detached, no staff contact, disoriented
Sleeplessness	1	Awake during night (2-3 times)
	2	Awake half of the night
Hallucinations	1	Auditory only or visual only, not agitated from hallucinations
	2	Unrelated auditory and visual hallucination
Hallucinations (cont.)	3	Auditory and visual hallucinations are related
Seizure		Documented presence or absence. Notify MD immediately of seizure activity

FAXED

ELECTRONICALLY SIGNED BY
Rechelson, Angela - 253184
TC 4/23/2012 12:11:50

Nurse signature: Yolanda Tunnincliffe
4/10/14 @ 1610

MD Signature: _____ Date: _____ Time: _____

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORM® 1550776 2/10

Physicians Orders

F1200

Unapproved/Unsafe Abbreviations
DO NOT USE:
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)

Instead, please write:
"daily" and
"every other day"

Jewish Hospital & St. Mary's HealthCare

☐ JH ☐ JHS ☐ FRI ☐ VNA/NHC ☐ JHMCSW

☐ JHMC ☐ JHMCS ☐ OLOP ☐ SMEH

ADDRESSOGRAPH

ACCT#: M034511738 MR#: L000423587
PROVINS, JAMES CICCU3
2 M M CICCU3-17
WOLDERTON, Angela R M
NON
04/10/14

ALCOHOL WITHDRAWAL PROTOCOL ORDERS: LORAZEPAM (ATIVAN)

Transcriber Initials Time	Date/ Time Ordered	Physicians Orders/Signature
		10. PRN Medications:
		a. Loperamide (Imodium) 4mg PO at first loose stool, then 2mg PO following each subsequent loose stool, up to a maximum of 8mg per 24 hours.
		b. Dicyclomine (Bentyl) 10mg PO every 8 hours PRN stomach cramps.
		c. Promethazine (Phenergan) 25mg PO/IM/PR every 4 hours PRN nausea/vomiting.
		d. Formulary Antacid 30mL PO ever 6 hours PRN indigestion.
		11. Treatment of Withdrawal: Adjust dosing as necessary to control symptoms without excessive sedation.
		• Assess initial level of withdrawal symptoms and sedation per CIWA-Ar score every 4 hours and PRN.

FAXED

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS® 1650576 3/10

Unapproved/Unsafe Abbreviations DO NOT USE:
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)

Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

☐ JH ☐ JHS ☐ FRI ☐ VNA/NHC ☐ JHMCSW

☐ JHMC ☐ JHMCS ☐ OLOP ☐ SMEH

ADDRESSOGRAPH

Acct#:M034311738 MR#:L00423587
PROVINS JAMES CICCU3
52 M M CICCU3-17
NON
04/10/14

ALCOHOL WITHDRAWAL PROTOCOL ORDERS: LORAZEPAM (ATIVAN)

Transcriber Initials, Time	Date/ Time Ordered	Physicians Orders/Signature	Progress Notes

12. STANDARD DOSE Lorazepam (Start here) – Give lorazepam based on withdrawal severity score:

Severity Score	Lorazepam (Ativan) ICU-CCU	NON-ICU
Greater than or equal to 12	4mg IV only	4mg PO
10-11	3mg IV only	3 mg PO
8-9	2mg IV/PO	2mg PO
6-7	1mg IV/PO	1mg PO
0-5	0 mg	0 mg

a. Repeat assessment and dose every 15 to 30 minutes until severity score is less than or equal to 5, then resume every 4 hours and PRN monitoring (even while asleep).

b. If score continues to be equal to or greater than 5 AND respiratory rate is greater than or equal to 12 after three doses 15 to 30 minutes apart, contact MD to increase to the following high-dose scale (see below) and give lorazepam using the new scale

13. HIGH DOSE Lorazepam – Give lorazepam based on withdrawal severity score:

Severity Score	Lorazepam (Ativan) IV (For use in ICU only. Transfer patient if necessary)
Greater than or equal to 12	6mg
10-11	5mg
8-9	4mg
6-7	3mg
0-5	0mg

a. Continue to reassess severity score 15-30 minutes after each dose. Once score is less than 5, resume monitoring score every 4 hours and PRN. Continue using high-dose scale for subsequent doses. If score 5 or less for at least 12 hours, return to low-dose score.

b. Institute precautions, if score is greater than or equal to 6 OR patient has history of withdrawal seizures.

14. Notify physician of any of the following: Seizures, persistent severity score of greater than or equal to 6 for more than 4 hours, suicidal ideation, and/or respiratory rate of less than 12.

Clinical Institute Withdrawal Assessment – Severity Score – * IF SIGN/SYMPTOM IS NOT PRESENT, SCORE = 0

Issue	Score *	Description
Tremor	1	Arm extended, fingers spread. Tremor felt by examiner but not visible
	2	Mild, visible tremor
	3	Marked, visible tremor

FAXED

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS® 18/05776 3/10

Unapproved/Unsafe Abbreviations
DO NOT USE:
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)

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"daily" and
"every other day"

Jewish Hospital & St. Mary's HealthCare

Emergency Department

PATIENT TRANSFER TO AN OUTSIDE FACILITY

Acct #: M03311738 MR#: L00423567
PROVIDER: JAMES 52 M K
NOK
04/10/14

SECTION 1 REQUEST TO TRANSFER (NURSE COMPLETE)

Transfer requested by: ☐ Patient ☐ Physician ☐ Family ☐ Other _____

I acknowledge that my medical condition has been evaluated and explained to me by the physician. I desire transfer to another facility. Potential benefits and risks associated with this transfer have been explained and I fully understand them. With this understanding, I choose to be transferred to another facility.

Patient/Legally responsible individual _____ Relationship _____ Witness _____ Date/Time 4-10-14 1400

SECTION 2 TRANSFER REQUIREMENTS (NURSE COMPLETE)

THE PATIENT MAY NOT BE TRANSFERRED UNLESS THE FOLLOWING REQUIREMENTS ARE MET:

Receiving Facility Name: SMGH

☐ Receiving facility has available space/equipment/qualified personnel for services requested.

☐ Receiving facility agrees to accept transfer and provide appropriate medical services.

Services Required: INPATIENT ICU

Accepting Physician: Wenzel Phone: _____

Accepting Facility Rep: Bed Center Phone: _____

Receiving facility provided with all appropriate medical records by ☐ Copy ☐ Fax

☑ Chart ☑ Lab ☑ X-ray ☑ EKG ☑ MAR ☑ Transfer Form Given to: EMS

☐ Report called to facility. Name/Title of person receiving report: Teresa Kinker RN

Method of transport: ☐ Private Vehicle ☑ Ambulance with appropriate life support equipment/qualified personnel.

Other: _____

SECTION 3 PATIENT REFUSAL TO CONSENT TO TRANSFER (NURSE COMPLETE)

Transfer refused by: ☐ Patient ☐ Legally responsible person acting on behalf of patient.

I acknowledge that my medical condition has been evaluated and explained to me by the physician who has recommended transfer to another facility. Potential benefits and risks associated with the transfer as well as probable risks if I am not transferred have been explained and I fully understand them. Even though Dr. _____ believes it is in my best interest to be transferred, I refuse to be transferred. Instead, I request continued treatment at this facility.

Patient/Legally responsible individual signing on patient's behalf _____ Relationship _____ Witness _____ Date/Time _____

Patient/Legally responsible person's reason(s) for refusing transfer: _____

RN Signature/Date/Time _____ Printed RN Name _____

SECTION 4 PATIENT CONDITION AND RISK (PHYSICIAN COMPLETE)

☑ Patient has been stabilized so, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from transfer.

☐ Patient is unstable, but expected medical benefits of transfer outweigh potential risks associated with transfer.

The risks and benefits to the unstabilized patient are:

Benefits of transfer explained to ☑ patient ☐ family ☐ other Relationship: _____

☐ Specialized treatment or services at receiving facility ☐ continuity of care ☐ other: _____

Risks of transfer explained to ☐ patient ☐ family ☐ other Relationship: _____

☑ Weather/transportation accidents ☑ deterioration in condition ☑ disability ☑ death ☐ other

Condition at time of transfer ☐ stable ☐ unstable

MD Signature/Date/Time _____ Printed MD Name _____

Transfer Form F1270

White Copy - Chart Yellow Copy - EDQA Pink Copy - Receiving Facility

CONTENT REVIEWED / REVISED 11/11

YOUTHFORAGE 7358655 (1/1)

Jewish Hospital & St. Mary's HealthCare

Emergency Department

PATIENT TRANSFER TO AN OUTSIDE FACILITY

Acct#: H034311738 MRN: 000423587 SSD
52 M K
04/10/14

SECTION 1 REQUEST TO TRANSFER (NURSE COMPLETE)

Transfer requested by: ☐ Patient ☐ Physician ☐ Family ☐ Other

I acknowledge that my medical condition has been evaluated and explained to me by the physician. I desire transfer to another facility. Potential benefits and risks associated with this transfer have been explained and I fully understand them. With this understanding, I choose to be transferred to another facility.

Patient/Legally responsible individual _____ Relationship _____ Witness _____ Date/Time 4-10-14 1400

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THE PATIENT MAY NOT BE TRANSFERRED UNLESS THE FOLLOWING REQUIREMENTS ARE MET:

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☐ Receiving facility agrees to accept transfer and provide appropriate medical services.

Services Required: INPATIENT ICU

Accepting Physician: Wanand Phone:

Accepting Facility Rep: Bed Control Phone:

Receiving facility provided with all appropriate medical records by ☐ Copy ☐ Fax

☐ Chart ☑ Lab ☐ X-ray ☑ EKG ☑ MAR ☑ Transfer Form Given to: EMS

☐ Report called to facility. Name/Title of person receiving report: Teresa Kinzer RN

Method of transport: ☐ Private Vehicle ☑ Ambulance with appropriate life support equipment/qualified personnel.

Other:

SECTION 3 PATIENT REFUSAL TO CONSENT TO TRANSFER (NURSE COMPLETE)

Transfer refused by: ☐ Patient ☐ Legally responsible person acting on behalf of patient.

I acknowledge that my medical condition has been evaluated and explained to me by the physician who has recommended transfer to another facility. Potential benefits and risks associated with the transfer as well as probable risks if I am not transferred have been explained and I fully understand them. Even though Dr. _____ believes it is in my best interest to be transferred, I refuse to be transferred. Instead, I request continued treatment at this facility.

Patient/Legally responsible individual signing on patient's behalf _____ Relationship _____ Witness _____ Date/Time _____

Patient/Legally responsible person's reason(s) for refusing transfer:

RN Signature/Date/Time _____ Printed RN Name _____

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☐ Specialized treatment or services at receiving facility ☐ continuity of care ☐ other:

Risks of transfer explained to ☐ patient ☐ family ☐ other Relationship:

☑ Weather/transportation accidents ☑ deterioration in condition ☑ disability ☑ death ☐ other

Condition at time of transfer ☐ stable ☐ unstable

MD Signature/Date/Time _____ Printed MD Name _____

Transfer Form F1270

White Copy - Chart Yellow Copy - EDQA Pink Copy - Receiving Facility

CONTENT REVIEWED / REVISED 11/11 ACCUFORMS® 7329055 11/11

9

Jewish Hospital & St. Mary's HealthCare

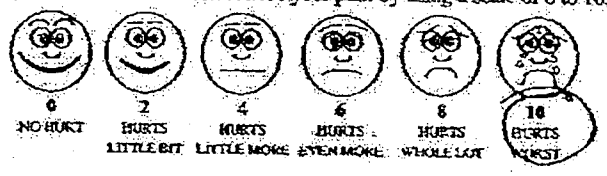
Acct#: M034311738 MRN: 1000423587 SEX
52 M M
PCP: Primary Care Phy
NDX
04/10/14

LS.

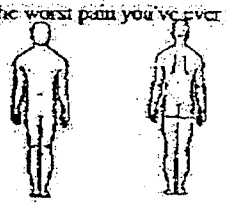
Patient History

1. Is there any possibility you may be pregnant? _____
2. Diagnostic exam: CT C/A/P ⊇ _____ Is this related to trau
   Date of the injury: _____
3. Have you had any prior images done of the same part(s) of your body? Yes ☐ No ☐
   If yes, where _____
4. Have you had any prior surgeries? Yes ☐ No ☐
   If yes, please list procedure, where was the surgery performed and date of each one:
   Rt shoulder
5. Have you had any prior history of cancer? Yes ☐ No ☑
   Have you had chemotherapy / dates: Yes ☐ No ☑
   Have you had radiation therapy / dates: Yes ☐ No ☑
6. Any prior and / or current major medical problems? Yes ☐ No ☐
   Please List: Smokers htn

Pain Assessment: Please describe your pain by using a scale of 0 to 10, no pain as a 0 and the worst pain you've ever felt as a 10.



Location of pain:



If a level of pain is above 5, and has changed since the last visit with the MD, patient should notify his/her physician.

TOA for Head scans: _____ **Related Joint Injections:** DDimer 668.
Patient History:
upper abd pain, chest pain x few days
pt states getting worse SOA + nausea

J Bauman
Technologist

4-10-14
Date

IV Contrast Study Info
BUN 20 Creatinine 1.7 eGFR 45.2 Date 4-10-14 Time 1035 Premedication: Yes ____ No ____
GFR checked due to: Patient age ____ Patient Medical history _____ POC used: Yes ____ No ____
Hydration Implemented: Yes ____ No ____

Contrast type and amount _____ Lot # _____ Exp _____
IV Site Location _____ Number of Attempts _____ Attempt sites: _____
Gauge: 18g ____ 20g ____ 22g ____ Other ____ Power Picc ____ Power Port ____

Started By: _____ D/C'd By: _____ Existing Site? Yes ____ No ____
Post Injection: Infiltration: No ____ Yes ____ Amount _____
No Reaction / Slight Warmness _____ Vomiting/Nausea/Sneezing/Dizzy _____
Hives _____ Periorbital Edema/Soft Tissue Swelling _____
Difficulty Breathing _____ Other _____
IRIS Report Completed: Yes ____ No ____
Was Physician notified of reaction? Yes ____ No ____ Name of MD _____

PACS checklist:
- ____ Image Display correct - W/L, Flip Orientation
- ____ History Info sheet dated / completed / signed / scanned
- ____ All series online
- ____ Prior corresponding studies restored on-line
- ____ Prior reports scanned into PACS
- ____ Correct ordering physician's name on label
- ____ Surgical history for body part documented w/ date

PACS Tech Initials _____
Time On-Line _____

Radiology Worksheet
F1245

CONTENT REVIEWED / REVISED 2/12 VCELINFORMS® 7328938 2/12

Jewish Hospital & St. Mary's HealthCare

Acct#: 2016311738 MR#: 1000423587
PROVIDIS, JAMES SEX
52 M K
ICN
04/10/14

CONSENT TO TREATMENT AND FINANCIAL ASSIGNMENT

I. CONSENT FOR ADMISSION AND TREATMENT

I consent to any surgical, diagnostic or other medical procedures my physician or other medical staff members consider to be necessary for my course of treatment and health and welfare and hereby authorize this facility, its agents and employees, or other persons, including medical residents, interns or medical students, to participate in such measures. I understand that as part of the diagnostic testing and medical treatment, I may be tested for Human Immunodeficiency Virus Infection, Hepatitis or any other Blood-borne Infectious Disease.

I understand that JHSMH will accept patients regardless of race, color, national origin, age, disability or ability to pay.

I understand that treatment may involve risks, that the practice of medicine and surgery is not an exact science, and that no promises, warranties or guarantees have been made as to the results obtained.

I understand that I have the right to consent, to refuse consent, or to revoke consent if I make such desire to revoke consent clear to those participating in my treatment and if it is medically feasible to do so without being detrimental to my health or life or to any proposed procedure or treatment. I understand that I will not be involved in any research or experimental procedure without my knowledge or consent.

I understand that Jewish Hospital & St Mary's HealthCare (JHSMH) may take photographs to document my care. I understand the photograph may include, but not be limited to: videotape, videodisc, digital image and any other means of recording or producing visual images referred to as photographs. I understand that the photographs may be used and/or displayed without my authorization for any purpose permitted by law and may include education and research.

I understand that this facility, unless designated by employee identification badges, does not employ any physicians, including medical residents and interns, or certified registered nurse anesthetists with whom I may come in contact either directly or indirectly. I understand that these physicians and my private attending physician(s) are independent contractors for which this facility is not responsible under the laws of the Commonwealth of Kentucky and have been granted the privilege of using this facility for the treatment of their patients. Further, I realize that medical, nursing, and other health care personnel in training may be present during patient procedures as a part of their education unless requested otherwise.

I understand and acknowledge by my signature below that I may require care and treatment from specialists, including but not limited to anesthesiologist(s), cardiologist(s), radiologist(s), Emergency Room physician(s), surgeon(s), pathologist(s), all other medical specialists, whether admitting, treating and/or consulting physicians or residents or interns, and other professionals, or suppliers of services, and certified registered nurse anesthetists, and I consent to their involvement in my treatment, and that they, unless designated by employee identification badges, are not employees of this facility but rather are independent contractors for which this facility is not responsible.

DUE TO CONDITION OF PATIENT

II. CONSENT TO RELEASE AND OBTAIN INFORMATION

I give JHSMH (or affiliated facility) permission to release and/or obtain information from my medical record, or permit inspection of such medical information, including but not limited to psychological/psychiatric, drug/alcohol related conditions, communicable diseases diagnosis and/or test results including the results for Human Immunodeficiency Virus Infection (HIV), Hepatitis or other Blood-borne Infectious Disease for the purposes of treatment, payment and health care operations, as more fully described in the Notice of Privacy Practices.

I understand that certain information may be released to Health Department officials responsible for control of infectious diseases in accordance with the requirements of federal, state, and local laws and regulations.

Prescription and Use of Controlled Substances: I consent to the prescription and use of controlled substances in my treatment, as prescribed by my physician or other healthcare provider. I consent to the notification of my primary care provider of all controlled substances prescribed and/or dispensed to me. I understand that a query will be made of KASPER, the Kentucky registry of prescriptions of controlled substances, as part of my care and to confirm my prescriptions; and that the KASPER report or information from the KASPER report may be included in my medical record. I understand that, in the course of my care, and as may be required by state law, blood and/or urine samples may be obtained for the purpose of screening for alcohol or controlled substances. The risks and potential benefits of the prescribed controlled substances, including, but not limited to, psychological addiction, physical dependence, and withdrawal, have been explained to me and all of my questions have been answered to my satisfaction. These risks and benefits are described in the information provided to me and made a part of my medical record.

Anonymity and confidentiality will be protected to the extent permitted by law, but absolute confidentiality cannot be guaranteed. However, strict adherence to professional standards of confidentiality and the requirements of state and federal law regarding protecting patient privacy will be maintained at all times.

I release JHSMH, its employees, agents, directors, officers and affiliates from any liability that may be incurred by giving such information to an above referenced person or entity.

III. FINANCIAL RESPONSIBILITY

I agree to pay JHSMH for any and all services rendered and expenses incurred by the patient. I, as the responsible person on this account, understand that it is due payable in full upon rendering of treatment. Bills for inpatient services are payable at discharge from the hospital. Delinquent accounts will be turned over to a collection agency. I further agree that, in the event legal action is required in order to enforce payment on this account, I will pay all court costs, expenses, attorney's fees and other costs incurred and/or expended as a result of such proceedings.

I assign to JHSMH all benefits due me for treatment and/or hospitalization under an applicable policy of insurance. I understand that JHSMH will file the initial health insurance claim for services provided as a courtesy, and that it is my responsibility to provide accurate and complete health insurance policy information including any specific requirements applicable to my policy. I understand that while JHSMH will assist me in attempting to obtain payment from my health plan by providing bills and other information requested by the plan, I am ultimately financially responsible for payment for services rendered by JHSMH. I assign to any physicians and independent practitioners providing services, including but not limited to, anesthesia, radiology or other related services rendered in connection with my admission all benefits due me for such services under any applicable policy of insurance. I understand that I am financially responsible to these physicians for all charges and services not covered by this assignment and promise to pay remaining balance.

IV. PERSONAL PROPERTY AND VALUABLES

I accept full responsibility for all personal property which I keep in my possession while in your institution. I understand the institution, upon request, will hold on deposit any money or valuables for which a safe keeping receipt will be issued.

Initial _____

DUE TO COMPE

V. ACKNOWLEDGMENTS OF RECEIPT OF REQUIRED INFORMATION LOCATED IN THE PATIENT GUEST GUIDE

I acknowledge that I have received information that describes my patient rights and responsibilities as well as my rights under state law to make decisions concerning my medical care. I have been asked whether I have an Advance Health Care Directive. I have been given information related to my right under Kentucky law to accept or refuse medical or surgical treatment and to formulate Advance Directives concerning my health care treatment. I understand I am not required to make an Advance Health Care Directive in order to receive care at this hospital.

I acknowledge that I have received information of the following: PERSONAL SAFETY, AIDS EDUCATIONAL MATERIAL, SMOKING CESSATION, PRIVACY NOTICE and ADVANCE DIRECTIVES.

Initial _____

☐ PATIENT/FAMILY DECLINES TO TAKE THE GUEST INFORMATION GUIDE

I acknowledge that I have read the foregoing consents and assignments, that I understand, have legal approval for, and agree to said terms and conditions pertinent to the treatment of the patient. I permit a copy of this consent to be used in place of the original for purposes of treatment. I have initialed this form and fully explained to me, and have signed and understand its content and significance.

Patient's Signature Date

Witness Signature Date

Signature of Guarantor or Legal Representative Relationship / Date

Reason patient is unable to sign

Verbal permission was received by _____ on _____

Name/relationship to patient phone/cell/land telephone

1st verbal witness Date/time

2nd verbal witness Date/time

Consent Forms

H140

DUE TO COMPETENCY OF PATIENT

J. I HAVE REVIEWED THE ADMISSION INFORMATION PLACE AND THE INFORMATION IS CORRECT.

Initial _____

CONTENT REVIEWED / REVISED 9/12

VOLUFORM66 165947 220

555

Jewish Hospital & St. Mary's HealthCare

ACCT#: M03431736 MR#: L000423587
PROVINS, JAMES
52 M K
04/10/14

CONSENT TO TREATMENT AND FINANCIAL ASSIGNMENT

I. CONSENT FOR ADMISSION AND TREATMENT

I consent to any surgical, diagnostic or other medical procedures my physician or other medical staff members consider to be necessary for my course of treatment and health and we have and hereby authorize this facility, its agents and employees, or other persons, including medical residents, interns or medical students, to participate in such measures. I understand that as part of the diagnostic testing and medical treatment, I may be tested for Human Immunodeficiency Virus Infection, Hepatitis or any other Blood-borne Infectious Disease.

I understand that JHSMH will accept patients regardless of race, color, national origin, age, disability or ability to pay.

I understand that treatment may involve risks, that the practice of medicine and surgery is not an exact science, and that no promises, warranties or guarantees have been made as to the results obtained.

I understand that I have the right to consent, to refuse consent, or to revoke consent. If I make such desire to revoke consent clear to those participating in my treatment and if it is medically feasible to do so without being detrimental to my health or life, or to any proposed procedure or treatment. I understand that I will not be involved in any research or experimental procedure without my knowledge or consent.

I understand that Jewish Hospital & St Mary's HealthCare (JHSMH) may take photographs to document my care. I understand the photograph may include, but not be limited to, videotape, videodisc, digital image and any other means of recording or producing visual images referred to as photographs. I understand that the photographs may be used and/or disclosed without my authorization for any purpose permitted by law, and may include education and treatment.

I understand that this facility, unless designated by employee identification badges, does not employ any physicians, including medical residents and interns, or certified registered nurse anesthetists with whom I may come in contact either directly or indirectly. I understand that these physicians and my private attending physician(s) are independent contractors for which this facility is not responsible under the laws of the Commonwealth of Kentucky who have been granted the privilege of using this facility for the treatment of their patients. Further, I realize that medical, nursing, and other health care personnel in training may be present during patient procedures as a part of their education, unless requested otherwise.

I understand and acknowledge by my signature on pay that I may require care and treatment from specialists, including, but not limited to, anesthesiologist(s), cardiologist(s), radiologist(s), Emergency Room physician(s), surgeon(s), pathologist(s), all other medical specialists, whether admitting, treating and/or consulting physicians or residents or interns, and other professional(s) or supplier(s) of services, and certified registered nurse anesthetists, and I consent to their involvement in my treatment, and that they, unless designated by employee identification badges, are not employees of this facility but rather are independent contractors for which this facility is not responsible.

DUE TO CONDITION

II. CONSENT TO RELEASE AND OBTAIN INFORMATION

I give JHSMH (or affiliated facility) permission to release and/or obtain information from my medical record, or permit inspection of such medical information, including but not limited to psychological/psychiatric, drug/alcohol related conditions, communicable disease diagnosis and/or testing including the results for Human Immunodeficiency Virus Infection (HIV), Hepatitis or other Blood borne Infectious Disease for the purposes of treatment, payment and health care operations, as more fully described in the Notice of Privacy Practices.

I understand that certain information may be released to Health Department officials responsible for control of infectious diseases in accordance with the requirements of federal, state, and local laws and regulations.

Prescription and Use of Controlled Substances. I consent to the prescription and use of controlled substances in my treatment, as prescribed by my physician or other healthcare provider. Consent to the notification of my primary care provider of all controlled substances prescribed and/or dispensed to me. I understand that a query will be made of KASPER, the Kentucky registry of prescriptions of controlled substances, as part of my care and to confirm my prescriptions; and that the KASPER report or information from the KASPER report may be included in my medical record. I understand that, in the course of my care, and as may be required by state law, blood and/or urine samples may be obtained for the purpose of screening for alcohol or controlled substances. The risks and potential benefits of the prescribed controlled substances, including, but not limited to, psychological addiction, physical dependence, and withdrawal, have been explained to me and all of my questions have been answered to my satisfaction. These risks and benefits are described in the information provided to me and made a part of my medical record.

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I release JHSMH, its employees, agents, directors, officers and affiliates from any liability that may be incurred by giving such information to an above referenced person or entity.

III. FINANCIAL RESPONSIBILITY

I agree to pay JHSMH for any and all services rendered and expenses incurred by the patient. I, as the responsible person on this account, understand that bills are payable in full upon rendering of treatment. Bills for inpatient services are payable at discharge from the hospital. Delinquent accounts will be turned over to a collection agency. I further agree that, in the event legal action is required in order to enforce payment on this account, I will pay all court costs, expenses, attorney's fees and other costs incurred and/or expended as a result of such proceedings.

I assign to JHSMH all benefits due me for treatment and/or hospitalization under an applicable policy of insurance. I understand that JHSMH will file the initial health insurance claim for services provided as a courtesy and that it is my responsibility to provide accurate and complete health insurance policy information, including any specific requirements applicable to my policy. I understand that, while JHSMH will assist me in attempting to obtain payment from my health plan by providing bills and other information requested by the plan, I am ultimately financially responsible for payment for services rendered by JHSMH. I assign to any physicians and independent practitioners providing services, including but not limited to anesthesia, radiology or other related services rendered in connection with my admission all benefits due me for such services under any applicable policy of insurance. I understand that I am financially responsible to these physicians for all charges and services not covered by this assignment and promise to pay remaining balance.

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V. ACKNOWLEDGMENTS OF RECEIPT OF REQUIRED INFORMATION LOCATED IN THE PATIENT GUEST GUIDE

I acknowledge that I have received information that describes my patient rights and responsibilities as well as my rights under state law to make decisions concerning my medical care. I have been asked whether I have an Advance Health Care Directive. I have been given information related to my rights under Kentucky law to accept or refuse medical or surgical treatment and to formulate Advance Directives concerning my health care treatment. I understand I am not required to make an Advance Health Care Directive in order to receive care at this hospital.

I acknowledge that I have received information of the following: PERSONAL SAFETY, AIDS EDUCATIONAL MATERIAL, SMOKING CESSATION, PRIVACY NOTICE and ADVANCE DIRECTIVE.

Initial _____

DUE TO CONDITION

☐ PATIENT/FAMILY DECLINES TO TAKE THE GUEST INFORMATION GUIDE

I acknowledge that I have read the foregoing consents and assignments, that I understand, have legal approval for, and agree to said terms and conditions in connection with the treatment of the patient. I permit a copy of this consent to be used in place of the original for purposes intended. I have this form fully explained to me, and I am satisfied I have understands its contents and significance.

DUE TO CONDITION

Patient's Signature: Lisa Robertson Date: 4-10-14

Witness Signature: Date:

Signature of Guarantor or Legal Representative: Relationship / Date:

Reason patient is unable to sign:

Verbal permission was received by contacting the following:

SCANNED TO

Name/relationship to patient: phone/ called date/time

1st verbal witness: Date/time

2nd verbal witness: Date/time

Consent Forms

F140

☐ I HAVE REVIEWED THE INFORMATION ABOVE AND VERIFY THAT IT IS IN PLACE AND THE INFORMATION IS CORRECT.

DUE TO CONDITION PATIENT UNABLE TO

Initial _____

CONTENT REVIEWED / REVISED 9/12

VOLUFORMS® 1350121 9/12

NAME:	[illegible]	LOCATION:	[illegible]
ADM DATE:	04/10/14	UNIT #:	L000423587
ATTEND PHYS:	RUXER, JENA MD	SEX:	M
DIS DATE:	04/14/14	AGE:	52
DISCH DISP:	EXPIRED	DOB:	
LOS:	4	FIN CLASS:	SP
PT CLASS:	IN	ABS STATUS:	FINAL

DIAGNOSES:

ADMIT:	786.59	CHEST PAIN NEC
PRINC:	038.9	SEPTICEMIA NOS
SECOND:	785.52	SEPTIC SHOCK
	518.81	ACUTE RESPIRATORY FAILURE
	572.4	HEPATORENAL SYNDROME
	577.0	ACUTE PANCREATITIS
	584.9	ACUTE RENAL FAILURE, UNSPECIFIED
	487.0	INFLUENZA WITH PNEUMONIA
	291.81	ALCOHOL WITHDRAWAL
	276.1	HYPOSMOLALITY
	599.0	URIN TRACT INFECTION NOS
	511.9	PLEURAL EFFUSION NOS
	995.92	SEVERE SEPSIS
	401.9	HYPERTENSION NOS
	305.1	TOBACCO USE DISORDER
	303.91	ALCOH DEP NEC/NOS-CONTIN
	288.60	LEUKOCYTOSIS, UNSPECIFIED
	785.0	TACHYCARDIA NOS
	305.90	DRUG ABUSE NEC-UNSPEC
	790.6	ABN BLOOD CHEMISTRY NEC
	790.29	OTHER ABNORMAL GLUCOSE

OPERATIONS:

38.95	VENOU
96.71	CONTI
96.04	INSER

DRG: 871

STATUS:	$ REIMB	MIN-LOS	MAX-LOS	STD-LOS	GRP VERS	GRP FC
F	9185.83			5.1	31	SP

CPT CODES: Description

Jewish Hospital & St. Mary's HealthCare

Acct#: V034211738 MR# L000423587
PROVIDS JSMHS CICCU3
2 M M CICCU3-17
Wetherton, Angela R.M.
NCN
04/10/24

Consent to Surgical and Medical Procedures

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used. This information should help you make a decision whether or not to undergo the procedure after being informed of the potential risks/complications, benefits, and alternatives of the procedure involved. This disclosure is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I consent to Dr. (s). Sajjad Jamal

to perform the following procedure Central line placement

SURGICAL TASKS
I understand that some aspects of the surgical procedure or significant surgical tasks (harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissue, wound closure, etc.) may be performed by an assistant(s) other than the primary surgeon/practitioner physician identified in on this consent. I further understand and consent to one or more of the assistants (assisting surgeon, surgical assistants, and other health care providers, residents/students, etc.), who may assist or perform one or more of the significant surgical tasks referenced above.

The consent provided herein is effective until the sooner of (i) completion of the procedure referenced above; or (ii) 30 days.

I understand that my social security number will be released to the manufacturer of any implantable medical device(s) I receive as required by the Safe Medical Device Act of 1999.

RISKS OF PROPOSED OPERATION/PROCEDURE
My physician has explained the reasons and benefits of the surgery/procedure, significant alternatives, the risks involved, and the possibility of complications to me, and my questions have been answered. No guarantee or assurance has been given as to the results that may be obtained from this procedure.

1. I understand that any surgery/procedure involves some risks. The more common risks include infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, severe blood loss, risks of blood transfusions (discussed in #10), and other risks described by my physician. These risks can be serious and possibly fatal.
2. I authorize the physician named above and/or his/her assistants to preserve for scientific purposes or to dispose of any tissue, organs, or other body parts removed during surgery/ procedure in a manner consistent with state and federal regulations.
3. I understand that there may be vendors/observers present in the operating room, and consent to this at the discretion and approval of the physician and hospital.
4. I authorize my physician and their assistants to make photographs/videos of the procedure to be performed for the purpose of medical research or education, provided that the photographs/video do not reveal my identity and I am not identified by name.
5. I understand from my physician that my procedure can be performed by the use of medications that may sedate me. I understand that different types of medicines are often used in combination. I also understand that other medications when appropriate will be used to numb the areas before the procedure. I authorize Jewish Hospital & St. Mary's Healthcare and its staff to administer such medications to provide me comfort during my procedure. I understand certain risks and complications may result from the administration of any medication.

Consent Forms F140

Patient Initials: _____ Date: _____

To be completed on 2 page forms

Acct#:H034311738 MR#:L000423587
PROVIDER NAME: CICCU3
52 M M CICCU3 17
Weatherton,Angela R M
NGN
04/10/14

6. I consent to the administration of anesthesia by an anesthesiologist or certified registered nurse anesthetist licensed to engage in the practice of administering anesthesia.
7. I understand that any physicians, including medical residents and interns, or certified registered nurse anesthetists who perform or assist during the procedure(s) are not employees of this facility, unless designated by employee identification badges, but rather are independent contractors for which this facility is not responsible.
8. I understand that I have the right to refuse any medical and surgical procedures and treatments.
9. I understand that other problems may develop in the course of the surgery/procedure that cannot be reasonably foreseen. It is also possible that my physician may discover different, unsuspected conditions at the time of the surgery/procedure. I authorize the above named physicians, his/her assistants or designees as indicated on this form to perform such unforeseen procedure(s) that are medically necessary according to their best medical judgment.
10. PERIOPERATIVE BLOOD TRANSFUSION: I authorize the use of blood products (donated, banked or autologous), if applicable, and such use has been explained to me and I understand that there are risks associated with transfusion of blood or blood products. These risks include serious reactions (allergic and other reactions), damage to my own blood cells, infections such as hepatitis and HIV which are estimated to be less than one in a million transfusions. These risks can be serious and possibly fatal. Alternatives to blood transfusions have been explained to me. Additional options for my specific procedure include pre-donation of my own blood (autologous blood donation), or the use of cell saver during surgery. These options have been explained to me including the risks and benefits. I understand that if I refuse blood or blood products (donated, autologous or use of cell saver), the risks may include organ damage from inadequate oxygen supply, inability to control bleeding, and sometimes even death.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT. I HEREBY REQUEST AND CONSENT TO THE ABOVE SURGERY/PROCEDURE.

X Debra Prowin 4/10/14 1044 wife

Signature of Patient or Legal Representative — Date — Time — (Relationship, if not signed by patient or reason pt can't sign)

☐ Patient is a minor
☒ Patient unable to sign because intubated

[illegible] 4/10/14 1044

Signature of Professional Witnessing Consent — Date — Time

Signature of Professional Witnessing Consent — Date — Time

OPTIONAL DOCUMENTATION

AFFIRMATION OF INFORMED CONSENT BY PHYSICIAN

I do affirm and certify that I have informed the above named patient, or the patient's authorized representative of the condition requiring the surgical treatment and/or invasive diagnostic procedures referred to above. I have consistent with my best medical judgement, fully explained the nature, purpose, alternatives, risks and potential complications of the treatment(s) and/or procedure(s) described. After the foregoing information had been explained, the patient or representative consented to all treatment and/or other procedures described.

Physician or Practitioner Signature — Date/Time: _____

Consent Forms F140

Sts. Mary & Elizabeth's Hospital

A Service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

Acct#: M034311738 MR#: L000423587
PROVINS,JAMES CICCU3
Adm Date: 04/10/14 52 M CICCU3-17
Wetherton,Angela R MD 35883

Preprinted Restraint Order Form

DATE: 04/10/14 TIME: 1555	DATE: TIME:
RESTRAINTS INDICATED FOR MEDICAL NECESSITY:	
X 1/2 Day with Medical Treatment	
X 15 Minute Medical Symptom Monitoring	
ORDER TIME LIMIT:	
X 4 Hours	
4 Hours	
2 Hours	
1 Hour	
RESTRAINTS INDICATED FOR BEHAVIORAL NEEDS*	
*NOTE: A physician must conduct a face to face evaluation	
within one hour if restraints indicated for behavioral needs	
_____ Combative	
_____ Danger to Self and Others	
ORDER TIME LIMIT:	
_____ 4 Hours	
_____ 2 Hours	
_____ 1 Hours	
TYPE OF RESTRAINT:	
____ Mittens - Secured X Side rails x4 X Upper Limb	
____ Vest ____ Chemical ____ Lower Limb	

MD Signature: Dr. James H Allen Date/Time: 4/10/14 @ 1555

MD Printed Name: _____ Pager/Phone: _____

ORDER/PROGRESS

601-30 9-04

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M03431173B MR#: L000423587
PROUTIC, TAGES CICCU3
52 M M CICCU3-17
Wetherton, Angela R H
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

4/10/14 Levenox
40 mg S/Q
Daily
Prbrd C/S x 2 done SW
Dme for C/S done SW

Daily labs
Lac, Amy, Lactic acid
ABG, ABR
Lipase, Amylase
CK

TORV Dr: FAXED By: Date/Time: 4/10 @ 1000

MD Sign: Date/Time:

MD Print: Contact #:

All orders must be Signed, Dated, and Timed with Contact # Included

amartinez 4/10/14 001725

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED 0/10

ORDER / PROGRESS CHART

VOLUFORMSE-75284.0 10/10

Physicians Orders

F-1230

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311738 MR#:L000423587
CICCU3
1 52 M M CICCU3-17
Wetherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered | Physicians Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

4/10/14 ✓ TV 550
RR 24
FiO2 100%
PEEP 10
ABG in 30 min
Blood Cx x 2
meropenem 500 IV q 8hr
Blood Cx x 2
Pk A + B test
NS @ 200 ml/hr
2D Echo
Propofol K2
Dopamine 40 IV
Contact Dr

Progress Notes

All Chart entries must be Signed, Dated, and Timed

4/10/14
Palm/CCM
Full Code
$685770
dnp

1) Acute Resp Failure
2) Ac. Pancreatitis
3) AKI
4) Hypomagnesemia
5) Sepsis
6) Alcohol Abuse
7) ARDS
pm rounds
Critically ill.
Poor prognosis
Family

TORVAL: by: Date/Time:
MD Sign: Date/Time:
MD Print: Contact #:

All Orders must be Signed, Dated and Timed with Contact # Included

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED

ORDER / PROGRESS CHART

Unapproved/Unsafe Abbreviations
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Instead, please write: "daily" and "every other day"

Physicians Orders F1280

227

562

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: H034312738 MR#: L000423587
CICCU3
M M CICCU3-17
Wetherton, Angela R M
NCN
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature
4/10/14	**All orders must be Signed, Dated, and Timed with Contact # Included**
2015	CONSULT DR GOLDSTEIN SPOKE TO RE: PANCREATITIS Bonnie
	URINE SODIUM, CREATININE, EOSINOPHILS, OSMOLARITY
	RENAL US
	SERUM OSMOLARITY & NEXT VBGS
	High A/C
	LOW DOSE SUBQ SQ INSULIN
	ABW J q 6°
	PLACE ABG NOW
	STAT EKG
	CONSULT DR UMMAT SPOKE TO RE: Bonnie TACHYCARDIA
	URINE CS ON URINE IN VBS
	H/H NOW - CALL FOR Hgb<8
	NEOSYNEPHRINE gtt FOR MAP > 65
	A Wetherton MD
	ANGELA WETHERTON MD HIPS 367-3360
4/10/14 2050	JC Neo gtt Start Levo gtt Titrate for MAP ≥ 65
	CONSULT Renal - Spoke to Tiffanee
	ELECTRONICALLY SIGNED BY Tolzmann, Cassad 266689 5/22/2014 12:43:40
MD Sign:	Date/Time:
MD Print: Kelly Ennis RN	Contact #:

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

X-RAY COMPLETED
Study: PORT
Contrast:
Date: 4/10/14 @ 1920
Technologist: DNF

4/10/14 1950 IMPRESSION:
1. SEPSIS & ∅ ABOT
2. ACUTE PANCREATITIS
3. ALCOHOL WITHDRAWAL
4. ACUTE RESP FAILURE
5. HYPOALBUMINEMIA
6. AKI
7. ↑ LFTs
8. HYPONATREMIA
9. LOW OSMOLARITY & SERUM
10. UTI
11. POLYSUBSTANCE ABUSE
12. TACHYCARDIA
13. PROPHYLAXIS

JOB # 1690207 A Wetherton MD

ANGELA WETHERTON MD HIPS 367-3360

ULTRASOUND
EXAM EXPLAINED AND COMPLETED
EXAM: Renal US
DATE: 4/11/14 TECH: Amber

Physician

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED 1010

ORDER / PROGRESS CHART

VOCUFORM® 732-410 1010

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311735 NR#:L000423587
PROVINS JAMES CTCCU3
52 M M CTCCU3-17
Attendent:Angela R N
NON
04/10/04

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
	[illegible]	4/10 7:10 pm
4/10	CXR STAT	Proced. note
7:10 pm	2 line vs B&Ws now	Proced
		(L) IJ central line
	CBC, Cmp, lactic now	indicates lap time.
	Equame	During pt's worry from cycling B/P. Pt placed in position
	[illegible]	US and asepticized. Pt. under US G a 7FLC placed in (L) IJ vein. CXR ordered. GW. Removed all pts wrapping

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 12/10

Physicians Orders

F1230

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

229

564

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ORDER/PROGRESS

Place Patient Label Here

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

PROVINS,JAMES CICCU3 CICCU3-17
M034311738L002423587 06/23/1961 RX#05729815 -
MEROPENEM 500MG/5 ML VIAL(MERREM)
500 MG (1 VIAL) IV ..crcl>50..Q 6 HOURS
PER TC AUTO-SUBSTITUTION:
MEROPENEM 500mg IV Q6HR
for doripenem, imipenem/cilastin, or ertapenem
in pts w/CrCl > 50 for all diagnoses EXCEPT

EXCEPT Meningitis, CNS infections,
Cystic Fibrosis, Acinetobacter, or
Pseudomonas sp w/MIC >4.
, RPh
Disp:0 VIAL St:04/10/14-1915 Sp:Home

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOT STFORMS# 732540 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct# M034311738 MR# L00423587
PROVINS JAMES CICCU3
52 M M CICCU3-17
Wetherington,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

PROVINS,JAMES CICCU3 CICCU3-17
M034311738L00423587 06/29/1951 RX#65729611
WASTAGE()
See Comments (8 MISCELLANEOUS, NOT SPECIFIEDS) KK DNE
fill documented administered
doses of THIAMINE 100 MG
were prepared resulting in
wastage of 100 MG
from a single-dose vial.
GF, RPh
Disp:8 MISCELLANEOUS, NOT SPECIFIED St:04/10/14-1645 Sp

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS 7/5/10 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACCT#: M034511738 MR#: L000423587
PROV TYPE: TAXES CICCU3
DOB 52 M M CICCU3-17
Nethercott, Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
	~~add Mag Oxide 2~~	52 yr old F 8 Tobacco abuse COPD admitted c̄ Acute Pancreatitis. Found to be Hypotensive w/ Resp failure — Intubated
	(1) add 2 grams Mag Sulfate to 50 cc of Normal Saline @ 200 cc/hr x 2 hrs.	O: BP 70/60. Steady trend @ 120 tum. - No JVD No leg Edema - Lt breath sounds (↓) base (R) lung clear - Heart sounds nl. Bowel sounds Present but distant. Skin warm abd wall Ecchymosis. Stool: unclear grams Lab results CXR: large (L) pleural effusion. ↑ Infiltrate.
	(2) I.V. ~~Neosyn~~ Neosynephrine to maintain Sys BP above 100 mm	Dx: Acute Pancreatitis c̄ Shock - (L) pl Effusion 2° to Pancreatitis. - R/O STEMI Cardiomyopathy - COPD
	(3) Pomp on am.	Plan: Volume Resuscitation - Vasopressors to ↑ peripheral vascular resistance & ↑ BP
	(4) 2D Echo Dopplers in am	
	Arun Umhat M.D. 332-367-4500 4/10/14	
	Kelly Ennis RN	

TORV Dc: _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOU FORMS# 732410 0/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: L030423587
PROVINS, JAMES CICCJ3
DOB 52 M M CICCJ3-17
Wetherton,Angela R M
NOK
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/10/14 2180	YZ NS 5 cc Amps Bicarb @150 DIC drawing gtt Start Versed gtt may titrate up to 10 mg/hr Start fentanyl gtt for pain control TOV Dr Janeel ELECTRONICALLY SIGNED BY Janeel, Saiyed - 264689 5/22/2014 12:42:36	X-RAY COMPLETED Study Chest Contrast Date 4-11-14 Technologist
4/10/14 2140	Please put 1gm of Ancef IV Thru if wires only urine NA + crackin Serum lactate now TOV Dr Gleason FAXED 4/11/14	
4/10/14 2200	May Add levophed gtt as second pressor as needed- TOV Dr Janeel ELECTRONICALLY SIGNED BY Janeel, Saiyed - 264689 5/22/2014 12:42:28	

TORV Dr: _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED: REVISED 1/08

ORDER / PROGRESS CHART

VOLUFORM56 735410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

PULCONSULT REPT
264689

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I
NAME: PROVINS, JAMES
Age: 52 Sex: M
DOB:
Attending Physician: Angela Wetherton, M.D.

MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014

CONSULTATION REPORT

REASON FOR CONSULTATION
Respiratory failure.

CHIEF COMPLAINT
Nausea, vomiting, abdominal pain, shortness of breath and chest pain.

HISTORY OF PRESENT ILLNESS
The patient is a 52-year-old male who is an alcoholic and drinks about half a pint of vodka every day for most of his life and has presented with a complaint of upper abdominal and chest discomfort to the emergency room and was found to be hypoxic and short of breath and emergency room took the decision to intubate the patient and he is currently intubated on ventilator for the last two to three days. According to the wife, was not feeling better and I am seeing him at the bedside. He has never been to a regular physician.

PAST MEDICAL HISTORY
Hypertension.

PAST SURGICAL HISTORY
Shoulder surgery.

SOCIAL HISTORY
Positive smoker 1-2 packs per day. Drinks alcohol regularly.

FAMILY HISTORY
Positive for diabetes.

ALLERGIES
Allergies have been reviewed.

MEDICATIONS
None.

PHYSICAL EXAMINATION
VITAL SIGNS: Temperature currently 99, pulse 144, respirations 16, blood pressure 91/73, oxygen saturation 94%.
NEUROLOGICAL: Awake, alert, oriented. No neuro deficit.
HEENT: PERLA.
NECK: Supple. No jugular venous distention.
CHEST: Bilateral air entry. Bilateral rhonchi.

GI: Distended. Bowel sounds positive.
EXTREMITIES: Positive edema.

DIAGNOSTIC STUDIES
LABORATORY: Blood gas showed pH 7.21, PCO2 56, PO2 103, FIO2 100%. BUN 20, creatinine 1.7, sodium 126, potassium 4.4, chloride 87, bicarb 19, lipase 1154, amylase 809, ALT 44, total bilirubin 3.1, D-dimer 168. White count 26. Hemoglobin 16, hematocrit 49, platelet count 236. Urine drug screen positive for benzos, opiates and TCA. Urine also positive for nitrites.

IMAGING: CT chest bilateral lower lobe infiltrates.

IMPRESSION
1. Acute hypoxic hypercapnic respiratory failure.
2. Acute kidney injury.
3. Hyponatremia.
4. Pancreatitis.
5. Leukocytosis.
6. Sepsis.
7. ARDS.

RECOMMENDATIONS
1. Admit the patient and continue ventilator support and start him on broad spectrum IV antibiotics.
2. Keep him n.p.o.
3. Gastrointestinal and deep venous thrombosis prophylaxis.
4. Aggressive IV hydration.
5. Monitor his labs frequently.
6. The patient will be closely monitored.

I have spent a total of 75 minutes in direct critical care of this patient.

The patient is critically ill. I have explained this to the family. His prognosis is very poor.

Dictated by...
Sajjad Jameel, M.D.

SJ/bb
DD: 04/10/2014 16:28
TD: 04/10/2014 17:25
JOB #: 1689770

CONSULTATION REPORT

ELECTRONICALLY SIGNED BY
Jameel, Sajjad - 264689
4/11/2014 12:26:33

MEDICAL IMAGING REPORT
642470

JEWISH HOSPITAL MEDICAL CENTER SOUTHWEST
9700 Stonestreet Road
Louisville, Kentucky 40272

M034311738 E MR#: L000423587 Acc #: 06-CR-14-0004474
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/10/2014 UNIT: SED ROOM:
STUDY DESCRIPTION: CR Chest Single View Portable
Attending Physician: Stanley R. Daniel, M.D.

Ordering Physician: Stanley R. Daniel, M.D.

MEDICAL IMAGING REPORT

** This report is preliminary unless electronic signature is present.**

EXAM
Portable chest 04/10/2014 11:04 hours

HISTORY
Chest pain, shortness of air for a few days.

COMPARISON
None

FINDINGS
Portable upright chest film was limited by portable technique, morbid obesity and extremely low lung volumes. Heart size is probably within normal limits. No definite acute pulmonary density is seen. The retrocardiac left lower lobe cannot be evaluated.

IMPRESSION
Extremely limited film due to morbid obesity and very low lung volumes. No definite acute abnormalities are seen. The retrocardiac left lower lobe cannot be assessed.

Dictated by...
Sharon M. Maxfield, M.D.

SMM/cmm
DD: 04/10/2014 11:33
TD: 04/10/2014 11:38
JOB #: 8447236

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
642470

JEWISH HOSPITAL MEDICAL CENTER SOUTHWEST
9700 Stonestreet Road
Louisville, Kentucky 40272

M034311738 E MR#: L000423587 Acc #: 06-CT-14-0001656
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/10/2014 13:25 UNIT: SED ROOM:
STUDY DESCRIPTION: CT Chest Wo Cont
Attending Physician: Stanley R. Daniel, M.D.

Ordering Physician: Stanley R. Daniel, M.D.

MEDICAL IMAGING REPORT

** This report is preliminary unless electronic signature is present.**

EXAM
CT chest without contrast, 04/10/2014 at 13:25 hours

HISTORY
Upper abdominal pain and chest pain for a few days. Increasing pain with shortness of air and nausea. Elevated D-dimer.

COMPARISON
CT abdomen 04/10/2014 and a portable chest film 04/10/2014.

TECHNIQUE
Helical noncontrasted images were obtained from the lung apices through the adrenal glands. Sagittal and coronal reconstructions of these noncontrasted images were performed.

FINDINGS
There is an endotracheal tube present with tip approximately 2 cm above the carina. The thoracic inlet is normal. There is no pathologic adenopathy in the chest. There is no pericardial fluid.

Lung volumes are low. There are linear dependent bibasilar densities, left greater than right base. Atelectasis is favored over pneumonia. There is no pleural effusion. The upper lungs are clear.

There is diffuse fatty change in the liver. There is abnormal inflammatory change around the body and tail of the pancreas extending towards the splenic hilum suggesting pancreatitis. Please see CT abdomen pelvis report which is performed and dictated separately for details.

IMPRESSION
1. Endotracheal tube with tip but just above the carina. Lung volumes remain low. There is predominantly linear density left greater than right lung base. Atelectasis is favored over pneumonia. There is no effusion.
2. Limited views through the upper abdomen suggest acute pancreatitis. Please see CT abdomen and pelvis report which is performed and dictated separately.

**********STAT * RESULT**********

Dictated by...
Sharon M. Maxfield, M.D.

SMM/ea
DD: 04/10/2014 13:40
TD: 04/10/2014 13:46
JOB #: 8447493

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
183251

JEWISH HOSPITAL MEDICAL CENTER SOUTHWEST
9700 Stonestreet Road
Louisville, Kentucky 40272

M034311738 I MR#: L000423587 Acc #: 06-CT-14-0001655
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/10/2014 11:47 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CT Abd and Pelv Wo Cont
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Stanley R. Daniel, M.D.

MEDICAL IMAGING REPORT

** This report is preliminary unless electronic signature is present.**

EXAM
CT abdomen and pelvis 04/10

INDICATIONS
Abdominal pain and chest pain. Nausea.

TECHNIQUE
Axial images were obtained through the abdomen and pelvis without contrast. Multiplanar reformats were obtained.

COMPARISON STUDIES
No comparison CT abdomen and pelvis.

FINDINGS
ABDOMEN: For description of findings in the lung bases, please see the chest CT report dictated separately. There is some high-density material in the gallbladder, probably indicative of sludge. There is a small hiatal hernia. There is fairly diffuse hepatic steatosis. There is fat stranding around the pancreas in the lesser sac and extending out into both pericolic gutters and into the pelvis. Findings are compatible with acute pancreatitis. No focal fluid collections are seen to suggest pseudocyst or abscess. There is no biliary obstruction and there is no definite dilatation of the pancreatic duct. The spleen, kidneys, adrenal glands have a normal unenhanced appearance. Abdominal aorta is normal in caliber. GI tract evaluation is limited without contrast. No definite acute GI tract abnormalities are seen. There is no bowel obstruction.

PELVIS: The distal bowel and the appendix are within normal limits. There is a small volume of free fluid. Urinary bladder grossly normal, though it is not well distended.

IMPRESSION
1. Findings are compatible with acute pancreatitis. No fluid collections are seen to suggest pseudocyst or abscess. There is no pancreatic ductal dilatation or biliary obstruction identified.
2. Not mentioned above, possible secondary inflammation of the duodenum.
3. Hepatic steatosis.
4. High-density material in the gallbladder, presumably sludge.

Dictated by...
Robert L. Keeling, Jr., M.D.

RLK/pcl
DD: 04/10/2014 13:47
TD: 04/10/2014 16:00
JOB #: 8447507

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
170852

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0013752
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/10/2014 16:23 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Chest Single View Portable
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Angela Wetherton, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Single portable AP view of the chest performed on 04/10/2014 at 1623 hours.

HISTORY
52-year-old male with ET tube placement and shortness of breath.

FINDINGS
In comparison to the previous exam of the same date at 1104 hours, there has been interval placement of an endotracheal tube which is approximately 4 cm above the carina. Some improvement in the lung expansion is seen, but some atelectasis does still remain on the left. No cardiac enlargement is present. No pleural effusion or pneumothorax is evident.

IMPRESSION
Improved aeration of the lungs status post ET tube placement with the distal tip approximately 4 cm above the carina.

Dictated by...
Richard Paulsen, M.D.

RP/psc
DD: 04/10/2014 16:38
TD: 04/10/2014 21:54
JOB #: 8447915

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
148718

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc. #: 07-CR-14-0013791
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/10/2014 19:30 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Chest Single View Portable
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
AP portable chest.

DATE OF EXAM
04/10/2014

HISTORY
Line placement.

REPORT
Newly placed left IJ central line tip is in the right atrium about 2 to 3 cm below the cavoatrial junction, there is no visible pneumothorax. Endotracheal tube tip is in good position in the mid-thoracic trachea.

Very low lung volumes. Moderate linear atelectasis in the perihilar regions. Stable cardiomegaly. No significant change since the earlier study.

IMPRESSION
1. Left IJ central line tip in the right atrium as detailed above. No pneumothorax.
2. ETT in good position.

**********STAT * RESULT**********

Dictated by...
Richard G. Waggener, M.D.

RGW/jt
DD: 04/10/2014 23:00
TD: 04/10/2014 23:08
JOB #: 8448319

MEDICAL IMAGING REPORT

Acct#: M034311738 MRN: L0004723587
PROVINS, JAMES SSN
52 M M
NON
04/20/14

Patient ID Sticker_____

FALL RISK ASSESSMENT DOCUMENTATION

Patient assessed for fall risk	YES	NO
Fall risk initiated	YES	NO

- History of fall within the last thirty days
  Use of:
  - Crutches
  - Wheelchair
  - Cane
  - Walker
- Patient appears unsteady on their feet
- Patient reports dizziness/vertigo
- Impaired memory or judgment
- Weakness
- Seizure disorder

ACTIONS TAKEN:

- Placed in wheelchair
- Patient denies wheelchair
- Yellow armband placed on patient
- Escorted to department
- 1:1 Handoff communication completed with staff in department

Staff Signature: _____

**form part of permanent patient record

579

Fresenius Medical Care CRRT Flowsheet

589-1400

HOSPITAL St Mary

Pt name: Provins, Jim	Room #: ICU 7	Date: 4-13-14	Time:		Initials	Signature	
Dialyzer: F60	QB: 200	QD: 200	Dialysate: 4K 2.25 Ca 1.40 Na 35 Bicarb		EB		Hep B sty Pending 4-11-14
Access: RT IJ	Heparin Bolus: 0	Heparin Drip: Ø	Alarm Test: Pass		JL		
Machine Disinfect Date: 4-13-14	Machine #: 42	Bleach rep: Neg	Deg Change: Y (N)				
Cond: 14.6	pH: 7.4	Temp: 36	Chlorine/Chloramine: NEG				
Labs: K+ / Ca++ / Na+ 4.6/6.8/141	Hgb/Hct 11.6/34.3	BUN/Cr <5/1.2	Date: 4-11-14	Nephrologist: Kleisen			

Acct#: M034311736 MR#: L00042355/ CICCU3
PROVINS, JAMES 52 M M CICCI3-17
Wetnerton, Angela R M NON
04/10/14

Time	BFR	VP	AP	Hep gtt rate	A Intake: PO, IV flushes	B Removed amt/mach	C Output: NG, stool, drains, etc	D Urine output	A-B-C-D= Net hourly difference	Cummulative difference	E Desired net loss 200	E+A-C-D Next hour UF rate	Narrative
													CRRT continuing
1540	200	50	10	0	300	0	0	0	300	+300	N/A	10	2 strong tachycardia
1700	200	30	10	0	704	11	0	0	+693	+993	N/A	10	torsade VFib-Trans Pace
1800	200	30	10	0	401	13	0	0	+388	+1381	N/A	10	Safety Mechanisms
1900	200	30	10	0	163	7	0	0	+156	+1537	N/A	10	well staff Bwell
2000	200	50	-50	Ø	273	11	60	Ø	+212	+1749	Ø	10	Educated Pt 4-13-14
2100	200	50	-50	Ø	278	11	90	Ø	+217	+1966	Ø	10	1540
2200	200	50	-50	Ø	244	10	Ø	Ø	+254	+2220	Ø	10	4-13-14 2015 - water checks done
2300	200	50	-50	Ø	247	9	Ø	Ø	+238	+2458	Ø	10	Limitations denied on both pumps - [illegible]
0000	200	50	-50	Ø	249	10	Ø	Ø	+239	+2697	Ø	10	4-14-14 0015 - water checks done
0100	200	50	-50	Ø	244	10	Ø	Ø	+234	+2931	Ø	10	Massive clots on both pumps, IMV [illegible]
0200	200	50	-50	Ø	247	9	25	Ø	+213	+3144	Ø	10	4-14-14 0115 Water checks done
0300	200	50	-50	Ø	248	10	Ø	Ø	+238	+3382	Ø	10	[illegible]
0400	200	50	-50	Ø	545	10	25	Ø	+510	+3892	Ø	10	0415 Amylase - HCT 18.3
0500	200	40	-50	Ø	273	10	Ø	Ø	+263	+4155			CRRT stopped per family request
0600	200	40	-40	Ø	263	10	Ø	Ø	+263	+4418			All bid returned & discussing
0615	CRRT stopped per family request												Dr. Gleason notified

Jewish Hospital & St. Mary's Healthcare

A service of Jewish Hospital & St. Mary's Healthcare
9700 Stonestreet Road
Louisville, KY 40272

PRINTED BY: Palmer,Gina M

MR# 1.C00422587 Acct# M034310738
PROVINS JAMES
Age/Sex: 57 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14

Sign In Time: 1030 Triage Time: 1033 Time in Room: 1033 Room #: ZSW 09 Mode of Arrival: WHEELCHAIR

Triage Vital Signs: Temp 98.3 O Pulse 147 RR 36 BP MONITOR Sat 97% RA Pain (0-10) 10

Primary Care Doctor: No Primary Doctor | Tobacco Use: ☐ Yes ___ ppd ☒ No Alcohol Use: ☒ Yes ☐ No

Stated Complaint: chest pain soa
Chief Complaint: Chest Pain Priority = 3
**Comment: UPPER ABD PAIN W/ CHEST PAIN STARTED TUESDAY-GETTING WORSE/SOA/NAUSEA

Tetanus Status:
Weight: 107.04 kg

Past Medical History: Hypertension, Muscle/Spinal Hx
PMH Comments: STATES QUIT SMOKING 3 WEEKS
~~ABD~~
Surgical History: R SHOULDER SURGERY

HOME MEDICATIONS:
No Current Medications.

STATES DRANK 1/2 GALLON OF VODKA ON TUESDAY

Coded Allergies: No Known Drug Allergies
Adver Reaction:

SUSPECTED PNEUMONIA
Admission Location ☐ Critical Care ☐ Non Critical Care
Indication: ☐ CAP ☐ HCAP ☐ Possible Aspiration

LMP:
Barriers to Learning: DENIES
Language: ENGLISH

Feels Unsafe in Own Environment: ☐ Yes ☒ No

PHYSICIAN ORDERS/MED ORDERS/PROCEDURES

Date	Time All Orders		Time Complete	Initials
4.10.14	1050	NS 1 L IV 3 then 250cc/hr - DON 1100		DON 1350
		ASA 325 PO - DON	1115	
		ATIVAN 1mg IV - DON	1115	
		PROTONIX 80mg IV		
	1150	ATIVAN DRIP, START @ 5 mg/hr IV - DON	1330	
		ATIVAN 2mg IV - DON	1200	
	1206	INSULIN-REGULAR 15 TO units IV DN	CR	1208
		MORPHINE 5mg IV	1225	CR
		ATIVAN 1mg IV	1225	CR
	1227	ADVOCARD 6mg IV	1230	CR
		ADENOCARD 12mg IV	1233	CR
		ADVOCARD 12mg IV	1240	CR
		Succinylcholine 100mg IV		
		Etomidate 20mg IV		
		NORMON 10mg IV		
		VERSED 5mg IV		
		~~Propofol 50mg - TITRATE & CONTINUE~~		

Clinical Impression: 3

Discharge Instructions:

M.D. Signature:

DIC

245

580

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACCT: M034311738 REF: 1000423587
PROV: 580
DOB: 52 M
Rm: Pty Care Phy
NON
04/10/16

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature **All orders must be Signed, Dated, and Timed with Contact # Included**	Progress Notes **All Chart entries must be Signed, Dated, and Timed**
4/10/16 1305	~~Cardizem 20mg IV~~	
	Zosyn 3.375 mg IV - 1405 Clayton MD	
	Vancomycin 1 gram IV - 1410 Clayton MD	
1435	Norcuron 10mg IV - 1435 Clayton MD	
	Ativan 10 7mg/hr IV - 1435 Clayton MD	

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Princ: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/90

ORDER / PROGRESS CHART

VOCUFORMS® 753410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Acct#: 3034311738 MR#: 1000423587
PROVIDER: JAMES SEO
52 M M
NON
04/10/14

☑ Nursing Assessment Reviewed ☑ Initial Vital Signs Reviewed ☐ Telemetry
BP 80/? HR 147 RR Temp
Pulse Ox ___% RA ___ O_2 Interp ___ nml ___ hypoxic

PHYSICAL EXAM

EXAM LIMITED BY:

General Appearance
- ___ appears well
- ✓ alert
- ___ mild / moderate / severe distress
- ___ anxious / lethargic

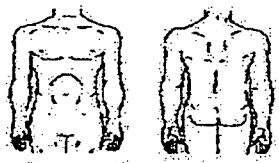
HEENT
- ✓ head atraumatic
- ✓ eyes nml inspection
- ✓ ENT nml inspection
- ✓ pharynx nml
- ___ tenderness
- ___ scleral icterus / pale conjunctivae
- ___ EOM palsy / anisocoria
- ___ pharyngeal erythema / dental decay
- ___ abnml TM / hearing deficit
- ___ abnml oral exam

NECK
- ✓ nml inspection
- ___ no carotid bruit
- ___ thyromegaly / lymphadenopathy
- ___ subcutaneous emphysema

RESPIRATORY
- ___ no resp. distress
- ✓ chest non-tender
- ✓ nml breath sounds
- ___ no pleuritic chest pain
- ___ see diagram
- ___ respiratory distress
- ___ manifests distinct pain on movement R / L arm trunk
- ___ splinting / decr air movmnt
- ___ wheezes / rales / rhonchi

CVS
- ___ reg. rate & rhythm
- ✓ no murmur
- ✓ no gallop
- ___ no friction rub
- ✓ pulses full, equal
- ___ irregularly irregular rhythm
- ___ extrasystoles (occasional / frequent)
- ___ tachycardia / bradycardia
- ___ PMI displaced laterally
- ___ JVD present
- ___ murmur grade ___/6 sys / dias
- ___ gallop (S3 / S4)
- ___ friction rub / Hamman's crunch
- ___ decreased pulse(s) R / L radial fem dors ped

T = tenderness G = guarding R = rebound
m = mild mod = moderate sv = severe
(e.g., T3 = severe tenderness)



ABDOMEN / GI
- ✓ non-tender
- ✓ no organomegaly
- ___ no distention
- ___ tenderness / guarding / rebound
- ___ abnml bowel sounds
- ___ hepatomegaly / splenomegaly / mass
- ___ bruit
- ___ MILDLY DISTENDED

RECTAL
- ___ non-tender
- ✓ Heme neg stool
- ___ Black / bloody / heme pos. stool
- ___ tenderness

EXTREMITIES
- ___ non-tender
- ✓ nml ROM
- ✓ no pedal edema
- ___ no calf tenderness
- ___ pedal edema
- ___ calf tenderness
- ___ clubbing
- ___ Homan's sign / cords

NEURO
- ✓ oriented x3
- ✓ neuro grossly intact
- ___ disoriented to person / place / time
- ___ motor / sensory loss facial droop
- ___ unstable gait / ataxia

PSYCH
- ___ mood / affect nml
- ___ depressed mood / flat affect
- ANXIOUS

SKIN
- ___ color nml, no rash
- ___ warm, dry
- ___ cyanosis / diaphoresis / pallor
- ___ skin rash / rectitis
- ___ embolic lesions / signs of IVDA
- ___ decubitus

40494603332

LABS, EKG & ARTS

*Normal lab value ranges are included on the original lab report

CBC		Chem		Enzymes	
nml except	platelets ___	nml except	BNP ___	nml except	
WBC 26	segs 91%	Na 126	D-Dimer ___	Troponin (−)	
Hgb ___	bands ___	K ___	PT ___	CKMB 1.7	
Hct ___	lymphs ___	BUN 20	INR ___	Troponin ___	
AG 20		Creat 1.7	PTT ___	CKMB ___	
Hemoccult (−)		Gluc 415	Ca 19	MYOSTAT	

Rhythm Strip Rate ___ Rhythm NSR / PVC 7.37/80/97

EKG interp by ED provider Rate 146 NSR A-fib
nml intervals nml axis nml QRS non specific ST/TW changes
diagnosis nml abnml STE anterior MI R Fact
Report EKG unchanged Old EKG unchanged date
ischemic changes

CXR interpreted by ED provider unless noted otherwise
nml / NAD no infiltrates nml heart size nml mediastinum
MD/Pending Old CXR unchanged date

CT V/Q Scan CTV Venous Doppler
nml / NAD ATELECTASIS / PNEUMONIA / PANCREATITIS
DISTENTION

PROGRESS

☐ see additional template # 94 510
Time ___ unchanged improved re-examined

Patient
ADMIT

☐ patient ambulating / mentating at pre-event baseline
Discharge VS: BP HR RR O_2 Sat
Discussed with Dr. WEINGARTEN Time 1357
will see patient in: ED / hospital / office

Counseled patient / family regarding:
lab / rad results diagnosis need for follow-up
___ prior records ordered
☐ Rx given

Additional history from:
family caretaker paramedics
___ holding orders written

CRITICAL CARE TIME (excluding time for other separate services)
☐ 30-74 min ☐ 75-104 min ___ min

CLINICAL IMPRESSION

ARM PAIN - LEFT RIGHT	Herpes Zoster (Shingles)
CHEST PAIN - ACUTE	+Myocardial Infarction - acute
Aortic Dissection	+Pneumonia
Cholecystitis - acute	Pneumothorax
Coronary Syndrome - acute	Pulmonary Embolism
Esophageal Rupture	

ETOH w/D, vomiting, ? PANCREATITIS

Present On Admission: decubitus / UTI w/ foley

Disposition Decision Time 1050

DISPOSITION: ☐ home ☑ admitted ☐ OBS
☐ AMA (see AMA template #73) ☐ transferred

CONDITION: ☐ unchanged ☐ improved ☐ stable

Care transferred to ___ MD / DO / MLP Time:

NP / PA / Resident IDX Provider #
☐ I certify that the physician assistant performed the services as delegated.
☐ I personally evaluated and examined the patient and agree with the assessment, treatment plan and disposition of the patient as recorded by the MLP.

PHYSICIAN SIGNATURE IDX Provider # 46367
☐ Template Complete ☐ Written Addendum

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Circle or check affirmatives, backslash (\) negatives.

51a **Jewish Hospital Medical Center Southwest**

A service of Jewish Hospital & St. Mary's HealthCare

EMERGENCY PROVIDER RECORD

Procedures / Critical Care Add-on

Acct#: MD34311736 MR#: 1000423587
PROVIDIS, JAMES SEX
Dty
MRN
04/10/14

PROCEDURAL SEDATION NOTE

☐ See Nursing notes for V/S monitoring

Sedation type: deep moderate other ____

HPI ☐ see patient template

Indications: ____

last meal ____ Time: ____

Past Hx ☐ see patient's template

prior complications to general anesthesia ____

prior complications to procedural sedation ____

Allergies __NKDA see nurses note ____

brevital etomidate fentanyl ketamine lidocaine

midazolam morphine nitrous oxide propofol

other ____

ASA Classification ____

E Emergent conditions applies

P1. Normal healthy patient

P2. Patient with a mild systemic disease

P3. Patient with a severe systemic disease

P4. Patient with a severe systemic disease that is a constant threat to life

P5. Moribund patient who is not expected to survive w/o the operation

Physical Exam ☐ see patient's template

AIRWAY

__ uml anatomy

__ obese

__ large tongue / teeth

__ angioedema

__ abnormal rule 3-3-2 rule

__ possible upper airway obstruction

__ neck immobility

Mallampati Classification ____

Class1. Soft palate, anterior / posterior tonsillar pillars, and uvula visible

Class2. Tonsillar pillars and uvula hidden by base of tongue

Class3. Only soft palate visible

Class4. Soft palate not visible

Preparation

__ plan explained: ____ to patient to parent / guardian

__ consent signed (see hospital consent)

__ oximetry during procedure

__ capnometry during procedure

__ IV access obtained

__ suction immediately available

__ cardiac monitor used

Sedation

__ versed

__ etomidate

__ propofol

__ fentanyl

__ ketamine

Reversal

__ none

__ narcan

__ romazicon

Complications during / after procedure: none vomiting apnea O_2 desaturation required BVM-PPV hypotension agitation other ____

Post Sedation Recovery Score ☐ see sedation record

I personally performed ☐ sedation and / or ☐ procedure

Intra-service time: __30 min or less __31-45 min __46-60 min

INTUBATION NOTE

Airway Evaluation: abnormal 3-3-2 rule obese large tongue large / loose teeth copious secretions

Mallampati Class: 1 2 3 4 5

Pre-tx __100% O_2 other ____

Induction __etomidate __midazolam __propofol

other ____

Paralysis ☐ no contraindications to succinycholine

__rocuronium __succinylcholine

other ____

Equipment __ETT / LMA size ____

__Glidescope / McGrath __Bougie ____

other ____

Post-intubation management:

ETT primary tube confirmation

__capnometry ____ mm Hg __CO_2 change

__direct visualization __chest rise

__tube in good position on CXR

__tube repositioned and re-confirmed with CXR

Vent settings: ☐ per Respiratory Therapy

Mode: CMV AC SIMV PS CPAP

Settings: TV 450 FIO_2 50 R 15 PS PEEP 5

Ventilator sedation: propofol drip / other ATTEMPT

Additional Notes: ?? SUFFICE BRADYCARDIA

HYPOXIA - RESCUE W/ NURSE y ATTEMPT

DURING RSI

CENTRAL LINE

__CDC Sterile insertion guidelines followed

__2% chlorhexidine prep

__local anesthetic: lidocaine 1% / 2% ____ mL

bupivacaine 0.25% / 0.5% ____ mL

catheter ____ Fr single / triple lumen PreSep

location: R / L U/S guided IJ subclavian supraclavicular brachial femoral

complications: none

CXR post-procedure: ____

TIME OUT called at: ____ for ____

TIME OUT called at: ____ for ____

TIME OUT called at: ____ for ____

NP / PA / Resident ____

IDX Provider # ____

PHYSICIAN SIGNATURE ____

IDX Provider # 5676

☐ Template Complete ☐ Written Addendum

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ER Notes

30494451A31

Acc#: 1034311738 MRN: 1000423587
Provider: [illegible] SBD
S2 M M
Primary Care Phy
RCN
04/10/24

Early Goal Directed Therapy

__fluid resuscitation to CVP of _____ mmHg (8-12)
__vasopressors for MAP < 65 mmHg (SBP < 90)
norepinephrine vasopressin dopamine
__steriods: hydrocortisone_____
__endotracheal intubation for $ScVO_2$ < 70%_____
__transfusion to Hct ≥ 30% _____
__dobutamine infusion for $ScVO_2$ < 70%____
__final $ScVO_2$: _____% _____
__antibiotics (< 3hrs)_____

LP

__discussed risks, benefits, alternatives; __parent/guardian consents
sitting / lying
Betadine prep fluid color_____ RBC_____ WBC____
sterile technique glucose _polys_____ lymph_____
L3-4 L4-5 protein_____ monos_____ gm stn

ARTERIAL LINE

__CDC Sterile insertion guidelines followed_____
__2% chlorhexidine prep _____
__local anesthetic: lidocaine 1% / 2% ____mL
bupivacaine 0.25% / 0.5%__ mL _____
catheter _____Fr U/S guided blind_____
location: R / L_____

CARDIOVERSION

__Procedure discussed with Patient / Guardian and consent obtained.
Time_____ unchanged improved re-examined
__cardioverted at_____J
__post cardioversion rate____
__post cardioversion rhythm_____
__NSR __afib __aflutter __V-tach __V-fib

CHEST TUBE

chest tube inserted (_____French) Betadine prep
anesthesia: _____mL local lidocaine / marcaine /
position: mid / anter / post axillary line _____ interspace
sutured in place position confirmed on CXR
return: air / blood_____ connected to suction

Wound Description / Repair

length_____cm location_____
linear stellate irregular flap into: subcut / muscle
clean contaminated moderately / heavily _____
distal NVT: neurovascular intact no tendon injury
anesthesia: local digital block topical _____ lidocaine
marcaine epi / bicarb _____mL
prep: Hibiclens / Betadine / Phisoderm
irrigated w/ saline extensively cleaned
wound explored debrided mod. /extensive
to base / in bloodless field wound margins revised
no foreign body identified multiple flaps aligned
foreign material removed required instrumentation / extension
repair: Wound closed with: Dermabond / steri-strips__
SKIN- #_____-0 nylon / prolene / staples____
SUBCUT- #_____-0 vicryl / chromic_____
OTHER - # _____-0 _____

FRACTURE / DISLOCATION / REDUCTION / SPLINTING

Location:_____
Sedation: see procedural sedation / local block / regional block / joint / fracture block / Betadine prep / sterile procedure___
Anesthetic: lidocaine / bupivacaine / EPI 0.25% 0.5 % 1% 2%
amount of anesthetic:_____ _____mL
Pre-procedure DNVT status: see Physical Exam_____
Technique:
Traction - Counter Traction / Scapular Rotation / Hennepin / Stimson / Whistler / other _____

Post-procedure DNVT status
__normal _____
__unchanged from pre-procedural baseline _____
__no compartment syndrome thought to be present_____
__other_____
Post reduction imaging
__deformity is completely reduced _____
__deformity is acceptably reduced___ _____
__deformity is unacceptably reduced _____
Splint type: Velcro / Fiberglass / Plaster / Aluminum-foam / metal Volar / Extensor / Thumb spica / Sugar tong / Gutter stirrup / Posterior Ace Wrap / Boot orthosis / Air splint / Buddy tape / long / short_ _____
splint location:_____
applied by: Provider RN Tech _____
Provider post-splinting NVT check & splint application check:
splint in good position & NVS normal_____
other_____
other_____

TIME OUT called at: _____ for _____
TIME OUT called at: _____ for_____
TIME OUT called at: _____ for _____

_____ NP / PA IDX Provider # _____
_____ MD / DO IDX Provider # _____
☐ Template Complete ☐ Written Addendum

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TEAM Health, Version 10-2010

30494451A32

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51 Jewish Hospital Medical Center Southwest

A service of Jewish Hospital & St. Mary's HealthCare

EMERGENCY PROVIDER RECORD

Critical Care

Acct#: H0343113738 MR#: 1.00543587 SSD

52 M B

No, Primary Care Phy NGK

04/10/14

TIME SEEN: 1040 ROOM: 9 EMS Arrival

HISTORIAN: patient family EMS

UNABLE TO OBTAIN HISTORY DUE TO:

HPI

chief complaint: fainting unresponsive cardiac arrest seizure dyspnea chest pain GI bleeding drug overdose

onset: SEE HPI

paramedics' initial findings:

~~conscious~~	~~respirations~~	
unresponsive	no respirations	
confused	decreased respirations	
alert	dyspneic	
~~rhythm~~	nml respirations	Glucose ____ mg / dl
sinus rhythm	HR ____	D-stick glucometer
	BP ____	STAT paramedics / ED

pre-hospital treatment:

oxygen	CPR / thumper	epinephrine ____ mg
bag-valve-mask	defibrillated	atropine ____ mg
intubated	IV fluids	lidocaine bolus ____ mg
		lidocaine drip ____ mg / min
		vasopressin ____ mg
		amiodarone ____ mg

ROS

recent illness / fever
vision change / problems
nasal drainage / congestion
chest pain
hurts to breathe / short of breath
cough bloody / productive
abdominal pain
nausea / vomiting blood
diarrhea / black / bloody stools
painful urination

LMP ____ preg post-menop
neck / back pain
leg / ankle swelling
rash
swollen glands
headache
lost feeling / power
confusion / memory loss
depression / anxiety
☐ all systems neg except as marked

PAST HX

cardiac disease ASCVD MI CHF
CVA / TIA bleed deficit
diabetes Type 1 Type 2
diet / oral / insulin neuropathy
old records reviewed / summary:

immunosuppressed AIDS
hypertension
lung disease asthma COPD

SOCIAL HX

smoker
drugs
alcohol (recent / heavy / occasional)
occupation
living situation alone family friend group care facility

FAMILY HX

reviewed, not relevant

☐ Nursing Assessment Reviewed ☐ Initial Vital Signs Reviewed ☐ Telemetry

BP ____ HR ____ RR ____ Temp ____

Pulse Ox ____ % RA ____ O_2 Interp ____ nml ____ hypoxic ____

INITIAL PHYSICAL EXAM

EXAM LIMITED BY:

GENERAL
appears well
nml color
unresponsive to commands / confused / lethargic
cyanotic / pallid / diaphoretic
moderate / severe distress

HEAD / NECK
head atraumatic
pharynx nml
neck supple
head trauma
hemotympanum
meningismus
tracheal deviation

RESPIRATORY
airway open
good gag reflex
breath sounds equal bilaterally
nml breath sounds
no spontaneous respirations
airway obstructed partially / fully
poor / absent gag reflex
bag-valve-mask
ET tube / bag-valve
dyspneic
retractions
accessory muscle use
agonal respirations
decr. air movement
wheezes / rales / rhonchi

CVS
reg. rate & rhythm
no JVD
no murmur
no gallop
PMI nml
pulse full, equal
weak / no pulse
chest compressions
pulse w/ CPR none poor good
irregularly irregular rhythm
tachycardia / bradycardia
extrasystoles (occasional / frequent)
PMI displaced laterally
JVD present
murmur grade ___ /6 sys / dias
gallop (S3 / S4)

ABDOMEN / GI
no guarding
no mass
mass / organomegaly
distention
tenderness
guarding

RECTAL
stool nml color
heme pos. stool trace

EXTREMITIES
nml ROM
pulses full, equal
pedal edema
decreased pulse(s) (R / L)

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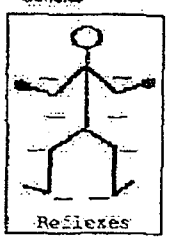
ER Notes F1100

20494305121

ACCT#: M034311738 HRN: 1000423587
52 M M
04/10/14

NEURO
__nml responsiveness
__nml orientation
__no gross motor deficits
__no gross sensory deficits

__unresponsive to commands / confused / lethargic
__fixed / irregular / unequal pupils R____mm L____mm
__EOM deficit
__weakness
Babinski reflex



Response to pain: ☐ facial grimace

	withdraws	flexor	extensor	none
RUE	☐	☐	☐	☐
LUE	☐	☐	☐	☐
RLE	☐	☐	☐	☐
LLE	☐	☐	☐	☐

PSYCH
__mood / affect nml

__depressed mood / flat affect

SKIN
__nml

__skin rash
__decubitus

INITIAL ASSESSMENT

VITAL SIGNS SEE NURSING ASSESSMENT FOR FURTHER VITALS
BP ____/____ HR ____ RR ____ Temp ____

EKG MONITOR RHYTHM
sinus rhythm tachycardia wide / narrow bradycardia

PULSE OXIMETER ____% O2 saturation time: ____
RA O2 ____ L/% NP mask BVM

LABS, EKG & XRAYS

*Normal lab value ranges are included on the original lab report

CBC		Chem		UA		ABG's
nml except	platelets	nml except		nml except		RA / O2
WBC	segs	Na				pH
Hgb	bands	K				pCO2
Hct	lymphs	BUN				HCO3
		Creat				pO2
		Glu				COHb

Rhythm Strip Rate ____ Rhythm NSR / PVC

EKG interp by ED provider Rate ____ __NSR __A-fib
__nml intervals __nml axis __nml QRS __non-specific ST/TW changes
diagnosis __nml __abnml
Repeat EKG __unchanged Old EKG __unchanged date:

CXR interpreted by ED provider unless noted otherwise
__nml / NAD __no infiltrates __nml heart size __nml mediastinum
Old CXR __unchanged date:

CT Scan head contrast / non-contrast
__nml / NAD

PROGRESS

☐ see additional template # 94

Time ____ unchanged improved re-examined

?r DEVELOPED WHILE CP/ND PAIN
& HAD ↑ AGITATION, 2GMM, COPIOUS.
?r HAD MINIMAL 2ECHOL TO IV
ATIVAN. ADMITTED x3 2FLOCEL.
& INFUSION, SVT. MULTIPLE EKGS
SUGGEST SVT. ?r CONDITION WAS
& REQUIRED INTUBATION & ATTEMPT
PATIENT & ADEQUATE SEDATION.
(SEE INTUBATION NOTE)

FOLLOW INTUBATION / SEDATION ?r
WORKUP CT CAP (?REFUSED?)
REPEAT EKG REVEALS SINUS TACHY
@ 107 & 15% ACTION GET INTERNAL
TO REPEAT DT, TTF

__Discussed with Dr. ____ Time: ____
will see patient in: ED / hospital / office

CRITICAL CARE (excluding time for other separate services)
TIME ☐ 30-74 min ☐ 75-104 min ____ min

CLINICAL IMPRESSION

ALTERED MENTAL STATUS	GI BLEED
CARDIOPULMONARY ARREST	HYPOTENSION
COMATOSE	SEPSIS / SIRS

SVT w BBB, RVR MR
Hypertension GOT w/o
MDOSS

Present On Admission decubitus / UTI w/ foley

Disposition Order Time ____

DISPOSITION- ☐ home ☐ admitted ☐ OBS ____
☐ AMA (see AMA template #73) ☐ transferred ____

CONDITION- ☐ unchanged ☐ improved ☐ stable

Care transferred to ____ MD / DO / MLP Time: ____

ARNP, PA, Resident ____ IDX Provider # ____

☐ I was personally available for consultation in the emergency department. I have reviewed the chart and agree with the documentation as recorded by the MLP, including the assessment, treatment plan, and disposition.

PHYSICIAN SIGNATURE- ____ IDX Provider # 46767

☑ Template Complete ☐ Written Addendum

TEAM Health's Version 2.0 - 8/06

20494305122

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51a. Jewish Hospital Medical Center Southwest

A service of Jewish Hospital & St. Mary's HealthCare

EMERGENCY PROVIDER RECORD

Procedures / Critical Care Add-on

Acct#: 1034331738 MR#: L000423587
PATIENT NAME
52 M M
PCP
FCN
04/10/14

PROCEDURAL SEDATION NOTE

☐ See Nursing notes for V/S monitoring

Sedation type: deep moderate other ___

HPI ☐ see patient template

Indications: ___

last meal ___ Time: ___

Past Hx ☐ see patient's template

prior complications to general anesthesia ___

prior complications to procedural sedation ___

Allergies __NKDA see nurses note ___

brevital etomidate fentanyl ketamine lidocaine

midazolam morphine nitrous oxide propofol

other ___

ASA Classification ___

E Emergent conditions applies

P1. Normal healthy patient

P2. Patient with a mild systemic disease

P3. Patient with a severe systemic disease

P4. Patient with a severe systemic disease that is a constant threat to life

P5. Moribund patient who is not expected to survive w/o the operation

Physical Exam ☐ see patient's template

AIRWAY

__nml anatomy

__obese

__large tongue / teeth ___

__angioedema ___

__abnormal rule 3-3-2 rule

__possible upper airway obstruction ___

__neck immobility ___

Mallampati Classification ___

Class1. Soft palate, anterior / posterior tonsillar pillars, and uvula visible

Class2. Tonsillar pillars and uvula hidden by base of tongue

Class3. Only soft palate visible

Class4. Soft palate not visible

Preparation

__plan explained: ___

to patient to parent / guardian

__consent signed (see hospital consent)

__oximetry during procedure ___

__capnometry during procedure ___

__IV access obtained ___

__suction immediately available

__cardiac monitor used

Sedation

__versed

__etomidate ___

__propofol ___

__fentanyl ___

__ketamine ___

Reversal

__none

__narcan ___

__romazicon ___

Complications during / after procedure: none vomiting apnea O_2 desaturation required BVM-PPV hypotension agitation other ___

Post Sedation Recovery Score ☐ see sedation record

I personally performed ☐ sedation and / or ☐ procedure

Intra-service time: __30 min or less __31-45 min __46-60 min

INTUBATION NOTE

Airway Evaluation abnormal 3-3-2 rule obese large tongue

large / loose teeth copious secretions

Mallampati Class: 1 2 3 4 5

Pre-tx __100% O_2 other ___

Induction __etomidate __midazolam __propofol

other: ___

Paralysis ☐ no contraindications to succinycholine

__rocuronium __succinylcholine ___

other ___

Equipment __ETT / LMA size ___

__Glidescope / McGrath __Bougie ___

other ___

Post-intubation management:

ETT primary tube confirmation

__capnometry: ___ mm Hg ___ CO_2 change

✓ direct visualization ✓ chest rise

__tube in good position on CXR

__tube repositioned and re-confirmed with CXR

Vent settings: ☐ per Respiratory Therapy

Mode: CMV AC SIMV PS CPAP ___

Settings: TV 400 FIO_2 60 R 15 PS ___ PEEP 5

Ventilator sedation: propofol drip / other ATIVAN

Additional Notes: ___

? sitting Bradycardia

100% O2 ETOCO2 / ventilatory arrest

Dilaudid 2 mg

CENTRAL LINE

__CDC Sterile insertion guidelines followed ___

__2% chlorhexidine prep ___

__local anesthetic: lidocaine 1% / 2% ___ mL

bupivacaine 0.25% / 0.5% ___ mL

catheter ___ Fr single / triple lumen PreSep ___

location: R / L US guided IJ subclavian supraclavicular

brachial femoral ___

complications: none ___

CXR post-procedure ___

TIME OUT called at: ___ for ___

TIME OUT called at: ___ for ___

TIME OUT called at: ___ for ___

NP / PA / Resident ___

IDX Provider # ___

PHYSICIAN SIGNATURE ___

IDX Provider # 9676

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ER Notes
F100

30494451A31

Sts. Mary & Elizabeth Hospital
Emergency Department

A service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROVINS,JAMES
Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

GENERAL DATA

ED Physician: Daniel,Stanley R MD
Practitioner:
Nurse: Reagan,Cammy L

Arrival Date/Time: 04/10/14 - 1030
Triage Date/Time: 04/10/14 - 1033
Patient Care Initiated by MD: 04/10/14 - 1039

Chief Complaint: Chest Pain

Priority: 2+ RESOURCES- MAIN E

Status Event History

04/10/14	1030	PRE-TRIAGE	- Needs to be Triaged	By: ROBERTSON,LISA M
	1033	IN ROOM	- In Room	By: Elder,Lauren A
	1042	WAITING	- Waiting in Waiting Room	By: Palmer,Gina M
	1044	IN ROOM	- In Room	By: Palmer,Gina M
	1102	NEEDS XRAY	- Needs Transport to XRay	By: Scott,Daniel K
	1112	WAIT FILMS	- Waiting for Films	By: SW TRANSPORTER
	1112	WAIT FILMS	- Waiting for Films	By: SW TRANSPORTER
	1221	NEEDS CT	- Needs Transportation to C	By: Daniel,Stanley R
	1244	IN CT	- In CT	By: SW TRANSPORTER
	1247	IN ROOM	- In Room	By: SW TRANSPORTER
	1317	IN ROOM	- In Room	By: Lescault,David T
	1325	WAIT FILMS	- Waiting for Films	By: SW TRANSPORTER
	1334	ADMITTED	- Admitted Patient	By: Lescault,David T
	1427	UNIT	- Unit Admit	By: Lescault,David T

DEMOGRAPHICS

12511 OLD DIXIE HGWY
LOUISVILLE, KY 40272
502-000-0000
Insurance: SELF PAY
Next of Kin:
Relation:
Phone:

PCP: No, Primary Care Physician
Family Doctor:
Referring:

ALLERGIES

No Known Drug Allergies

HOME MEDICATIONS

Prescriptions/Reported Meds		Type	Issued	Provider	Entered
No Current Medications (No Current Medications)	TAB	Reported			04/10/14

Sts. Mary & Elizabeth Hospital
Emergency Department

A service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROVINS JAMES
Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

VITAL SIGNS

Date/Time	Pulse:	Blood Pressure:	Respirations:	O2 Sat%:	User
04/10/14 1114	127	127/76	24	98	SNUR.SYA, RN
04/10/14 1130	131	110/74		99	SNUR.SYA, RN
04/10/14 1200	126	138/81	26	99	SNUR.SYA, RN
04/10/14 1216	150	133/90	30	96	SNUR.CLR, RN
04/10/14 1239	147	123/80	28	94	SNUR.CLR, RN
04/10/14 1257	160	183/106	15	80	SNUR.LAE
04/10/14 1301	171	203/109	29	83	SNUR.LAE
04/10/14 1306	169	212/103	39	96	SNUR.LAE
04/10/14 1330	155	126/76	15	92	SNUR.LAE
04/10/14 1340	152	112/66	14	94	SNUR.LAE
04/10/14 1355	148	114/72	15	94	SNUR.LAE
04/10/14 1429	146	114/71	15	94	SNUR.LAE

ASSESSMENTS

04/10/14 1033 Initial Triage — *Palmer,Gina K*

Temperature: 98.3
Source: ORAL
Respirations: 36
Pulse: 147
: Monitor
O2 Sat%: 97
: ROOM AIR
Pain Scale (0-10): 10- SEVERE
Comments:
UPPER ABD PAIN W/ CHEST PAIN STARTED TUESDAY-GETTING WORSE/SOB/NAUSEA
Allergy/Reaction: N
Wt - lb: 236
Kilograms: 107.04
Weighed Here: N
:
STATES DRANK 1/2 GALLON OF VODKA ON TUESDAY

04/10/14 1033 Secondary Triage — *Palmer,Gina K*

Mode of Arrival: WHEELCHAIR
Accompanied By: SELF
PMD: N
Learning Barriers: DENIES
Primary Language: ENGLISH
Is This a Workman's Comp Injury? NOT APPLICABLE
Home Medications/Allergies: N
Hx of MRSA: N
Hx of VRE: N
Cardiac: N
CHF: N
Hypertension: Y
Stroke/TIA: N

Sts. Mary & Elizabeth Hospital
Emergency Department
A service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROVINS,JAMES
Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

Respiratory: N
Cancer: N
Blood D/O: N
Liver/Pancr: N
Thyroid/ENT: N
Diabetes: N
Gastro: N
Kidney Disease: N
Seizures: N
Musculoskeletal/Spinal: Y
Psych: N
Tobacco Use: N
Alcohol: Y
Prev Surgeries: Y
. R SHOULDER SURGERY
PMH Comments:
STATES QUIT SMOKING 3 WEEKS
AGO
TB Exposure in Last 6 Months: N
Prod Cough >3wks: N
Coughing up Blood: N
Night Sweats: N
Outside US in Last 6 Months: N
Mental Status: A&O PERSON,PLACE,TIME, ANXIOUS
Visual Acuity Obtained: N
Do You Feel Safe in Your Environment: Y
Skin: CLAMMY, DIAPHORETIC

04/10/14 1043 Chest Pain — *Ashlock,Sheena, RN*
Stated Complaint:
chest pain soa
Pain Scale (0-10): 10- SEVERE
ASA Taken/Given Today: N
Radiating Pain: DENIES
Nitro Taken/Given Today: N
Injury/Trauma: N
Onset of Symptoms:
TUESDAY
Symptoms: CHEST PAIN
Heart Sounds: S1, S2
Lung Sounds: RUL: CLEAR
LUL: CLEAR
RML: CLEAR
LLL: CLEAR
RLL: CLEAR
Skin Color: DIAPHORETIC
Other/Comments:
STATES QUIT SMOKING 3 WEEKS AGO, QUIT DRINKING TUESDAY
Faces Scale Used: N
Acceptable Level of Pain: 0

Sts. Mary & Elizabeth Hospital
Emergency Department
A service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROUTNS JAMES
[illegible] Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

Onset of Pain:
TUESDAY
Location of Pain:
CHEST/UPPER ABD
Quality of Pain: SHARP

04/10/14 1044 Print MD Order/Med Rec Form — *Palmer,Gina M*
Print Initial MD Order Form: N
Print Secondary MD Order Form: Y
Print Med Rec Form: Y
Print Patient Labels: N
Print Discharge Summary: N

PATIENT NOTES

Entered by Ashlock,Sheena, RN on 04/10/14 at 1050
BP 80 SYSTOLIC- DR. DANIEL AWARE.

Entered by Ashlock,Sheena, RN on 04/10/14 at 1200
REPORT TO CAMMY, RN.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1245
PATIENT CONDITION DECLINING, PATIENT AGITATED, SHORT OF AIR, HR 150'S-160'S SA02 90-92, MD AT BEDSIDE WITH PATIENT. MOVED TO ROOM 2.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1300
PATIENT INTURATRD 8.0CM ET TUBE PER MD, AT 22 CM LIP LINE. BREATH SOUNDS CONFIRMED, POSITIVE CO2 CONFIRMATION. SEE MED LIST FOR MEDS GIVEN.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1315
TO AND FROM CT VIA STRETCHER, RN X2 ESCORT AND MONITOR IN PLACE. TOLERATED WELL.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1330
RETURN FROM CT VENT PLACED, TV 500 PEEP 5 RR 15. FOLEY CATH PLACED PER S ASHLOCK RN. UA COLLECTED AND SENT TO LAB

Entered by Lescault,David T on 04/10/14 at 1411
CALLED YELLOW AMBULANCE ALS FOR TRANSPORT TO SMEH WITH VENT

Entered by Lescault,David T on 04/10/14 at 1411
CALLED KENTUCKYONE TRANSFER CENTER TO HAVE PT ADMITTED, DR WETHERTON ACCEPTS AT SMEH, ORDERED ICU BED, BED REQUEST IN TELETRACKING

Entered by Elder,Lauren A on 04/10/14 at 1419
REPORT TO TERESA RINKER RN AT SMEH. YELLOW AMB CALLED FOR TRANSPORT.

Entered by Elder,Lauren A on 04/10/14 at 1429
YELLOW AMB HERE FOR PATIENT. REPORT GIVEN.

Sts. Mary & Elizabeth Hospital
Emergency Department

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Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROVINS,JAMES
Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

ORDERS

Ordered	Order	Ordering Provider	E-Signed
04/10/14 1040	IV INSERT	Daniel,Stanley R MD	Yes
04/10/14 1040	CBC, WITH AUTOMATED DIFF	Daniel,Stanley R MD	Yes
04/10/14 1040	COMPREHENSIVE METABOLIC PANEL	Daniel,Stanley R MD	Yes
04/10/14 1040	MAGNESIUM	Daniel,Stanley R MD	Yes
04/10/14 1040	CARDIAC MARKERS(1ST SET)	Daniel,Stanley R MD	Yes
04/10/14 1040	CARDIAC MARKERS(2ND SET)	Daniel,Stanley R MD	Yes
04/10/14 1040	ALCOHOL BLOOD	Daniel,Stanley R MD	Yes
04/10/14 1040	12-LEAD EKG	Daniel,Stanley R MD	Yes
04/10/14 1040	PLACED ON MONITOR	Daniel,Stanley R MD	Yes
04/10/14 1040	IV INSERT	Daniel,Stanley R MD	Yes
04/10/14 1041	D-DIMER (SW ONLY)	Daniel,Stanley R MD	Yes
04/10/14 1041	DIFFERENTIAL, MANUAL	Daniel,Stanley R MD	N/A
04/10/14 1100	OCCULT BLOOD FECES	Daniel,Stanley R MD	N/A
04/10/14 1100	OCCULT BLOOD FECES	Daniel,Stanley R MD	No
04/10/14 1109	BLOOD CULTURE	Daniel,Stanley R MD	Yes
04/10/14 1109	BLOOD CULTURE	Daniel,Stanley R MD	Yes
04/10/14 1109	BLOOD CULTURE (2ND SET)	Daniel,Stanley R MD	Yes
04/10/14 1109	BLOOD DRAW	Daniel,Stanley R MD	Yes
04/10/14 1128	ARTERIAL BLOOD GAS	Daniel,Stanley R MD	Yes
04/10/14 1318	*DISPOSITION	Daniel,Stanley R MD	Yes
04/10/14 1334	AMYLASE	Daniel,Stanley R MD	Yes
04/10/14 1334	LIPASE	Daniel,Stanley R MD	Yes
04/10/14 1337	FOLEY CATH INSERT/DISCONTINUE	Daniel,Stanley R MD	Yes
04/10/14 1347	UA, CULTURE IF INDICATED	Daniel,Stanley R MD	No
04/10/14 1403	URINE DRUG SCREEN (8)	Daniel,Stanley R MD	No
04/10/14 1417	URINE CULTURE	Daniel,Stanley R MD	N/A

LAB

Test	Day	Date	Time	Result	Reference	Units
=> WBC	1	APR 10	1035	26.0 H	(4.0-10.5)	X10e3
=> RBC	1	APR 10	1035	5.69 H	(3.90-5.60)	X10e6
=> HGB	1	APR 10	1035	16.8	(13.0-17.0)	gm/dl
=> HCT	1	APR 10	1035	49.5	(38.0-50.0)	%
=> MCV	1	APR 10	1035	87.9	(83-96)	FL
=> MCH	1	APR 10	1035	29.8	(28-34)	PG
=> MCHC	1	APR 10	1035	33.9	(30-36)	g/dL
=> RDW	1	APR 10	1035	13.2	(11.0-15.5)	%
=> PLT CT	1	APR 10	1035	236	(140-420)	X10e3
=> MPV	1	APR 10	1035	8.4	(6.5-11.5)	FL
=> NEUTROPHIL %	1	APR 10	1035	90.4 H	(40.0-75.0)	%
=> LYMPHOCYTE %	1	APR 10	1035	2.6 L	(17.0-45.0)	%
=> MONOCYTE %	1	APR 10	1035	6.9 H	(3.0-12.0)	%
=> EOSINOPHIL %	1	APR 10	1035	0.0	(0.0-7.0)	%

Sts. Mary & Elizabeth Hospital
Emergency Department

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1850 Bluegrass Avenue
Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROVINS,JAMES
L Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

=> BASOPHIL %	1	APR 10	1035	4.1 H	(0.0-2.5)	%
=> NEUTROPHIL #	1	APR 10	1035	22.4 H	(1.5-7.1)	X10e3
=> LYMPHOCYTE #	1	APR 10	1035	0.7 L	(1.0-3.5)	X10e3
=> MONOCYTE #	1	APR 10	1035	0.8	(0.0-1.0)	X10e3
=> EOSINOPHIL #	1	APR 10	1035	0.0	(0.0-0.7)	X10e3
=> BASOPHIL #	1	APR 10	1035	0.1 H	(0.0-0.3)	X10e3
=> DIFF IND	1	APR 10	1035	YES		
=> NEUTROPHILS	1	APR 10	1035	77.0 H	(40.0-75.0)	%
=> BAND	1	APR 10	1035	22.0 H	(0-10)	%
=> MONOCYTES	1	APR 10	1035	1.0 L	(3.0-12.0)	%
=> NUCLEATED RBC	1	APR 10	1035	1	(0)	/100
=> PLT ESTIMATE	1	APR 10	1035	NORMAL	(NORMAL)	
=> RBC NORMAL	1	APR 10	1035	YES		
=> D-DIMER	1	APR 10	1035	666(a) H	(0-200)	NG/ML
=> SOURCE	1	APR 10	1340	(b)		
=> COLOR	1	APR 10	1340	AMBER		
=> APPEARANCE	1	APR 10	1340	SL CLOUDY		
=> SP GRAVITY	1	APR 10	1340	1.020	(1.003-1.035)	
=> PH	1	APR 10	1340	5	(5-8)	
=> LEUK ESTEASE	1	APR 10	1340	NEG	(NEG)	
=> NITRATE	1	APR 10	1340	POS *H	(NEG)	
=> PROTEIN	1	APR 10	1340	30 *H	(NEG)	
=> GLUCOSE	1	APR 10	1340	100 *H	(NORM)	MG/DL
=> KETONE	1	APR 10	1340	NEG	(NEG)	
=> UROBILINOGEN	1	APR 10	1340	4 *H	(NORM)	MG/DL
=> BILE	1	APR 10	1340	POS *H	(NEG)	
=> BLOOD	1	APR 10	1340	14 *H	(NEG)	
=> MICRO INDICATED	1	APR 10	1340	YES		
=> RBC	1	APR 10	1340	0-2	(0-2)	/hpf
=> WBC	1	APR 10	1340	0-2	(0-5)	/hpf
=> BACTERIA	1	APR 10	1340	1+ *H	(NEG)	
=> SQUAMOUS CELL	1	APR 10	1340	FEW		/LPF
=> AMORPH SEDIMENT	1	APR 10	1340	(c)		
=> CULT IND?	1	APR 10	1340	YES		
=> pH	1	APR 10	1130	7.370	(7.350-7.450)	
=> PCO2	1	APR 10	1130	36.0 L	(35.0-45.0)	mmHg

NOTES: (a) **Results are reported in D-Dimer units ng/ml (D-Du ng/ml)**

Elevations of D-Dimer may be found in a number of clinical conditions including malignancy, arterial thrombosis (MI, stroke), DIC, DVT, PE, post-surgery, pregnancy, and in some normal individuals. In the setting of DVT, the greatest clinical utility of D-Dimer is its high negative predictive value. Falsely low results may occur in patients taking anticoagulants and possibly anti-platelet drugs and in patients with small, older or nonprogressing thrombi.

(b) CLEAN CATCH

(c) AMORP URATES

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Date: 04/10/14 Time: 1030

Summary Report

=> PO2	1	APR 10	1130	93.0	(80.0-100)	mmHg
=> HCO3	1	APR 10	1130	16.9		mmol/L
=> ctHb	1	APR 10	1130	15.3	(12.0-16.0)	G/DL
=> O2 SAT	1	APR 10	1130	95.7	(90.0-100.0)	%
=> ABG HBCO	1	APR 10	1130	1.6	(0.0-9.0)	% sat
=> MET HB	1	APR 10	1130	0.5	(0.0-2.0)	% sat
=> ARTERIAL DRAW?	1	APR 10	1130	YES		
=> ALLEN'S TEST	1	APR 10	1130	N		
=> ARTERIAL SITE	1	APR 10	1130	(d)		
=> GLUCOSE	1	APR 10	1035	115 H	(70-110)	mg/dL
=> BUN	1	APR 10	1035	20	(9-23)	mg/dL
=> CREATININE	1	APR 10	1035	1.7 H	(0.6-1.4)	mg/dL
=> BUN/CREAT	1	APR 10	1035	11.76		
=> eGFR	1	APR 10	1035	<5 2(e) L	(>60)	mL/min
=> SODIUM	1	APR 10	1035	126 L	(135-145)	mmol/L
=> POTASSIUM	1	APR 10	1035	4.4	(3.5-5.1)	mmol/L
=> CHLORIDE	1	APR 10	1035	87 L	(100-111)	mmol/L
=> CO2	1	APR 10	1035	19 L	(22-31)	mmol/L
=> CALCIUM	1	APR 10	1035	9.1	(8.4-10.2)	mg/dL
=> MAGNESIUM	1	APR 10	1035	1.6	(1.6-3.0)	mg/dL
=> TOTAL PROTEIN	1	APR 10	1035	8.2	(6.0-8.3)	g/dL
=> ALBUMIN	1	APR 10	1035	4.0	(3.5-5.0)	g/dL
=> BILI TOTAL	1	APR 10	1035	3.1 H	(0.2-2.0)	mg/dL
=> AST	1	APR 10	1035	83 H	(10-42)	U/L
=> ALT	1	APR 10	1035	98 H	(10-40)	U/L
=> ALK PHOS	1	APR 10	1035	88	(32-92)	U/L
=> AMYLASE	1	APR 10	1025	PEND	(0-46)	U/L
=> LIPASE	1	APR 10	1025	PEND	(22-51)	U/L
=> POC-CKMB	1	APR 10	1248	2.2	(0.0-7.9)	ng/mL
=> POC-CKMB	1	APR 10	1108	1.7	(0.0-7.9)	ng/mL
=> POC-MYO	1	APR 10	1248	365.0 H	(0.0-169.0)	ng/mL
=> POC-MYO	1	APR 10	1108	322.0 H	(0.0-169.0)	ng/mL
=> POC-TROP	1	APR 10	1248	<0.05(f)	(<=0.05)	ng/mL
=> POC-TROP	1	APR 10	1108	<0.05(f)	(<=0.05)	ng/mL
=> U METHADONE	1	APR 10	1340	NEG	(NEG)	
=> U BENZODIAZ	1	APR 10	1340	POS *H	(NEG)	
=> U COCAINE	1	APR 10	1340	NEG	(NEG)	
=> U AMP	1	APR 10	1340	NEG	(NEG)	
=> U MARIJUANA	1	APR 10	1340	NEG	(NEG)	
=> U OPIATES	1	APR 10	1340	POS *H	(NEG)	
=> U BARBITURATES	1	APR 10	1340	NEG	(NEG)	

NOTES: (d) RIGHT BRACHIAL
(e) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/mIN
(f) Intermediate 0.05 - 0.39 ng/mL

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Date: 04/10/14 Time: 1030

Summary Report

=> U TCA	1	APR 10	1340	POS(g) *R	(NEG)	
=> ALCOHOL	1	APR 10	1035	<5(g)	(0)	mg/dL

Pending Lab:

0410:C00341E RECD, Coll: 04/10/14-1025 Recd: 04/10/14-1348 (R#02840478) Daniel,Stanley
Ordered: AMY, LIPASE
Pending: AMY, LIPASE

NOTES: (g) TOXIC: > 150 MG/DL
TEST PERFORMED ON SERUM OR PLASMA
RESULTS FOR MEDICAL USE ONLY

TREATMENTS

04/10/14 1034 EKG — Lescault,David T

04/10/14 1035 Cardiac Markers (1st Set) — Ashlock,Sheena, RN

04/10/14 1035 IV Insert — HOWARD,REGINA C, RN
IV Gauge #1: 20; IV Location # 1: RIGHT FOREARM; IV Site #1 Cond: NO EDEMA/RED/INFIL; PAT; # of Attempts: 1; Lab Draw With IV Stick: Y

04/10/14 1035 Blood Draw — HOWARD,REGINA C, RN
COMMENT: R FOREARM WITH IV

04/10/14 1040 Oxygen — Palmer,Gina M
O2 Source: NASAL CANNULA; L/M of O2: 2

04/10/14 1043 Monitor — Ashlock,Sheena, RN
Placed On Cardiac Monitor: Y; Placed On Continuous Pulse Ox: Y;
Non Invasive Blood Pressure Monitoring: Y; Other/Comments: SEE TRIAGE VITALS

04/10/14 1055 IV Insert — Scott,Daniel K, RN
IV Gauge #1: 16; IV Location # 1: LEFT FOREARM; IV Site #1 Cond: FLUSHED W/O DIFFICULTY, NO EDEMA/RED/INFIL; PAT; # of Attempts: 1

04/10/14 1056 EKG — Lescault,David T

04/10/14 1100 Med/IV Administration - MCSW — Ashlock,Sheena, RN
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: N; Infusion: Y;
IV Fluid/Medication: NS 1 LITER BOLUS; Rate: OPEN; IV Infusion Description: HYDRATION;
Initial Infusion: Y; Start Time: 1100; End Time: 1130; Hydration Duration In Mins: 0

04/10/14 1115 Med/IV Administration - MCSW — Ashlock,Sheena, RN
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ASA; Dose: 325 MG; Wasted: 0; Route: PO; . ATIVAN; . 1 MG; . IMG; . IV PUSH; Infusion: Y;
IV Fluid/Medication: PROTONIX 80MG/100ML; Rate: 400ML/HR; IV Infusion Description: THERAPEUTIC; Initial Infusion: N; Sequential/Concurrent: CONCURRENT(same time/dif);

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Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

Start Time: 1115; Therapy Duration In Mins: 0; End Time: 1130; IV Push of: ATIVAN; : INITIAL

04/10/14 1135 Draw Blood Culture (1st Set) — *Ashlock,Sheena, RN*

04/10/14 1135 Med/IV Administration - MCSW — *Ashlock,Sheena, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: N; Infusion: Y; IV Fluid/Medication: NS ; Rate: 250 ML/HR; IV Infusion Description: HYDRATION; Initial Infusion: N; Sequential/Concurrent: SEQUENTIAL(Inf after Int); Start Time: 1135; Hydration Duration In Mins: 0

04/10/14 1200 Med/IV Administration - MCSW — *Ashlock,Sheena, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ATIVAN; Dose: 2 MG; Wasted: 0; Route: IV PUSH; IV Push of: ATIVAN; : SEQUENTIAL SAME MED

04/10/14 1216 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: INSULIN R; Dose: 15 UNITS; Route: IV PUSH

04/10/14 1223 Cardiac Markers (2nd Set) — *Reagan,Cammy L, RN*

04/10/14 1223 Draw Blood Culture (2nd Set) — *Reagan,Cammy L, RN*

04/10/14 1225 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: MORPHINE; Dose: 5 MG; Route: IV PUSH; . ATIVAN; . 1 MG; . 1 MG; . IV PUSH; IV Push of: ATIVAN; : SEQUENTIAL NEW MED

04/10/14 1228 EKG — *Lescault,David T*

04/10/14 1230 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ADENOSINE; Dose: 6 MG; Route: IV PUSH

04/10/14 1233 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ADENOSINE; Dose: 12 MG; Route: IV PUSH

04/10/14 1240 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ADENOSINE; Dose: 12 MG; Route: IV PUSH

04/10/14 1255 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: SUCCINYLCHOLINE; Dose: 100 MG; Route: IV PUSH

04/10/14 1300 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ATROPINE; Dose: 0.5 MG; Route: IV PUSH

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Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

04/10/14 1305 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: NORCURON; Dose: 10 MG; Route: IV PUSH

04/10/14 1307 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: VERSED; Dose: 5 MG; Route: IV PUSH

04/10/14 1325 EKG — *Lescault,David T*

04/10/14 1337 Disposition Made — *Reagan,Cammy L, RN*

04/10/14 1340 Med/IV Administration - MCSW — *Reagan,Cammy L, RN*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ETOMIDATE; Dose: 20 MG; Route: IV PUSH

04/10/14 1344 Foley Cath Insert/Discontinue — *Reagan,Cammy L, RN*
Time Inserted: 1344; Quick Cath: N; Foley Cath: Y; In/Out for Residual: N; Cath Type/Sz: CATH COUDE URETHERAL 16FR; Insert Comment: INSERTED W/O INCIDENT

04/10/14 1407 Med/IV Administration - MCSW — *Elder,Lauren A*
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Infusion: Y;
IV Fluid/Medication: ZOSYN 3.375 GM; Rate: 100 ML/HR; IV Infusion Description: THERAPEUTIC; Initial Infusion: N; Sequential/Concurrent: CONCURRENT(same time/diff); Start Time: 1405; Therapy Duration In Mins: 60; End Time: 1505

Acct #: N034311738 MR#: 1,000423567
PROVIDS..DAVES STD
S2 M K
NOS
06/10/14

Patient ID Sticker_____

FALL RISK ASSESSMENT DOCUMENTATION

Patient assessed for fall risk YES NO

Fall risk initiated YES NO

- History of fall within the last thirty days
  Use of:
  - Crutches
  - Wheelchair
  - Cane
  - Walker
- Patient appears unsteady on their feet
- Patient reports dizziness/vertigo
- Impaired memory or judgment
- Weakness
- Seizure disorder

ACTIONS TAKEN:

- Placed in wheelchair
- Patient denies wheelchair
- Yellow armband placed on patient
- Escorted to department
- 1:1 Handoff communication completed with staff in department

Staff Signature: [signature]

**form part of permanent patient record

HIST PHYS
253484

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I
NAME: PROVINS, JAMES
Age: 52 Sex: M
DOB: [redacted]
Attending Physician: Angela Wetherton, M.D.

MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014

HISTORY AND PHYSICAL

CHIEF COMPLAINT
Chest pain.

HISTORY OF PRESENT ILLNESS
The patient is a 52-year-old male with past medical history of alcoholism and hypertension who presented to the Jewish Hospital Medical Center Southwest emergency department for evaluation of the above. History is obtained from discussion with ER staff as well as family who are at the bedside. The patient apparently had been "feeling bad" for several days. He decided to stop drinking two days prior to admission and then drove himself to the Jewish Hospital Medical Center Southwest emergency department on the morning of admission. He apparently described the chest pain as sharp with associated shortness of breath and dizziness. It was exacerbated by lying down and alleviated by sitting up. He also apparently had emesis in the emergency department. His initial EKG showed sinus tachycardia with a rate of 132 beats per minute. A repeat EKG showed supraventricular tachycardia with a rate of 146 beats per minute. He also was showing some signs of withdrawal in the emergency department and so was given Ativan and actually started on an Ativan drip. He also was given several doses of adenosine. He subsequently was having difficulty protecting his airway due to agitation and distress. He was intubated in the emergency department. Additionally a CT of the abdomen and pelvis was done and showed findings suggestive of acute pancreatitis. He also has multiple other abnormalities that will be described below.

PAST MEDICAL HISTORY
1. Alcoholism.
2. Hypertension.

PAST SURGICAL HISTORY
Shoulder surgery.

SOCIAL HISTORY
The patient lives with his wife. He smokes one-to-two packs of cigarettes daily. He drinks a half gallon of vodka or bourbon daily.

FAMILY HISTORY
Family history is notable for diabetes.

REVIEW OF SYSTEMS
Review of systems is unobtainable.

ALLERGIES
No known medical allergies.

HOME MEDICATIONS
None.

DIAGNOSTIC STUDIES
CARDIOVASCULAR: EKGs from Jewish Hospital Medical Center Southwest show sinus tachycardia with a rate of 132 beats per minute.

Another EKG shows supraventricular tachycardia with a rate of 146 beats per minute.

The most recent EKG done at Sts. Mary and Elizabeth Hospital shows a sinus tach with a rate of 134 beats per minute.

LABORATORY: D-dimer was elevated at 668. Troponin less than 0.05. Comprehensive metabolic panel is notable for a sodium of 126 but corrects to 131, glucose 415, chloride 87, bicarb 19, creatinine is 1.7, AST and ALT are 83 and 43 respectively, total bilirubin is 3.1, magnesium is 1.6. Alcohol level is less than 5. Complete blood count notable for a white blood cell count of 26 with a left shift including 22% bands. Urinalysis is positive for nitrite, 1+ protein, 1000 glucose, 1+ blood and 1+ bacteria. Urine tox screen is positive for benzodiazepines, opiates and tricyclics. Amylase and lipase are 809 and 1,154 respectively. Arterial blood gas most recently shows a pH of 7.27, pCO2 of 46, pO2 of 113 on assist control with an FIO2 of 100%. TSH is 2.87.

IMAGING: CT of the chest shows endotracheal tube with tip just above the carina as well as atelectasis.

CT of the abdomen and pelvis shows findings consistent with pancreatitis with no pseudocyst or abscess. There is also hepatic steatosis and gallbladder sludge.

PHYSICAL EXAMINATION
VITAL SIGNS: Temperature in triage was 98.3. Pulse 147. Respirations 36. Blood pressure 127/76. Oxygen saturation 97% on room air. The most recent vital signs here at Sts. Mary and Elizabeth Hospital are temperature 99.8, pulse 144, respirations 18, blood pressure is actually 78/55, oxygen saturation 96%.
GENERAL: The patient is sedated and on the ventilator.
HEENT: The head is normocephalic and atraumatic.
NECK: Neck is supple. Trachea is midline.
CARDIOVASCULAR: Tachycardia.
LUNGS: Lungs demonstrate coarse breath sounds bilaterally with a few scattered rhonchi.
ABDOMEN: Abdomen is somewhat nondistended. Bowel sounds are present in all four quadrants.
EXTREMITIES: Show 1+ pitting edema bilateral lower extremities. Skin of the extremities is warm and dry.
NEURO: The patient is sedated.
PSYCH: Unable to assess.

ASSESSMENT
The patient is a 52-year-old male with:

1. Sepsis with multisystem organ failure.
2. Acute pancreatitis.
3. Alcohol withdrawal.
4. Acute respiratory failure.
5. Hyperglycemia.
6. Acute kidney injury.
7. Elevated liver function tests.
8. Hyponatremia.
9. Leukocytosis with bandemia.
10. Urinary tract infection.
11. Polysubstance abuse.
12. Tachycardia.

PLAN

1. Admit to ICU.
2. N.p.o.
3. Consult Dr. Jameel for ICU and ventilator management.
4. Blood cultures x2.
5. The patient had already been started on meropenem.
6. Consult Dr. Goldstein regarding pancreatitis.
7. Continue Ativan drip.
8. Alcohol withdrawal protocol.
9. Hemoglobin A1C.
10. Low-dose sliding-scale insulin with Accu-Cheks.
11. Urine sodium and creatinine and eosinophils.
12. Renal ultrasound.
13. Urine osmolality.
14. Serum osmolality.
15. Urine culture and sensitivity in urine in the lab.
16. Serial cardiac enzymes.
17. Lactic acid level.
18. Consult Dr. Ummat regarding tachycardia.
19. Neo-Synephrine drip for mean arterial pressure greater than 65.

Forty-fives minute of critical care time spent on the care of this patient.

Dictated by
Angela Wetherton, M.D.

AW/cf
DD: 04/10/2014 20:18
TD: 04/10/2014 22:51
JOB #: 1690207

HISTORY AND PHYSICAL

ELECTRONICALLY SIGNED BY
Wetherton, Angela - 253484
4/14/2014 04:58:15

SME Saints Mary & Elizabeth Hospital
1850 Bluegrass Avenue

MRN#: L000423587

Routine

Portable

FIN#: M034311738

ADMIT DATE: 04/10/2014

CLINICAL INFORMATION | ADMITTING PHY:

PATIENT NAME: PROVINS, JAMES

PT LOCATION: ICC3 ICC3 17

ORDER PLACED BY: Contributor_system, SMEH 04/10/2014 @ 20:49

SEX: Male AGE 52 Years DOB:

ACC# 07-US-14-0002592 PATIENT TYPE: Observation

DATE: 04/10/14 20:49:00

ORDERING PHYSICIAN Wetherton, Angela R MD

OFFICE PHONE # 5023673360

ALERTS:
ADMITTING DX: PANCREATITIS/ETOH WITHDRAWALS/PNA
REASON FOR EXAM: NO URINE OUTPUT
SPECIAL INSTRUCTIONS:
RISK FOR

PREGNANCY ALERT
IS PT PREGNANT:
LMP:

EXAM

US Kidney Bilateral Complete 07-US-14-0002592

PRIOR PROCEDURES	OTHER PROCEDURES ORDERED TODAY	
	CR Chest Single View Portable	07-CR-14-0013791
	CR Chest Single View Portable	07-CR-14-0013752
	CT Abd and Pelv Wo Cont	06-CT-14-0001655
	CT Chest Wo Cont	06-CT-14-0001656

COMMENTS: CMC

Acct# M034311738 MR# L000423587
PROVINS,JAMES CICCUS
DOB 06/29/61 52 M M CICCU3-17
Wetherton,Angela R M
NOR
04/10/14

Jewish Hospital & St. Mary's Healthcare

A service of Jewish Hospital & St. Mary's Healthcare
9700 Stonestreet Road
Louisville, KY 40272

PRINTED BY: Palmer, Gina K

MR# L000423587 Acct# M034311738
PROVINS, JAMES
DOB: | Age/Sex: 52 M
ER Phys: Gurrel, Stanley R MD
Date: 04/10/14

Sign In Time: 1030 Triage Time: 1033 Time in Room: 1033 Room #: ZSW 09 Mode of Arrival: WHEELCHAIR

Triage Vital Signs: Temp 98.3 O Pulse 147 RR 36 BP MONITOR Sat 97% RA Pain (0-10) 10

Primary Care Doctor: No Primary Doctor | Tobacco Use: [ ] Yes ___ ppd [X] No Alcohol Use: [X] Yes [ ] No

Stated Complaint: chest pain soa
Chief Complaint: Chest Pain Priority - 3
**Comment: UPPER ABD PAIN W/ CHEST PAIN STARTED TUESDAY-GETTING WORSE/SOA/NAUSEA

Tetanus Status:
Weight: 107.04 kg

Past Medical History: Hypertension, Muscle/Spinal Hx
PMH Comments STATES QUIT SMOKING 3 WEEKS
AGO
Surgical History: R SHOULDER SURGERY

HOME MEDICATIONS:
No Current Medications.

STATES DRANK 1/2 GALLON OF VODKA ON TUESDAY

Coded Allergies: No Known Drug Allergies
Adver Reaction :

SUSPECTED PNEUMONIA
Admission Location: [ ] Critical Care [ ] Non Critical Care
Indication: [ ] CAP [ ] HCAP [ ] Possible Aspiration

LMP:
Barriers to Learning: DENIES
Language: ENGLISH
Feels Unsafe in Own Environment: [ ] Yes [X] No

PHYSICIAN ORDERS/MED ORDERS/PROCEDURES

Date	Time All Orders		Time Complete	Initials
4.10.14	1050	NS 1 L IV3 then 250cc/hr DON 1100	DON 1350	
		ASA 325 PO - DON	1115	
		ATIVAN 1MG IV DON	1115	
		PROTONIX 80MG IV		
	1150	ATIVAN DRIP, START @ 5 8MG/hr IV - DONE	1330	
		ATIVAN 2mg IV - DONE	1200	
	1206	INSULIN - REGULAR 15 TO 20 UNITS IV DX	1208	CR
		MORPHINE 5MG IV	1225	CR
		ATIVAN 1mg IV	1225	CR
	1227	ADENOCARD 6MG IV	1230	CR
		ADENOCARD 12MG IV	1233	CR
		ADENOCARD 12 MG IV	1240	CR
		SUCCINYLCHOLINE 100mg IV		
		ETOMIDATE 20mg IV		
		NORCURON 10mg IV		
		VERSED 5mg IV		
		PROPOFOL [illegible]		

Clinical Impression:

Discharge Instructions:

N.O. Signature:

DONE

268

603

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACCT#: M134311738 MR#: 1000423587
PROVIDER: JMOS SSN
[illegible] , 52 M M
BC: Primary Care Plan
HON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature **All orders must be Signed, Dated, and Timed with Contact # Included**	Progress Notes **All Chart entries must be Signed, Dated, and Timed**
4/10/14 1325	~~Cefepime 2gm IV~~	
	Zosyn 3.375 mg IV - 1405 Clayton RN	
	Vancomycin 1 gram IV - 1410 Clayton RN	
1435	Norcuron 10 mg IV - 1435 Clayton RN	
	Ativan 1 mg/kg IV - 1435 Clayton RN	

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10 **ORDER / PROGRESS CHART** VOLLFORMS® 7228410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:MC34311738 MR#:L000423587
PROV/INS NAME: CICCU3
DOB: 2 M M CICCU3-17
Wetherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/10/14 1555	✓consult Dr. Jameel re: vent mgt ✓stat ABG ✓stat pcxr re: ETT placement ✓continue ativan gtt per ETOH protocol initiate ETOH withdrawal protocol NS@125 cc/hr when banana bag not hanging ✓2d echo re: eval EF fx TORV Dr. Wetherton / Kate Tummeloh RN	X-RAY COMPLETED Study: PCXR Contrast: Date: 4/10/14 Technologist:

ELECTRONICALLY SIGNED BY
Wetherton, Angela - 253464
4/23/2014 12:11:46

FAXED

noted Kate Tummeloh 4/10/14 1610

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 7326-10 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034331738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Hetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWAL/PHA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

CODES FOR MEDICATION ADMINISTRATION

RA - Right Arm	LG - Left Gluteal	RUA - Right Upper Abdomen	LLA - Left Lower Abdomen
LA - Left Arm	RT - Right Thigh	RLA - Right Lower Abdomen	SA - Self Administered
RG - Right Gluteal	LT - Left Thigh	LUA - Left Upper Abdomen	R - Patient Refused

FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS

**** END OF MAR FOR PROVINS,JAMES ****

THURSDAY 04/10/14 - 0700 thru FRIDAY 04/11/14 - 0659

Jewish Hospital & St.Mary's Healthcare, Louisville, KY
MEDICATION ADMINISTRATION RECORD

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M

Unit#: L300423587
Admitted: 04/10/14
Ht: 170.18 cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 MS

Acct#: M034311738
Admitting Dr: Babar,Muhammad Z MD
Run Date/Time: 04/11/14 - 0635

Page: ___

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/herbal Intake: NO OTC HERBAL INTAKE
External Comments:

Init	NEW MEDS - SCHEDULED	0501-1700 Amount Given	0501-1700 Amt(Mg) Wasted	1701-0500 Amount Given	1701-0500 Amt(Mg) Wasted
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				

Medium dose (patients requiring 40 – 80 units/day)

Pre-meal BG	Additional Insulin
150-199 mg/dL	2 units
200-249 mg/dL	4 units
250-299mg/dL	6 units
300-349mg/dL	8 units
greater than 349 mg/dL	10 units

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSNH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Document wastage of all meds in mg & Record Start/Stop times for all IVs

Init	NEW MEDS -- SCHEDULED and SINGLE DOSES	0701-1900		1901-0700	
	MED: DSNS @125cc/hr DOSE: ROUTE: SCH:	Did 4/10/14			
✓	MED: Meropenem 500mg IV q8hr DOSE: ROUTE: SCH:	DS			
	MED: NS @ 200cc/hr DOSE: ROUTE: SCH:		A.D 4/10/14		
✓	MED: Protonix 40mg IV daily DOSE: ROUTE: SCH:	Patient Refusing Pantoprazole		Patient Refusing ER	
✓	MED: Lovenox 40mg SubQ daily DOSE: ROUTE: SCH:	1800		D/C	
	NEW MEDS -- PRN	0701-1900		1901-0700	
	MED: 2 liter PO bolus now DOSE: ROUTE: PRN:	1615			
	PRN: Q6			330 DS 40	
	PRN:			279 DS	
	PRN:				

☒ Low-dose (patients requiring less than 40 units/day)

Pre-meal BG	Additional Insulin
150-199 mg/dL	1 unit
200-249 mg/dL	2 units
250-299mg/dL	3 units
300-349mg/dL	4 units
greater than 349 mg/dL	5 units

PROVINS,JAMES
CICCU3 - CICCU3-17

Printed: 04/10/14 - 1615
Page: 1
CONTINUED -->

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: 1000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

OXYGEN DELIVERY			0701-1900	1901-0700
DATE	OXYGEN ORDER	INITIALS		

Init	SCHED MEDS	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	Chlorhexadine oral care every 6 hours while on ventilator		0800 1400		0200 2000	
	NURSE INSTRUCTIONS - Treatment of Alcohol Withdr (RN INSTRUCTIONS) Give Lorazepam (Ativan) based on CIWA-Ar score. Start with standard dose scale. Adjust dosing as necessary to control symptoms without excessive sedation. Assess initial level of withdrawal symptoms and sedation per CIWA-Ar score every 4 hours and PRN. Notify MD of any of the following: Seizures, persistent CIWA-Ar score of equal to or greater than 6 for more than 4 hrs, suicidal ideation, and/or respiratory rate of less than 12 START: 04/10 D/C: @ RX 05729620	See Comments XX q4hrs and PRN				
	ENOXAPARIN 40MG/0.4 ML SYR (LOVENOX) START: 04/10 D/C: @ RX 05729817	40 MG=0.4 MLS SUBQ EVERY 24 HOURS			~~1930~~	

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSHH, LOUISVILLE, KY

Age: 52 Sex: M BD: [illegible]
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	IV DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	THIAMINE HCL (THIAMINE) (100 MG) FOLIC ACID (FOLVITE) (1 MG) MULTIVITAMINS (M.V.I.) (10 ML) DEXTROSE 5%/SOD CHLORIDE 0.9% (1000 ML) Rate: 125 MLS/HR Total Vol: 1011 MLS IV QBHSM START: 04/10 D/C: 04/12/14 RX 05729510	1700		0106	
	MEROPENEM (MERREM) (500 MG) SODIUM CHLORIDE 0.9 % (50 ML) Rate: 100 MLS/HR Total Vol: 50 MLS IV EVERY 6 HOURS TC AUTO-SUB for doripenem, imipenem/cilastin, or ertapenem in pts w/CrCl > 50 for all diagnoses EXCEPT Meningitis, CNS infections, Cystic Fibrosis, Acinetobacter, or Pseudomonas sp w/MIC >/= 4. .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729814			2015 2200 0015 0200	
	Norepinephrine Bitartrate (levophed) (8 MG) DEXTROSE 5% (250 ML) Rate: UD Total Vol: 258 MLS IV * PER MD ORDERS CONCENTRATION = ...NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729989			0200 started	
	PHENYLEPHRINE HCL (NEOSYNEPHRINE) (40 MG) SODIUM CHLORIDE 0.9 % (250 ML) Rate: UD Total Vol: 254 MLS IV * PER MED ORDERS CONCENTRATION = _____ mcg/mL .....NON-PYXIS ITEM..... TO MAINTAIN SBP ABOVE 100 START: 04/10 D/C: @ RX 05729914			2130 0200 [illegible]	

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV - Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	MIDAZOLAM HCL (VERSed) (50 MG) DEXTROSE 5% (90 ML) Rate: UD Total Vol: 100 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION = Time 2200 Rate 1.5 New Bag ✓ Initials Time 0300 Rate 1.5 New Bag ✓ Initials Time Rate New Bag Initials .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729953			2359	
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS PRN SEE PRECEEDING DRUG BOX FOR MED Set-up Time: 2345 Settings Verified by RN: Wit: Set-up Time: 0300 Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729954				
	FENTANYL CITRATE PF (SUBLIMAZE) (2500 MCG) SODIUM CHLORIDE 0.9 % (200 ML) Rate: UD Total Vol: 250 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION = ...NON-PYXIS ITEM..... TIME 2215 RATE 100cc/hr NEW BAG ✓ INITIALS TIME RATE NEW BAG INITIALS START: 04/10 D/C: @ RX 05729955			2359	

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSHH, LOUISVILLE, KY

Age: 52 Sex: M BC:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: 0845 Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729956				
	SODIUM BICARBONATE (SODIUM BICARBONATE) (100 MEQ) MAGNESIUM SULFATE (MAGNESIUM SULFATE) (1 GM) SODIUM CHLORIDE 0.45% (1000 ML) Rate: 150 MLS/HR Total Vol: 1102 MLS IV NOW START: 04/10 D/C: 04/11/14 RX 05729960			2015	
	SODIUM BICARBONATE (SODIUM BICARBONATE) (100 MEQ) SODIUM CHLORIDE 0.45% (1000 ML) Rate: 150 MLS/HR Total Vol: 1100 MLS IV 07H20M START: 04/10 D/C: @ RX 05729961			0535	

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSNH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PMA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	PRN MEDS	DOSE & DIRECTIONS (Document wastage of all medications)	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	LOPERAMIDE 2MG CAP (IMODIUM) 4 MG FOR FIRST LOOSE STOOL, FOLLOWED BY 2 MG FOR EACH SUBSEQUENT LOOSE STOOL, UP TO MAX OF 8 MG/24 HOURS START: 04/10 D/C: @ PRN Reason: FIRST LOOSE STOOL	4 MG-2 CAPSULE PO ONCE RX 05729613 PRN			D/C	
	LOPERAMIDE 2MG CAP (IMODIUM) PRN LOOSE STOOLS UP TO MAX OF 8 MG/24 HOURS (INCLUDES 4 MG DOSE FOR FIRST LOOSE STOOL) START: 04/10 D/C: @ PRN Reason: LOOSE STOOL	2 MG-1 CAPSULE PO PRN RX 05729614 PRN			D/C	
	dicyclomine 10MG CAP (BENTYL) START: 04/10 D/C: @ PRN Reason: STOMACH CRAMPS	10 MG-1 CAPSULE PO EVERY 8 HOURS RX 05729615 PRN			D/C	
	PROMETHAZINE 25MG TAB (PHENERGAN) MAY ALSO GIVE PR / IM - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING	25 MG-1 TABLET PO EVERY 4 HOURS RX 05729616 PRN			D/C	
	PROMETHAZINE 25MG SUPP (PHENERGAN) MAY ALSO GIVE PO / IM - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING	25 MG-1 SUPPOSITORY PR EVERY 4 HOURS RX 05729617 PRN			D/C	

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MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PHA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	0701-1900 Amt(mg) Wasted	1901-0700 Given	1901-0700 Amt(mg) Wasted
	PROMETHAZINE 25MG/ML AMP (PHENERGAN) MAY ALSO GIVE PO / PR - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING 25 MG=1 ML IM Q 4 HRS RX 05729618 PRN			D/C	
	MAG HYDROX/AL HYDROX/SIMETH 30ML UDC (MAALOX PLUS,NT-ACID,MYLANTA) SHAKE WELL -- FORMULARY ANTACID START: 04/10 D/C: @ PRN Reason: INDIGESTION 30 ML=1 UNIT DOSE CUP PO EVERY 6 HOURS RX 05729619 PRN			D/C	
	NURSE INSTRUCTIONS - DOCUMENTATION (RN INSTRUCTIONS) - Monitor and record CIWA-Ar score every 8 HRS, unless pt shows signs of withdrawal, then every 4 HRS and PRN per protocol. - If CIWA-Ar is less than 8 for 48 hours, discontinue assessments. Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: Time: CIWA: Lorazepam Dose/Rt: mg/ Init: START: 04/10 D/C: @ PRN Reason: CIWA SCORE See Comments XX PER PROTOCOL RX 05729621 PRN			D/C	

******REASSESS AND DOCUMENT******

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M ED:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

JHSMH. LOUISVILLE. KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.		

Init	IV DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
✓	LoraZEPAM (ATIVAN) (50 MG) DEXTROSE 5% (225 ML) Rate: UD Total Vol: 250 MLS IV ** *****GLASS BOTTLE***** ADMINISTER VIA FILTER PER MD ORDERS CONCENTRATION = 0.2 MG/ML DO NOT REFRIGERATE .....NON PYXIS ITEM..... START: 04/10 D/C: @ RX S00280917			2245	
✓	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: 2030 Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set up Time: Settings Verified by RN: Wit: Waste Time: 2030 Waste Amt: 0 RN: Wit: Waste Time: 2245 Waste Amt: 100cc RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX SC0280917				
✓	IV FILTER/EXT 0.2 MICRON SET (1 EA) Rate: UD Total Vol: 1 MLS IV EVERY 24 HOURS USE W/ATIVAN INFUSION START: 04/10 D/C: @ RX SC0280918				

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Saint Mary's & Elizabeth Medical Nutrition Therapy

DATE: 04/11/14

Patient: JAMES PROVINS
Address:
City, State, Zip:
Date of Birth:
Account Number: M034311738

Physician: WETANG
Room/Bed: CICCU3-17
Admit Date: 04/10/14
Height: 5 7
Weight: 236 107.048

NUTRITIONAL ASSESSMENT:

REASON:
SEEN FOR NO DIET ORDER IN CCU

PROBLEM:
PT IS 52 YO MALE ADMITTED FOR PANCREATITIS/ETOH WITHDRAWALS
PMH: ALCOHOLISM, HTN
HT: 5'7" WT: 112kg BMI: 38.8 166% IBW
- ADJUSTED BODY WEIGHT: 84.5kg
I/O: 5331/109
LABS: GLU 336, BUN 28, CR 4.4, eGFR 15.1, NA+ 132, HGB A1c 8.7 (REFLECTS POORLY MANAGED DM), ALB 2.8 (MODERATELY DEPLETED)
MEDS: IVF, NOVOLOG, MVI W/ MINERALS, LOVENOX, VERSED, FENTANYL, PHENERGAN, BENTYL
DIET: NO DIET ORDER
- CHART INDICATED CT SCAN SHOWED PANCREATITIS, HEPATIC STEATOSIS, GALLBLADDER SLUDGE
- PT CURRENTLY ON HD

DX: INADEQUATE NUTRIENT INTAKE RT DX AEB NPO, INTUBATED AND SEDATED

GOAL:
1. PROVIDE 100% ESTIMATED NUTRIENT NEEDS
- 1700-2125 KCAL (20-25 KCAL/KG ABW)
- 85-102 G PRO (1.0-1.2G/KG ABW)
- 2800-3360 ML FLUIDS (25-30ML/KG BW)

INTERVENTION:
1. NO DIET ORDER
2. INTUBATED AND SEDATED
3. HD

RECOMMENDATIONS:
1. IF PT TO CONTINUE VENTILATOR SUPPORT AND NOT ABLE TO TOLERATED PO NUTRITION 2' PANCREATITIS, CONSIDER STARTING TPN OF 25% DEXTROSE, 5% AA @ GOAL RATE OF 80CC/HR + 250 ML 20% LIPIDS HUNG EVERY OTHER DAY
= 1882 NON-PROTEIN KCAL, 96 G PRO, 2266 TOTAL KCAL
- ADEQUATE FOR PT'S CURRENT ESTIMATED NEEDS
2. IF PT TO BE STARTED ON TUBE FEEDS, RECOMMEND VITAL 1.5 @ GOAL RATE OF 60CC/HR
= 2160 KCAL, 97 G PRO, 1094 ML FREE WATER
- ADEQUATE FOR PT'S CURRENT ESTIMATED NEEDS

WILL MONITOR AS PT IS SEVERELY COMPROMISED NUTRITIONALLY

Caitlin M Mahon, RD, LD

Run: 04/11/14-11:11 by Mahon, Caitlin M

Sts. Mary & Elizabeth Hospital
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1850 Bluegrass Avenue
Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROVINS JAMES
DOB: Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

GENERAL DATA

D Physician: Daniel,Stanley R MD
ractitioner:
urse: Reagan,Cammy L

Arrival Date/Time: 04/10/14 - 1030
Triage Date/Time: 04/10/14 - 1033
Patient Care Initiated by MD: 04/10/14 - 1039

hief Complaint: Chest Pain
Priority: 2+ RESOURCES- MAIN E

Status Event History

04/10/14	1030	PRE-TRIAGE	- Needs to be Triaged	By: ROBERTSON,LISA M
	1033	IN ROOM	- In Room	By: Elder,Lauren A
	1042	WAITING	- Waiting in Waiting Room	By: Palmer,Gina M
	1044	IN ROOM	- In Room	By: Palmer,Gina M
	1102	NEEDS XRAY	- Needs Transport to XRay	By: Scott,Daniel K
	1112	WAIT FILMS	- Waiting for Films	By: SW TRANSPORTER
	1112	WAIT FILMS	- Waiting for Films	By: SW TRANSPORTER
	1221	NEEDS CT	- Needs Transportation to C	By: Daniel,Stanley R
	1234	IN CT	- In CT	By: SW TRANSPORTER
	1247	IN ROOM	- In Room	By: SW TRANSPORTER
	1317	IN ROOM	- In Room	By: Lescault,David T
	1325	WAIT FILMS	- Waiting for Films	By: SW TRANSPORTER
	1334	ADMITTED	- Admitted Patient	By: Lescault,David T
	1427	UNIT	- Unit Admit	By: Lescault,David T
	1728	COMPLETED	- Completed	By: Lescault,David T
	1730	REVIEWED	- Reviewed/Completed Record	By: Lescault,David T

DEMOGRAPHICS

2511 OLD DIXIE HGWY
OUISVILLE, KY 40272
02-995-3624
nsurance: SELF PAY
ext of Kin: ZIMMERMAN,ALICE
Relation: SISTER
Phone: 502-922-0399

FCP: No. Primary Care Physician
Family Doctor:
Referring:

ALLERGIES

o Known Drug Allergies

HOME MEDICATIONS

rescriptions/Reported Meds		Type	Issued	Provider	Entered
o Current Medications (No Current Medications)		TAB	Reported		04/10/14

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DOB: Age/Sex: 52 M
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Date: 04/10/14 Time: 1030

Summary Report

VITAL SIGNS

Date/Time	Pulse:	Blood Pressure:	Respirations:	O2 Sat%:	User
04/10/14 1114	127	127/76	24	98	SNUR.SYA. RN
04/10/14 1130	131	110/74		99	SNUR.SYA. RN
04/10/14 1200	136	138/81	26	99	SNUR.SYA. RN
04/10/14 1216	150	133/90	30	96	SNUR.CLR. RN
04/10/14 1239	147	123/80	28	94	SNUR.CLR. RN
04/10/14 1257	160	183/106	15	80	SNUR.LAE
04/10/14 1301	171	203/109	29	83	SNUR.LAE
04/10/14 1306	169	212/103	39	96	SNUR.LAE
04/10/14 1330	155	126/76	15	92	SNUR.LAE
04/10/14 1340	152	112/66	14	94	SNUR.LAE
04/10/14 1355	148	114/72	15	94	SNUR.LAE
04/10/14 1429	146	114/71	15	94	SNUR.LAE

ASSESSMENTS

04/10/14 1033 Initial Triage
Palmer,Gira M
Temperature: 98.3
Source: ORAL
Respirations: 36
Pulse: 147
Monitor
O2 Sat%: 97
ROOM AIR
Pain Scale (0-10): 10- SEVERE
Comments:
UPPER ABD PAIN W/ CHEST PAIN STARTED TUESDAY-GETTING WORSE/SOA/NAUSEA
Allergy/Reaction: N
Wt - lb: 236
Kilograms: 107.04
Weighed Here: N

STATES DRANK 1/2 GALLON OF VODKA ON TUESDAY

04/10/14 1033 Secondary Triage
Palmer,Gira M
Mode of Arrival: WHEELCHAIR
Accompanied By: SELF
PMD: N
Learning Barriers: DENIES
Primary Language: ENGLISH
Is This a Workman's Comp Injury? NOT APPLICABLE
Home Medications/Allergies: N
Hx of MRSA: N
Hx of VRE: N
Cardiac: N
CHF: N
Hypertension: Y
Stroke/TIA: N

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PROVINS, JAMES
DOB: [redacted] Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

Respiratory: N
Cancer: N
Blood D/O: N
Liver/Pancr: N
Thyroid/EENT: N
Diabetes: N
Gastro: N
Kidney Disease: N
Seizures: N
Musculoskeletal/Spinal: Y
Psych: N
Tobacco Use: N
Alcohol: Y
Prev Surgeries: Y
R SHOULDER SURGERY
PMH Comments:
DATES QUIT SMOKING 3 WEEKS
SO
TB Exposure in Last 6 Months: N
Prod Cough >3wks: N
Coughing up Blood: N
Night Sweats: N
Outside US in Last 6 Months: N
Mental Status: A&O PERSON,PLACE,TIME, ANXIOUS
Visual Acuity Obtained: N
Do You Feel Safe in Your Environment: Y
Skin: CLAMMY, DIAPHORETIC

4/10/14 1043 Chest Pain Ashlock,Sheena, RN
Stated Complaint:
chest pain sob
Pain Scale (0-10): 10- SEVERE
ASA Taken/Given Today: N
Radiating Pain: DENIES
Nitro Taken/Given Today: N
Injury/Trauma: N
Onset of Symptoms:
TUESDAY
Symptoms: CHEST PAIN
Heart Sounds: S1, S2
Lung Sounds: RUL: CLEAR
LUL: CLEAR
RML: CLEAR
LLL: CLEAR
RLL: CLEAR
Skin Color: DIAPHORETIC
Other/Comments:
DATES QUIT SMOKING 3 WEEKS AGO, QUIT DRINKING TUESDAY
Faces Scale Used: N
Acceptable Level of Pain: 0

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Date: 04/10/14 Time: 1030

Summary Report

Onset of Pain:
TUESDAY
Location of Pain:
CHEST/UPPER ABD
Quality of Pain: SHARP

04/10/14 1044 Print MD Order/Med Rec Form Palmer,Gira M
Print Initial MD Order Form: N
Print Secondary MD Order Form: Y
Print Med Rec Form: Y
Print Patient Labels: N
Print Discharge Summary: N

PATIENT NOTES

Entered by Ashlock,Sheena, RN on 04/10/14 at 1050
BP 80 SYSTOLIC- DR. DANIEL AWARE.

Entered by Ashlock,Sheena, RN on 04/10/14 at 1200
REPORT TO CAMMY, RN.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1245
PATIENT CONDITION DECLINING. PATIENT AGITATED, SHORT OF AIR, HR 150'S-160'S SA02 90-92. MD AT BEDSIDE WITH PATIENT. MOVED TO ROOM 2.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1300
PATIENT INTUBATED 8.0CM ET TUBE PER MD, AT 22 CM LIP LINE. BREATH SOUNDS CONFIRMED, POSITIVE CO2 CONFIRMATION. SEE MED LIST FOR MEDS GIVEN.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1315
TO AND FROM CT VIA STRETCHER, RN X2 ESCORT AND MONITOR IN PLACE. TOLERATED WELL.

Entered by Reagan,Cammy L, RN on 04/10/14 at 1330
RETURN FROM CT VENT PLACED, TV 500 PEEP 5 RR 15. FOLEY CATH PLACED PER S ASHLOCK RN. UA COLLECTED AND SENT TO LAB

Entered by Lescault,David T on 04/10/14 at 1411
CALLED YELLOW AMBULANCE ALS FOR TRANSPORT TO SMEH WITH VENT

Entered by Lescault,David T on 04/10/14 at 1411
CALLED KENTUCKYONE TRANSFER CENTER TO HAVE PT ADMITTED, DR WITHERTON ACCEPTS AT SMEH, ORDERED ICU BED, BED REQUEST IN TELETRACKING

Entered by Elder,Lauren A on 04/10/14 at 1419
REPORT TO TERESA RINKER RN AT SMEH. YELLOW AMB CALLED FOR TRANSPORT.

Entered by Elder,Lauren A on 04/10/14 at 1429
YELLOW AMB HERE FOR PATIENT. REPORT GIVEN.

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DOB: [redacted] Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

ORDERS

Ordered	Order	Ordering Provider	E-Signed
4/10/14 1040	IV INSERT	Daniel,Stanley R MD	Yes
4/10/14 1040	CBC, WITH AUTOMATED DIFF	Daniel,Stanley R MD	Yes
4/10/14 1040	COMPREHENSIVE METABOLIC PANEL	Daniel,Stanley R MD	Yes
4/10/14 1040	MAGNESIUM	Daniel,Stanley R MD	Yes
4/10/14 1040	CARDIAC MARKERS(1ST SET)	Daniel,Stanley R MD	Yes
4/10/14 1040	CARDIAC MARKERS(2ND SET)	Daniel,Stanley R MD	Yes
4/10/14 1040	ALCOHOL BLOOD	Daniel,Stanley R MD	Yes
4/10/14 1040	12-LEAD EKG	Daniel,Stanley R MD	Yes
4/10/14 1040	PLACED ON MONITOR	Daniel,Stanley R MD	Yes
4/10/14 1040	IV INSERT	Daniel,Stanley R MD	Yes
4/10/14 1041	D-DIMER (SW ONLY)	Daniel,Stanley R MD	Yes
4/10/14 1041	DIFFERENTIAL, MANUAL	Daniel,Stanley R MD	N/A
4/10/14 1100	OCCULT BLOOD FECES	Daniel,Stanley R MD	N/A
4/10/14 1100	OCCULT BLOOD FECES	Daniel,Stanley R MD	No
4/10/14 1109	BLOOD CULTURE	Daniel,Stanley R MD	Yes
4/10/14 1109	BLOOD CULTURE	Daniel,Stanley R MD	Yes
4/10/14 1109	BLOOD CULTURE (2ND SET)	Daniel,Stanley R MD	Yes
4/10/14 1109	BLOOD DRAW	Daniel,Stanley R MD	Yes
4/10/14 1126	ARTERIAL BLOOD GAS	Daniel,Stanley R MD	Yes
4/10/14 1318	*DISPOSITION	Daniel,Stanley R MD	Yes
4/10/14 1334	AMYLASE	Daniel,Stanley R MD	Yes
4/10/14 1334	LIPASE	Daniel,Stanley R MD	Yes
4/10/14 1337	FOLEY CATH INSERT/DISCONTINUE	Daniel,Stanley R MD	Yes
4/10/14 1347	UA, CULTURE IF INDICATED	Daniel,Stanley R MD	No
4/10/14 1403	URINE DRUG SCREEN (8)	Daniel,Stanley R MD	No
4/10/14 1417	URINE CULTURE	Daniel,Stanley R MD	N/A
4/10/14 1541	RT Ventilator Flow Sheet*	Wetherton,Angela R MD	N/A
4/10/14 1601	ARTERIAL BLOOD GAS	Wetherton,Angela R MD	N/A
4/10/14 1601	PHYSICIAN CONSULT	Wetherton,Angela R MD	N/A
4/10/14 1601	2D ECHO W/DOPPLER & COLOR FLOW	Wetherton,Angela R MD	N/A
4/10/14 1607	THYROID STIMULATING HORMONE	Wetherton,Angela R MD	N/A
4/10/14 1607	FREE THYROXIN (T4)	Wetherton,Angela R MD	N/A
4/10/14 1607	VDRL QUAL SERUM	Wetherton,Angela R MD	N/A
4/10/14 1610	RT MDI*	Wetherton,Angela R MD	N/A
4/10/14 1610	RT Smoke/Tobacco Consult	Wetherton,Angela R MD	N/A
4/10/14 1645	ARTERIAL BLOOD GAS	Jameel,Sajjad MD	N/A
4/10/14 1645	RT Request	Jameel,Sajjad MD	N/A
4/10/14 1648	BLOOD CULTURE	Jameel,Sajjad MD	N/A
4/10/14 1648	BLOOD CULTURE	Jameel,Sajjad MD	N/A
4/10/14 1648	INFLUENZA A, B RAPID SCREEN	Jameel,Sajjad MD	N/A
4/10/14 1724	CBC, WITH AUTOMATED DIFF	Jameel,Sajjad MD	N/A
4/10/14 1724	CBC, WITH AUTOMATED DIFF	Jameel,Sajjad MD	N/A
4/10/14 1724	CBC, WITH AUTOMATED DIFF	Jameel,Sajjad MD	N/A
4/10/14 1724	COMPREHENSIVE METABOLIC PANEL	Jameel,Sajjad MD	N/A
4/10/14 1724	COMPREHENSIVE METABOLIC PANEL	Jameel,Sajjad MD	N/A
4/10/14 1724	COMPREHENSIVE METABOLIC PANEL	Jameel,Sajjad MD	N/A
4/10/14 1724	LACTIC ACID (LACTATE)	Jameel,Sajjad MD	N/A

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DOB: Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

04/10/14	1724	LACTIC ACID (LACTATE)	Jameel,Sajjad MD	N/A
04/10/14	1724	LACTIC ACID (LACTATE)	Jameel,Sajjad MD	N/A
04/10/14	1724	ARTERIAL BLOOD GAS	Jameel,Sajjad MD	N/A
04/10/14	1724	ARTERIAL BLOOD GAS	Jameel,Sajjad MD	N/A
04/10/14	1724	ARTERIAL BLOOD GAS	Jameel,Sajjad MD	N/A
04/10/14	1724	LIPASE	Jameel,Sajjad MD	N/A
04/10/14	1724	LIPASE	Jameel,Sajjad MD	N/A
04/10/14	1724	LIPASE	Jameel,Sajjad MD	N/A
04/10/14	1724	AMYLASE	Jameel,Sajjad MD	N/A
04/10/14	1724	AMYLASE	Jameel,Sajjad MD	N/A
04/10/14	1724	AMYLASE	Jameel,Sajjad MD	N/A
04/10/14	1724	CPK	Jameel,Sajjad MD	N/A
04/10/14	1724	CPK	Jameel,Sajjad MD	N/A
04/10/14	1724	CPK	Jameel,Sajjad MD	N/A
04/10/14	1724	TROPONIN	Jameel,Sajjad MD	N/A
04/10/14	1724	TROPONIN	Jameel,Sajjad MD	N/A
04/10/14	1947	CBC NO DIFF (HEMOGRAM)	Jameel,Sajjad MD	N/A
04/10/14	1947	COMPREHENSIVE METABOLIC PANEL	Jameel,Sajjad MD	N/A
04/10/14	1947	LACTIC ACID (LACTATE)	Jameel,Sajjad MD	N/A
04/10/14	1956	12-LEAD EKG	Wetherton,Angela R MD	N/A
04/10/14	2036	OSMOLALITY, BLOOD	Wetherton,Angela R MD	N/A
04/10/14	2049	HEMOGLOBIN A1C	Wetherton,Angela R MD	N/A
04/10/14	2049	CREATININE URINE	Wetherton,Angela R MD	N/A
04/10/14	2049	OSMOLALITY-URINE	Wetherton,Angela R MD	N/A
04/10/14	2049	SODIUM URINE-RANDOM	Wetherton,Angela R MD	N/A
04/10/14	2049	EOSINOPHILS SMEAR	Wetherton,Angela R MD	N/A
04/10/14	2049	LACTIC ACID (LACTATE)	Wetherton,Angela R MD	N/A
04/10/14	2049	PHYSICIAN CONSULT	Wetherton,Angela R MD	N/A
04/10/14	2049	URINE CULTURE	Wetherton,Angela R MD	N/A
04/10/14	2049	Accucheck Monitor	Wetherton,Angela R MD	N/A
04/10/14	2049	IV Monitor Multiple Fluids	Wetherton,Angela R MD	N/A
04/10/14	2053	PHYSICIAN CONSULT	Wetherton,Angela R MD	N/A
04/10/14	2125	CHEM-7 (BASIC METABOLIC PANEL)	Wetherton,Angela R MD	N/A
04/10/14	2125	2D ECHO W/DOPPLER & COLOR FLOW	Wetherton,Angela R MD	N/A
04/10/14	2128	PHYSICIAN CONSULT	Wetherton,Angela R MD	N/A
04/10/14	2159	BETA HYDROXYBUTYRATE	Gleason,John R Jr MD	N/A
04/11/14	0000	DIFFERENTIAL, MANUAL	Jameel,Sajjad MD	N/A
04/11/14	0117	PHARMACY MESSAGE	Wetherton,Angela R MD	N/A
04/11/14	0117	PHARMACY MESSAGE	Wetherton,Angela R MD	N/A
04/11/14	0412	PHARMACY MESSAGE	Wetherton,Angela R MD	N/A
04/11/14	0707	PHARMACY MESSAGE	Babar,Muhammad Z MD	N/A
04/11/14	0707	PHARMACY MESSAGE	Babar,Muhammad Z MD	N/A
04/11/14	0707	PHARMACY MESSAGE	Babar,Muhammad Z MD	N/A
04/11/14	0707	PHARMACY MESSAGE	Babar,Muhammad Z MD	N/A
04/11/14	0708	12-LEAD EKG	Daniel,Stanley R MD	N/A
04/11/14	0709	12-LEAD EKG	Daniel,Stanley R MD	N/A
04/11/14	0709	12-LEAD EKG	Daniel,Stanley R MD	N/A
04/11/14	0729	PHYSICIAN CONSULT	Duff,W Andre MD	N/A
04/11/14	0839	MAGNESIUM	Duff,W Andre MD	N/A
04/11/14	0839	PHOSPHORUS SERUM	Duff,W Andre MD	N/A

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PROVINS,JAMES
DOB: Age/Sex: 52 M
ER Phys: [illegible]el,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

4/11/14 0839	PROTHROMBIN TIME	D.ff,W Andre MD	N/A
4/11/14 0839	PTT(PARTIAL THROMBO TIME)	D.ff,W Andre MD	N/A
4/11/14 0839	MAGNESIUM	D.ff,W Andre MD	N/A
4/11/14 0839	PHOSPHORUS SERUM	D.ff,W Andre MD	N/A
4/11/14 0839	PROTHROMBIN TIME	D.ff,W Andre MD	N/A
4/11/14 0839	PTT(PARTIAL THROMBO TIME)	D.ff,W Andre MD	N/A

LAB

Test	Day	Date	Time	Result	Reference	Units
> WBC	1	APR 11	0400	20.1 D H	(4.0-10.5)	X10e3
> WBC	1	APR 10	2021	11.7 H	(4.0-10.5)	X10e3
> WBC	1	APR 10	1035	26.0 H	(4.0-10.5)	X10e3
> RBC	1	APR 11	0400	4.65	(3.90-5.60)	X10e
> RBC	1	APR 10	2021	4.44	(3.90-5.60)	X10e
> RBC	1	APR 10	1035	5.63 H	(3.90-5.60)	X10e6
> HEMOGLOBIN	1	APR 11	0400	14.0	(13.0-16.0)	gm/dL
> HEMOGLOBIN	1	APR 10	2021	13.2	(13.0-16.0)	gm/dL
> HGB	1	APR 10	1035	16.6	(13.0-17.0)	gm/dl
> HCT	1	APR 11	0400	42.0	(38.0-50.0)	%
> HCT	1	APR 10	2021	39.4	(38.0-50.0)	%
> HCT	1	APR 10	1035	49.5	(38.0-50.0)	%
> MCV	1	APR 11	0400	90.4	(83-96)	FL
> MCV	1	APR 10	2021	88.6	(83-96)	FL
> MCV	1	APR 10	1035	87.9	(83-96)	FL
> MCH	1	APR 11	0400	30.2	(28-34)	PG

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PROVINS, AMGE
DOB: Age/Sex: 52 M
ER Prvs: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

-> MCH	1	APR 10	2021	29.6		(28-34)	PG
-> MCH	1	APR 10	1035	29.8		(28-34)	PG
-> MCHC	1	APR 11	0400	33.3		(30-36)	g/dL
-> MCHC	1	APR 10	2021	33.4		(30-36)	g/dL
-> MCHC	1	APR 10	1035	33.9		(30-36)	g/dL
-> RDW	1	APR 11	0400	14.0		(11.0-15.5)	%
-> RDW	1	APR 10	2021	13.6		(11.0-15.5)	%
-> RDW	1	APR 10	1035	13.2		(11.0-15.5)	%
-> PLT	1	APR 11	0400	195		(140-420)	X10e3
-> PLT	1	APR 10	2021	155		(140-420)	X10e3
-> PLT CT	1	APR 10	1035	236		(140-420)	X10e3
-> MPV	1	APR 11	0400	8.7		(6.5-11.5)	FL
-> MPV	1	APR 10	2021	8.4		(6.5-11.5)	FL
-> MPV	1	APR 10	1035	8.4		(6.5-11.5)	FL
-> NEUTROPHIL %	1	APR 11	0400	80.1	H	(40-75)	%
-> NEUTROPHIL %	1	APR 10	1035	90.4	H	(40.0-75.0)	%
-> LYMPHOCYTE %	1	APR 11	0400	6.5	L	(17.0-45.0)	%
-> LYMPHOCYTE %	1	APR 10	1035	2.6	L	(17.0-45.0)	%
-> MONOCYTE %	1	APR 11	0400	12.9	H	(3.0-12.0)	%
-> MONOCYTE %	1	APR 10	1035	2.9	L	(3.0-12.0)	%
-> EOSINOPHIL %	1	APR 11	0400	0.1		(0.0-7.0)	%
-> EOSINOPHIL %	1	APR 10	1035	0.0		(0.0-7.0)	%
-> BASOPHIL %	1	APR 11	0400	0.3		(0-2.5)	%
-> BASOPHIL %	1	APR 10	1035	4.1	H	(0.0-2.5)	%
-> NEUTROPHIL #	1	APR 11	0400	16.1	H	(1.5-7.1)	X10e3
-> NEUTROPHIL #	1	APR 10	1035	23.4	H	(1.5-7.1)	X10e3
-> LYMPHOCYTE #	1	APR 11	0400	1.3		(1.0-3.5)	X10e3
-> LYMPHOCYTE #	1	APR 10	1035	0.7	L	(1.0-3.5)	X10e3

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MR# L000423587 Acct# MD34311738
PROVINS,JAMES
DOB: Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

> MONOCYTE #	1	APR 11	0400	2.6	H	(0-1.0)	X10e3
> MONOCYTE #	1	APR 10	1035	0.8		(0.0-1.0)	X10e3
> EOSINOPHIL #	1	APR 11	0400	0.0		(0-0.7)	X10e3
> EOSINOPHIL #	1	APR 10	1035	0.0		(0.0-0.7)	X10e3
> BASOPHIL #	1	APR 11	0400	0.1		(0-0.3)	X10e3
> BASOPHIL #	1	APR 10	1035	1.1	H	(0.0-0.3)	X10e3
> DIFF IND	1	APR 11	0400	YES			
> DIFF IND	1	APR 10	1035	YES			
> NEUTROPHILS	1	APR 11	0400	64.0		(40.0-75.0)	%
> NEUTROPHILS	1	APR 10	1035	77.0	H	(40.0-75.0)	%
> BAND	1	APR 11	0400	17.0	H	(0-10)	%
> BAND	1	APR 10	1035	22.0	H	(0-10)	%
> LYMPHOCYTES	1	APR 11	0400	11.0	L	(17.0-50.0)	%
> MONOCYTES	1	APR 11	0400	7.0		(3.0-12.0)	%
> MONOCYTES	1	APR 10	1035	1.0	L	(3.0-12.0)	%
> EOSINOPHIL	1	APR 11	0400	1.0		(0.0-7.0)	%
> NUCLEATED RBC	1	APR 10	1035	1		(0)	/100
> PLT ESTIMATE	1	APR 11	0400	NORMAL(a)		(NORMAL)	
> PLT ESTIMATE	1	APR 10	1035	NORMAL		(NORMAL)	
> RBC NORMAL	1	APR 11	0400	YES			
> RBC NORMAL	1	APR 10	1035	YES			
> POLYCHROMASIA	1	APR 11	0400	SL			
> SMUDGE CELLS	1	APR 11	0400	9			/100
> D-DIMER	1	APR 10	1035	658(b)	H	(0-200)	NG/ML
> SOURCE	1	APR 10	1340	(c)			
> COLOR	1	APR 10	1340	AMBER			
> APPEARANCE	1	APR 10	1340	SL CLOUDY			
> SP GRAVITY	1	APR 10	1340	1.020		(1.003-1.035)	
> PH	1	APR 10	1340	5		(5-8)	
> LEUK ESTERASE	1	APR 10	1340	NEG		(NEG)	
> NITRATE	1	APR 10	1340	POS	*H	(NEG)	
> PROTEIN	1	APR 10	1340	1+	*H	(NEG)	
> GLUCOSE	1	APR 10	1340	1000	*H	(NORM)	MG/DL
> KETONE	1	APR 10	1340	NEG		(NEG)	
> UROBILINOGEN	1	APR 10	1340	4	*H	(NORM)	MG/DL

NOTES: (a) GIANT PLATELETS SEEN.
PLATELETS CLUMPED ON SMEAR; APPEAR ADEQUATE IN NUMBER
(b) **Results are reported in D-Dimer units ng/ml (D-Du ng/ml)**

Elevations of D-Dimer may be found in a number of clinical conditions including malignancy, arterial thrombosis (MI, stroke), DIC, DVT, PE, post-surgery, pregnancy, and in some normal individuals. In the setting of DVT, the greatest clinical utility of D-Dimer is its high negative predictive value. Falsely low results may occur in patients taking anticoagulants and possibly anti-platelet drugs and in patients with small, older or nonprogressing thrombi.
(c) CLEAN CATCH

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Summary Report

> BILE	1	APR 10	1340	POS	*H	(NEG)	
> BLOOD	1	APR 10	1340	1+	*H	(NEG)	
> MICRO INDICATED	1	APR 10	1340	YES			
> RBC	1	APR 10	1340	0-2		(0-2)	/hpf
> WBC	1	APR 10	1340	0-2		(0-5)	/hpf
> BACTERIA	1	APR 10	1340	1+	*H	(NEG)	
> SQUAMOUS CELL	1	APR 10	1340	FEW			/LPF
> AMORPH SEDIMENT	1	APR 10	1340	(d)			
> CULT IND?	1	APR 10	1340	YES			
> pH	1	APR 11	0435	7.250	L	(7.350-7.450)	
> pH	1	APR 10	1718	7.270	L	(7.350-7.450)	
> pH	1	APR 10	1600	7.210	L	(7.350-7.450)	
> pH	1	APR 10	1130	7.370		(7.350-7.450)	
> PCO2	1	APR 11	0435	36.0		(35.0-45.0)	mmHg
> PCO2	1	APR 10	1718	46.0	H	(35.0-45.0)	mmHg
> PCO2	1	APR 10	1600	56.0	H	(35.0-45.0)	mmHg
> PCO2	1	APR 10	1130	30.0	L	(35.0-45.0)	mmHg
> PO2	1	APR 11	0435	78.0	L	(80.0-100)	mmHg
> PO2	1	APR 10	1718	113.0	H	(80.0-100)	mmHg
> PO2	1	APR 10	1600	103.0	H	(80.0-100)	mmHg
> PO2	1	APR 10	1130	93.0		(80.0-100)	mmHg
> HCO3	1	APR 11	0435	15.2			mmol/L
> HCO3	1	APR 10	1718	20.4			mmol/L
> HCO3	1	APR 10	1600	21.6			mmol/L
> HCO3	1	APR 10	1130	16.9			mmol/L
> ctHb	1	APR 11	0435	13.3		(12.0-16.0)	G/DL
> ctHb	1	APR 10	1718	14.3		(12.0-16.0)	G/DL
> ctHb	1	APR 10	1600	14.7		(12.0-16.0)	G/DL
> ctHb	1	APR 10	1130	15.3		(12.0-16.0)	G/DL
> O2 SAT	1	APR 11	0435	92.7		(90.0-100.0)	%
> O2 SAT	1	APR 10	1718	96.2		(90.0-100.0)	%
> O2 SAT	1	APR 10	1600	94.9		(90.0-100.0)	%
> O2 SAT	1	APR 10	1130	95.7		(90.0-100.0)	%
> ABG HBCO	1	APR 11	0435	1.3		(0.0-9.0)	% sat
> ABG HBCO	1	APR 10	1718	1.7		(0.0-9.0)	% sat
> ABG HBCO	1	APR 10	1600	1.7		(0.0-9.0)	% sat
> ABG HBCO	1	APR 10	1130	1.6		(0.0-9.0)	% sat
> MET HB	1	APR 11	0435	0.0		(0.0-2.0)	% sat
> MET HB	1	APR 10	1718	0.6		(0.0-2.0)	% sat
> MET HB	1	APR 10	1600	0.6		(0.0-2.0)	% sat
> MET HB	1	APR 10	1130	0.5		(0.0-2.0)	% sat
> FIO2	1	APR 11	0435	100.00			%
> FIO2	1	APR 10	1718	100.00			%
> FIO2	1	APR 10	1600	100.00			%
> ARTERIAL DRAW?	1	APR 11	0435	YES			
> ARTERIAL DRAW?	1	APR 10	1718	YES			
> ARTERIAL DRAW?	1	APR 10	1600	YES			

CTES: (d) AMORP URATES

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PROVIDE CAMES
DOB: Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

> ARTERIAL DRAW?	1	APR 10	1130	YES			
> ALLEN'S TEST	1	APR 11	0435	NORMAL			
> ALLEN'S TEST	1	APR 10	1130	N			
> ARTERIAL SITE	1	APR 11	0435	(e)			
> ARTERIAL SITE	1	APR 10	1718	(f)			
> ARTERIAL SITE	1	APR 10	1600	(g)			
> ARTERIAL SITE	1	APR 10	1130	(h)			
> DELIVERY	1	APR 11	0435	VENT			
> DELIVERY	1	APR 10	1718	VENT			
> DELIVERY	1	APR 10	1600	VENT			
> VENT MODE	1	APR 11	0435	AC			
> VENT MODE	1	APR 10	1718	AC			
> VENT MODE	1	APR 10	1600	AC			
> PT RESP RATE	1	APR 11	0435	30.0			/MIN
> PT RESP RATE	1	APR 10	1718	27.0			/MIN
> PT RESP RATE	1	APR 10	1600	18.0			/MIN
> VENT RATE	1	APR 11	0435	24.0			/MIN
> VENT RATE	1	APR 10	1718	24.0			/MIN
> VENT RATE	1	APR 10	1600	18.0			/MIN
> TIDAL VOLUME	1	APR 11	0435	550.0			cc
> TIDAL VOLUME	1	APR 10	1718	550.0			cc
> TIDAL VOLUME	1	APR 10	1600	600.0			cc
> PEEP	1	APR 11	0435	10.0			cmH2O
> PEEP	1	APR 10	1718	10.0			cmH2O
> PEEP	1	APR 10	1600	5.0			cmH2O
> GLUCOSE	1	APR 11	0400	336	H	(70-110)	mg/dL
> GLUCOSE	1	APR 10	2021	336	H	(70-110)	mg/dL
> GLUCOSE	1	APR 10	1035	415	H	(70-110)	mg/dL
> POC-GLUCOSE	1	APR 11	0618	279	H	(70-110)	mg/dL
> POC-GLUCOSE	1	APR 10	2317	331	H	(70-110)	mg/dL
> POC-GLUCOSE	1	APR 10	2019	311	H	(70-110)	mg/dL
> BUN	1	APR 11	0400	28	H	(9-23)	mg/dL
> BUN	1	APR 10	2021	24	H	(9-23)	mg/dL
> BUN	1	APR 10	1035	20		(9-23)	mg/dL
> CREATININE	1	APR 11	0400	4.4	H	(0.6-1.4)	mg/dL
> CREATININE	1	APR 10	2021	3.1	H	(0.6-1.4)	mg/dL
> CREATININE	1	APR 10	1035	1.7	H	(0.6-1.4)	mg/dL
> BUN/CREAT	1	APR 11	0400	6.36			
> BUN/CREAT	1	APR 10	2021	7.74			
> BUN/CREAT	1	APR 10	1035	11.76			
> eGFR	1	APR 11	0400	15.1(1)	L	(>60)	mL/min

CTES: (e) LEFT RADIAL
(f) RIGHT BRACHIAL
(g) RIGHT BRACHIAL
(h) RIGHT BRACHIAL
(i) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/min

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DOB: Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

-> eGFR	1	APR 10	2021	22.6(i)	L	(>60)	mL/min
-> eGFR	1	APR 10	1035	45.2(i)	L	(>60)	mL/min
-> SODIUM	1	APR 11	0400	132	L	(135-145)	mmol/L
-> SODIUM	1	APR 10	2021	125	L	(135-145)	mmol/L
-> SODIUM	1	APR 10	1035	126	L	(135-145)	mmol/L
-> POTASSIUM	1	APR 11	0400	4.8		(3.5-5.1)	mmol/L
-> POTASSIUM	1	APR 10	2021	5.1		(3.5-5.1)	mmol/L
-> POTASSIUM	1	APR 10	1035	4.4		(3.5-5.1)	mmol/L
-> CHLORIDE	1	APR 11	0400	100		(100-111)	mmol/L
-> CHLORIDE	1	APR 10	2021	97	L	(100-111)	mmol/L
-> CHLORIDE	1	APR 10	1035	87	L	(100-111)	mmol/L
-> CO2	1	APR 11	0400	16	L	(22-31)	mmol/L
-> CO2	1	APR 10	2021	18	L	(22-31)	mmol/L
-> CO2	1	APR 10	1035	19	L	(22-31)	mmol/L
-> CALCIUM	1	APR 11	0400	6.9	L	(8.4-10.2)	mg/dL
-> CALCIUM	1	APR 10	2021	8.0	L	(8.4-10.2)	mg/dL
-> CALCIUM	1	APR 10	1035	9.1		(8.4-10.2)	mg/dL
-> MAGNESIUM	1	APR 10	1035	1.6		(1.6-3.0)	mg/dL
-> TOTAL PROTEIN	1	APR 11	0400	6.4		(6.0-8.3)	g/dL
-> TOTAL PROTEIN	1	APR 10	2021	5.4	L	(6.0-8.3)	g/dL
-> TOTAL PROTEIN	1	APR 10	1035	8.2		(6.0-8.3)	g/dL
-> ALBUMIN	1	APR 11	0400	2.8	L	(3.5-5.0)	g/dL
-> ALBUMIN	1	APR 10	2021	2.6	L	(3.5-5.0)	g/dL
-> ALBUMIN	1	APR 10	1035	4.0		(3.5-5.0)	g/dL
-> BILI TOTAL	1	APR 11	0400	3.6	H	(0.2-2.0)	mg/dL
-> BILI TOTAL	1	APR 10	2021	2.9	H	(0.2-2.0)	mg/dL
-> BILI TOTAL	1	APR 10	1035	3.1	H	(0.2-2.0)	mg/dL
-> AST	1	APR 11	0400	215	H	(10-42)	U/L
-> AST	1	APR 10	2021	53	H	(10-42)	U/L
-> AST	1	APR 10	1035	83	H	(10-42)	U/L
-> ALT	1	APR 11	0400	75	H	(10-40)	U/L
-> ALT	1	APR 10	2021	28		(10-40)	U/L
-> ALT	1	APR 10	1035	48	H	(10-40)	U/L
-> ALK PHOS	1	APR 11	0400	58		(32-92)	U/L
-> ALK PHOS	1	APR 10	2021	47		(32-92)	U/L
-> ALK PHOS	1	APR 10	1035	88		(32-92)	U/L
-> AMYLASE	1	APR 11	0400	651(j)	H	(0-46)	U/L
-> AMYLASE	1	APR 10	1025	809(j)	H	(0-46)	U/L
-> LIPASE	1	APR 11	0400	832	H	(22-51)	U/L
-> LIPASE	1	APR 10	1025	1154	H	(22-51)	U/L
-> POC-CKMB	1	APR 10	1248	2.2		(0.0-7.9)	ng/mL
-> POC-CKMB	1	APR 10	1108	1.7		(0.0-7.9)	ng/mL
-> POC-MYO	1	APR 10	1248	365.0	H	(0.0-169.0)	ng/mL
-> POC-MYO	1	APR 10	1108	322.0	H	(0.0-169.0)	ng/mL
-> POC-TROP	1	APR 10	1248	<0.05(k)		(<=0.05)	ng/mL
-> POC-TROP	1	APR 10	1108	<0.05(k)		(<=0.05)	ng/mL

NOTES: (j) Method specific for amylase of pancreatic origin.
(k) Intermediate 0.05 - 0.39 ng/mL

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ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

* CK	1	APR 11	0400	349	H	(36-174)	IU/L
* TROPONIN	1	APR 10	2340	0.03(l)		(0.01-0.04)	ng/ml
* TROPONIN	1	APR 10	1736	<0.03(l)		(0.01-0.04)	ng/ml
* OSMO SERUM	1	APR 10	1736	305	H	(280-300)	mOsmo/kg
* OSMOLALITY,URN	1	APR 10	2210	311		(250-900)	mOsmo/kg
* HEMOGLOBIN A1c	1	APR 10	2044	8.7	H	(4.0-6.0)	%
* LACTIC ACID	1	APR 11	0400	5.4	H	(0.5-2.2)	mmol/L
* LACTIC ACID	1	APR 10	2021	2.9	H	(0.5-2.2)	mmol/L
* J METHADONE	1	APR 10	1340	NEG		(NEG)	
* J BENZODIAZ	1	APR 10	1340	POS	*H	(NEG)	
* J COCAINE	1	APR 10	1340	NEG		(NEG)	
* J AMP	1	APR 10	1340	NEG		(NEG)	
* J MARIJUANA	1	APR 10	1340	NEG		(NEG)	
* J OPIATES	1	APR 10	1340	POS	*H	(NEG)	
* J BARBITURATES	1	APR 10	1340	NEG		(NEG)	
* J TCA	1	APR 10	1340	POS(m)	*H	(NEG)	
* J CREAT R	1	APR 10	2210	245(n)			mg/dL
* J NA R	1	APR 10	2210	27(n)			mmol/L
* TSH	1	APR 10	1736	2.87		(0.34-5.60)	uIU/ml
* FREE T4	1	APR 10	1736	1.21		(0.58-1.64)	ng/dL
* BHOB	1	APR 10	2340	0.75	H	(0.02-0.27)	MMOL/L
* ALCOHOL	1	APR 10	1035	<5(o)		(0)	mg/dL
* VDRL QL	1	APR 10	1736	NONREACT		(NONREACT)	
* INFLUENZA A	1	APR 11	1045	POS(p)	*H	(NEG)	

NOTES: (l) A cutoff of 0.50 ng/ml is recommended for diagnosis of AMI, as this yields optimal performance of 96% sensitivity and 94% specificity.

(m) A positive result indicates the presence of the drug or drug metabolites and does not indicate the level of intoxication or urinary concentration. For medical purposes only. The thresholds for each drug are as follows:

METHADONE	> 300 ng/ml
BENZODIAZEPINES	> 300 ng/ml
COCAINE	> 300 ng/ml
AMPHET/METHAMPHETAMINES	> 1000 ng/mL
THC (MARIJUANA)	> 50 ng/ml
OPIATES	> 300 ng/ml
BARBITURATES	> 300 ng/ml
TCA	> 300 ng/ml

(n) No reference ranges available for electrolytes on random specimens.

(o) TOXIC: > 150 MG/DL
TEST PERFORMED ON SERUM OR PLASMA
RESULTS FOR MEDICAL USE ONLY

(p) *A positive result does not rule out co-infections with other pathogens or identify any specific influenza A virus subtype.*

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Summary Report

> INFLUENZA B 1 APR 11 1045 NEG(q) (NEG)

NOTES: (q) *A negative result does not exclude influenza viral infection. Negative results should be confirmed by cell culture.*

TREATMENTS

04/10/14 1034 EKG Lescault,David T

04/10/14 1035 Cardiac Markers (1st Set) Ashlock,Sheena, RN

04/10/14 1035 IV Insert HOWARD,REGINA C. RN
IV Gauge #1: 20; IV Location # 1: RIGHT FOREARM; IV Site #1 Cond: NO EDEMA/RED/INFIL; PAT; # of Attempts: 1; Lab Draw With IV Stick: Y

04/10/14 1035 Blood Draw HOWARD,REGINA C. RN
COMMENT: R FOREARM WITH IV

04/10/14 1040 Oxygen Palmer,Gina N
O2 Source: NASAL CANNULA; L/M of O2: 2

04/10/14 1043 Monitor Ashlock,Sheena, RN
Placed On Cardiac Monitor: Y; Placed On Continuous Pulse Ox: Y; Placed on Invasive Blood Pressure Monitoring: Y; Other/Comments: SEE TRIAGE VITALS

04/10/14 1055 IV Insert Scott,Daniel K. RN
IV Gauge #2: 16; IV Location # 1: LEFT FOREARM; IV Site #1 Cond: FLUSHED W/O DIFFICULTY, NO EDEMA/RED/INFIL; PAT; # of Attempts: 1

04/10/14 1056 EKG Lescault,David T

04/10/14 1100 Med/IV Administration - MCSW Ashlock,Sheena, RN
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: N; Infusion: Y; IV Fluid/Medication: NS 1 LITER BOLUS; Rate: OPEN; IV Infusion Description: HYDRATION; Initial Infusion: Y; Start Time: 1100; End Time: 1130; Hydration Duration In Mins: 0

04/10/14 1115 Med/IV Administration - MCSW Ashlock,Sheena, RN
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ASA; Dose: 325 MG; Wasted: 0; Route: PO; , ATIVAN; , 1 MG; , 1MG; , IV PUSH; Infusion: Y; IV Fluid/Medication: PROTONIX 80MG/100ML; Rate: 400ML/HR; IV Infusion Description: THERAPEUTIC; Initial Infusion: N; Sequential/Concurrent: CONCURRENT(same time/dif); Start Time: 1115; Therapy Duration In Mins: 0; End Time: 1130; IV Push of: ATIVAN; INITIAL

04/10/14 1135 Draw Blood Culture (1st Set) Ashlock,Sheena, RN

04/10/14 1135 Med/IV Administration - MCSW Ashlock,Sheena, RN
PO/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: N; Infusion: Y; IV Fluid/Medication: NS ; Rate: 250 ML/HR; IV Infusion Description: HYDRATION;

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Summary Report

nitial Infusion: N: Sequential/Concurrent: SEQUENTIAL(Inf after Int): Start Time: 1135:
ydration Duration In Mins: 0

4/10/14 1200 Med/IV Administration - MCSW Ashlock,Sheena, RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ATIVAN; Dose: 2 MG;
asted: 0; Route: IV PUSH; IV Push of: ATIVAN; : SEQUENTIAL SAME MED

4/10/14 1214 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: INSULIN R; Dose: 15
NITS; Route: IV PUSH

4/10/14 1223 Cardiac Markers (2nd Set) Reagan,Cammy L. RN

4/10/14 1223 Draw Blood Culture (2nd Set) Reagan,Cammy L. RN

4/10/14 1225 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: MORPHINE; Dose: 5 MG;
oute: IV PUSH; , ATIVAN; , 1 MG; , 1 MG; , IV PUSH; IV Push of: ATIVAN; :
EQUENTIAL NEW MED

4/10/14 1228 EKG Lescault,David T

4/10/14 1230 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ADENOSINE; Dose: 6
G; Route: IV PUSH

4/10/14 1233 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ADENOSINE; Dose: 12
G; Route: IV PUSH

4/10/14 1240 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ADENOSINE; Dose: 12
G; Route: IV PUSH

4/10/14 1255 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: SUCCINYLCHOLINE;
ose: 100 MG; Route: IV PUSH

4/10/14 1300 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ATROPINE; Dose: 0.5
G; Route: IV PUSH

4/10/14 1305 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: NORCURON; Dose: 10
G; Route: IV PUSH

4/10/14 1307 Med/IV Administration - MCSW Reagan,Cammy L. RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: VERSED; Dose: 5 MG;
oute: IV PUSH

Sts. Mary & Elizabeth Hospital
Emergency Department
Service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

MR# L000423587 Acct# M034311738
PROVINS,JAMES
DOB: Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

4/10/14 1325 EKG Lescault,David T

4/10/14 1337 Disposition Made Reagan,Cammy L, RN

4/10/14 1340 Med/IV Administration - MCSW Reagan,Cammy L, RN
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: ETOMIDATE; Dose: 20
G; Route: IV PUSH

4/10/14 1344 Foley Cath Insert/Discontinue Reagan,Cammy L, RN
ime Inserted: 1344; Quick Cath: N; Foley Cath: Y; In/Out for Residual: N; Cath Type/Sz:
ATH COUDE URETHERAL 16FR; Insert Comment: INSERTED W/O INCIDENT

4/10/14 1407 Med/IV Administration - MCSW Elder,Lauren A
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Infusion: Y;
V Fluid/Medication: ZOSYN 3.375 GM; Rate: 100 ML/HR; IV Infusion Description: THERAPEUTIC;
nitial Infusion: N; Sequential/Concurrent: CONCURRENT(same time/dif); Start Time: 1405;
herapy Duration In Mins: 60; End Time: 1505

4/10/14 1435 Med/IV Administration - MCSW Elder,Lauren A
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Medication: NORCURON; Dose: 10
G; Route: IV PUSH; Infusion: Y; IV Fluid/Medication: ATIVAN GTT ; Rate: 7 MG/HR;
V Infusion Description: THERAPEUTIC; Initial Infusion: N; Sequential/Concurrent:
CONCURRENT(same time/dif); Start Time: 1435; Therapy Duration In Mins: 0; Other/Comments:
NCREASED RATE

4/10/14 1440 Med/IV Administration - MCSW Elder,Lauren A
C/IM/SUBQ/PR/SL/IV Push/Topical/Otic/Opth Med/ET Tube: Y; Infusion: Y;
V Fluid/Medication: VANCOMYCIN 1 GM; Rate: 250 ML/HR; IV Infusion Description:
HERAPEUTIC; Initial Infusion: N; Sequential/Concurrent: CONCURRENT(same time/dif);
tart Time: 1440; Therapy Duration In Mins: 60; End Time: 1540

4/10/14 1509 Departure (For Admitted Pts) Elder,Lauren A
ed/Room: ICU 317; Critical Care Indicators: INTUBATION; Condition: C; Accompanied by: EMS;
ode of Departure: STRETCHER W/O2 & MONITOR; Is the person on an IV? Y;
nfusing at time of ED departure: Y

...e or check affirmatives, backslash (\) negatives.

33 Jewish Hospital Medical Center Southwest

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EMERGENCY PROVIDER RECORD

Chest Pain

AMI / PE / Pneumothorax / Aortic Dissection / Esophageal Rupture

ACCT#: 2031311739 MR#: 100042
PROVIDER, JAMES
52 M H
SCH
04/10/14

TIME SEEN: 1040 ROOM: 9 ___ EMS Arrival
HISTORIAN: patient family EMS
UNABLE TO OBTAIN HISTORY DUE TO:

HPI

chief complaint: chest pain / discomfort

onset / duration: SINCE 2 DAYS

timing:
still present better
gone now lasted
sudden / gradual onset
resolved on arrival in ED

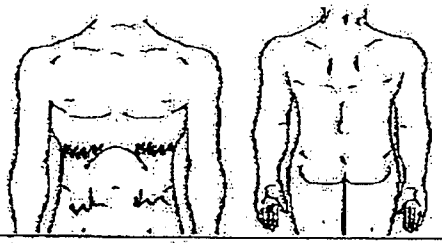
constant "waxing & waning"
intermittent episodes lasting
worse / persistent since

context: QUIT DRINKING 2 DAYS AGO, DIZZY
WILL (8) CPR COPD, ANXIETY

quality:
tearing
pressure
sharp
dull

radiation:
__ none
arm / shoulder
back / jaw
MD

location of pain:



associated symptoms:
fever / chills
sweating
coughing blood / sputum
palpitations
hurts to breathe / shortness of breath
nausea / vomiting
weak / dizzy / lightheaded

worsened by:
change in position
deep breaths
exertion
nothing
SUPINE

relieved by:
sitting up
rest
antacids
nothing
nitroglycerin 1 2 3
patient's own supply
given by paramedics
relief none / partial / complete / transient
Oxygen NRB ___ L

onset during:
sleep rest light activity
mod / heavy exertion
emotional upset
after vomiting / after meal
cannot recall

severity:
maximum (1-10)
mild moderate severe
when seen in ED (1-10)
gone almost gone mild moderate severe
residual discomfort in arm (R/L)

Similar symptoms previously angina "heart pain"

Recently seen / treated by doctor

Acute MI – Aspirin
☐ given within 24 hours of arrival ED EMS Home
☐ not given due to: ☐ allergy ☐ on coumadin ☐ other

40494603331

ROS

CONST
recent illness

EYES / ENT
vision change / problems
congestion / dental problems

CVS / PULMONARY (see HPI)

GI / GU
abdominal pain
black / bloody stools
problems / pain urinating

FEMALE GENITAL
LMP ___ preg post-menop

MS / SKIN / LYMPH
calf / leg pain
joint pain
neck / back pain
rash / swollen glands
leg / ankle swelling

NEURO / PSYCH
difficulty walking cane walker fall
headache
lost feeling / power
confusion / dementia
depression
anxiety / hyperventilation
tingling hands / face
muscle spasms hands / feet

☐ all systems neg except as marked

PAST HX

RELATED PAST HX
cardiac disease
AFib angina CHF MI CABG
diabetes Type 1 Type 2
diet / oral / insulin neuropathy
hyperlipidemia
hypertension LOSS 31C
TAD risk factors
pregnancy connective tissue
tumors, etc coarctation of aorta

cancer chemo rad tx
CVA / TIA bleed defict
GI disease
GERD liver disease cholelithiasis
hepatitis pancreatitis ulcer
lung disease
asthma COPD pneumothorax
kidney disease ESRD catheter
thyroid disease

___ old records reviewed / summary

PERC Rule: ≥ 50yo / HR ≥ 100 / RA SAO2 ≤ 94 / prior DVT, PE / sing. trauma ≤ 4wks / hemoptysis / hormone tx / unilat leg swelling / clin sign PE (all neg. < 2% risk PE)
Wells Criteria for PE
3 pts each: clinically suspect DVT / most likely dxe to PE
1.5 pts each: HR > 100 / immobilization or surgery past 4 weeks / prior DVT or PE
1 pt each: hemoptysis / cancer treatment in the past 6 mos
LOW(0-2pts) (1.6%) MOD(3-6pts) (20.5%) HIGH(> 6pts) (66%) Wells PE

Surgeries / Procedures ___ none
___ any recent surgery
angioplasty / cardiac cath / stent
cardiac bypass
dental work recent
pacemaker
stress test
thrombolytics
SUDOVACA SUR
Imaging prior CT / MRI / US date

appendectomy
cholecystectomy
endoscopy upper lower
hysterectomy / BTL / C-section
indwelling device line / port
foley catheter / dialysis graft

☐ Immunization UTD

Medications ___ none see nurses note
ASA clopidogrel warfarin LMWH
NSAID acetaminophen BCP's

Allergies ___ NKDA see nurses note
antibiotic IV contrast

SOCIAL HX smoker drugs
alcohol (recent / heavy / occasional) occupation
2 GALLON HOT DRG QUIT 4YR

FAMILY HX CAD (under 55yo / over 55yo)
aortic aneurysm PE NA

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ER Notes

ACCT: M034331738 MR#: L000423587
PROVIDE CHECK SEX
52 M
NON
04/30/14

☒ Nursing Assessment Reviewed ☒ Initial Vital Signs Reviewed ☐ Telemetry
BP 98/7 HR 147 RR ____ Temp ____
Pulse Ox ____% RA ____ O_2 Interp ____ norl ____ hypoxic ____

PHYSICAL EXAM

EXAM LIMITED BY: ____

General Appearance
- ____ appears well
- ✓ alert
- ____ mild / moderate / severe distress
- ____ anxious / lethargic

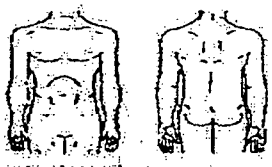
HEENT
- ✓ head atraumatic
- ✓ eyes nml inspection
- ✓ ENT nml inspection
- ✓ pharynx nml
- ____ tenderness
- ____ scleral icterus / pale conjunctivae
- ____ EOM palsy / anisocoria
- ____ pharyngeal erythema / dental decay
- ____ abnml TM / hearing deficit
- ____ abnml oral exam

NECK
- ✓ nml inspection
- ✓ no carotid bruit
- ____ thyromegaly / lymphadenopathy
- ____ subcutaneous emphysema

RESPIRATORY
- ✓ no resp. distress
- ✓ chest non-tender
- ✓ nml breath sounds
- ✓ no pleuritic chest pain
- ____ see diagram
- ____ respiratory distress
- ____ manifests distinct pain on movement R / L arm trunk
- ____ splinting / decr air mvmnt
- ____ wheezes / rales / rhonchi

CVS
- ✓ reg. rate & rhythm
- ✓ no murmur
- ✓ no gallop
- ✓ no friction rub
- ✓ pulses full, equal
- ____ irregularly irregular rhythm
- ____ extrasystoles (occasional / frequent)
- ____ tachycardia / bradycardia
- ____ PMI displaced laterally
- ____ JVD present
- ____ murmur grade ___/6 sys / dias
- ____ gallop (S3 / S4)
- ____ friction rub / Hamman's crunch
- ____ decreased pulse(s) R / L radial ____ fem ____ dors ped ____

T = tenderness G = guarding R = rebound
m = mild mod = moderate sv = severe
(e.g. Tm = severe tenderness)



ABDOMEN / GI
- ✓ non-tender
- ✓ no organomegaly
- ____ no distention
- ____ tenderness / guarding / rebound
- ____ abnml bowel sounds
- ____ hepatomegaly / splenomegaly / mass
- ____ bruit
- ____ [illegible] DISTENDED

RECTAL
- ✓ non-tender
- ✓ Heme neg stool
- ____ black / bloody / heme pos. stool
- ____ tenderness

EXTREMITIES
- ✓ non-tender
- ✓ nml ROM
- ✓ no pedal edema
- ____ no calf tenderness
- ____ pedal edema
- ____ calf tenderness
- ____ clubbing
- ____ Homan's sign / cords

NEURO
- ✓ oriented x3
- ✓ neuro grossly intact
- ____ disoriented to person / place / time
- ____ motor / sensory loss facial droop
- ____ unstable gait / ataxia

PSYCH
- ____ mood / affect nml
- ____ depressed mood / flat affect
- ____ ANXIOUS

SKIN
- ____ color nml, no rash
- ____ warm, dry
- ____ cyanosis / diaphoresis / pallor
- ____ skin rash zoster-like
- ____ embolic lesions / signs of IVDA
- ____ decubitus

LABS, ECG & [illegible]

*Normal lab value ranges are included on the original lab report

CBC		Chem		Enzymes
nml except	platelets ____	nml except	BNP ____	nml except
WBC 26	segs 91%	Na 126	D-Dimer ____	Troponin ⊖
Hgb ____	bands ____	K ____	PT ____	CKMB 1.7
Hct ____	lymphs ____	BUN 20	INR ____	Troponin ____
	Nl 20	Creat 1.7	PTT ____	CKMB ____
Lactate ⊖		Gluc 415	CO_2 19	mb-5%

Rhythm Strip Rate ____ Rhythm NSR / PVC ____ 7.37/30/93

EKG Interp by ED provider Rate 146 NSR A-fib
nml intervals nml axis nml QRS non-specific ST/TW changes
diagnosis nml abnml STEMI MI Old EKG
Repeat EKG ____ unchanged Old EKG ____ unchanged date ____
[illegible]

CXR interpreted by ED provider unless noted otherwise
____ nml / NAD ____ no infiltrates ____ nml heart size ____ nml mediastinum
MD [illegible] Old CXR ____ unchanged date ____

CTA VQ Scan CTV Venous Doppler
nml / NAD [illegible]

PROGRESS

☐ see additional template # 94 Site ____

Time ____ unchanged improved re-examined

Pt [illegible] ADMIT

☐ patient ambulating / mentating at pre-event baseline
Discharge VS: BP ____ HR ____ RR ____ O_2 Sat ____
Discussed with Dr. [illegible] Time: 1557
will see patient in: ED / hospital / office

Counseled patient / family regarding:
lab / rad. results diagnosis need for follow-up
____ prior records ordered
☐ Rx given

Additional history from:
family caretaker paramedics
____ holding orders written

CRITICAL CARE (excluding time for other separate services)
TIME ☐ 30-74 min ☐ 75-104 min ____ min

CLINICAL IMPRESSION

- Arm Pain - LEFT RIGHT
- Chest Pain - ACUTE
- Aortic Dissection
- Cholecystitis - acute
- Coronary Syndrome - acute
- Esophageal Rupture
- Herpes Zoster (Shingles)
- ♦Myocardial Infarction - acute
- ♦Pneumonia
- Pneumothorax
- Pulmonary Embolism

ETOH w/D, [illegible], PANCREATITIS

Present On Admission: decubitus / UTI w/ foley

Disposition Decision Time: 1050

DISPOSITION: ☐ home ☒ admitted ☐ OBS ____
☐ AMA (see AMA template #73) ☐ transferred ____

CONDITION: ☐ unchanged ☐ improved ☐ stable ____

Care transferred to ____ MD / DO / MLP Time: ____

NP / PA / Resident ____ IDX Provider # ____
☐ I certify that the physician assistant performed the services as delegated.
☐ I personally evaluated and examined the patient and agree with the assessment, treatment plan and disposition of the patient as recorded by the MLP.

PHYSICIAN SIGNATURE: ____ IDX Provider # 9667
☐ Template Complete ☐ Written Addendum

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TEAM Health - version 10 - 2010

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51 Jewish Hospital Medical Center Southwest

A service of Jewish Hospital & St. Mary's HealthCare

EMERGENCY PROVIDER RECORD

Critical Care

ACCLE: 2036321738 HOR: 1000423587
FRONTS, JAMES SSO
52 M K
re Phy
NON
04/10/24

TIME SEEN: 1040 ROOM: 9 EMS Arrival
HISTORIAN: patient family EMS
UNABLE TO OBTAIN HISTORY DUE TO:

HPI

chief complaint: fainting unresponsive cardiac arrest seizure dyspnea chest pain GI bleeding drug overdose

onset: SEE HPI

paramedics' initial findings:

mentation: unresponsive, confused, alert, rhythm: sinus rhythm
respirations: no respirations, decreased respirations, dyspneic, nml respirations
HR
BP
Glucose mg / dl
D-stick glucometer
iSTAT paramedics / ED

pre-hospital treatment:

oxygen, bag-valve-mask, intubated
CPR / chumper
defibrillated
IV fluids
epinephrine mg
atropine mg
lidocaine bolus mg
lidocaine drip mg / min
vasopressin mg
amiodarone mg

ROS

recent illness / fever
vision change / problems
nasal drainage / congestion
chest pain
hurts to breathe / short of breath
cough bloody / productive
abdominal pain
nausea / vomiting blood
diarrhea / black / bloody stools
painful urination
LNMP prog post-menop
neck / back pain
leg / ankle swelling
rash
swollen glands
headache
lost feeling / power
confusion / memory loss
depression / anxiety
☐ all systems neg except as marked

PAST HX

cardiac disease ASCVD MI CHF
CVA / TIA bleed defick
diabetes Type 1 Type 2
diet / oral / insulin neuropathy
immunosuppressed AIDS
hypertension
lung disease asthma COPD
__ old records reviewed / summary:

SOCIAL HX

smoker drugs
alcohol (recent / heavy / occasional) occupation
living situation alone family friend group care facility

FAMILY HX

__ reviewed, not relevant

☐ Nursing Assessment Reviewed ☐ Initial Vital Signs Reviewed ☐ Telemetry
BP HR RR Temp
Pulse Ox % RA O2 Interp nml hypoxic

INITIAL PHYSICAL EXAM

EXAM LIMITED BY:

GENERAL
__ appears well
__ nml color
__ unresponsive to commands / confused / lethargic
__ cyanotic / pallid / diaphoretic
__ moderate / severe distress

HEAD / NECK
__ head atraumatic
__ pharynx nml
__ neck supple
__ head trauma
__ hemotympanum
__ meningismus
__ tracheal deviation

RESPIRATORY
__ airway open
__ good gag reflex
__ breath sounds equal bilaterally
__ nml breath sounds
__ no spontaneous respirations
__ airway obstructed partially / fully
__ poor / absent gag reflex
__ bag-valve-mask
__ ET tube / bag-valve
__ dyspneic
__ retractions
__ accessory muscle use
__ agonal respirations
__ decr. air movement
__ wheezes / rales / rhonchi

CVS
__ reg. rate & rhythm
__ no JVD
__ no murmur
__ no gallop
__ PMI nml
__ pulse full, equal
__ weak / no pulse
__ chest compressions
pulse w/ CPR none poor good
__ irregularly irregular rhythm
__ tachycardia / bradycardia
__ extrasystoles (occasional / frequent)
__ PMI displaced laterally
__ JVD present
__ murmur grade /6 sys / dias
__ gallop (S3 / S4)

ABDOMEN / GI
__ no guarding
__ no mass
__ mass / organomegaly
__ distention
__ tenderness
__ guarding

RECTAL
__ stool nml color
__ heme pos. stool trace

EXTREMITIES
__ nml ROM
__ pulses full, equal
__ pedal edema
__ decreased pulse(s) (R / L)

TRAUMA with revision 10-2000

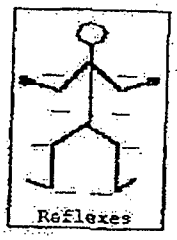
ER Notes

20494305121

Acct#: [illegible] MRN: [illegible] ED
[illegible] 52 M
06/10/14

NEURO
__nml responsiveness
__nml orientation
__no gross motor deficits
__no gross sensory deficits

__unresponsive to commands / confused / lethargic
__fixed / irregular / unequal pupils
R____mm L____mm
__EOM deficit
__weakness
__Babinski reflex


Reflexes

Response to pain: ☐ facial grimace

	withdraws	flexor	extensor	none
RUE	☐	☐	☐	☐
LUE	☐	☐	☐	☐
RLE	☐	☐	☐	☐
LLE	☐	☐	☐	☐

PSYCH
__mood / affect nml
__depressed mood / flat affect

SKIN
__nml
__skin rash
__decubitus

INITIAL ASSESSMENT

VITAL SIGNS SEE NURSING ASSESSMENT FOR FURTHER VITALS
BP ____/____ HR ____ RR ____ Temp ____

EKG MONITOR RHYTHM
sinus rhythm tachycardia wide / narrow bradycardia

PULSE OXIMETER ____% O2 saturation time: ____
RA O2 ____ L/% NP mask BVM

LABS, EKG & XRAYS

*Normal lab value ranges are included on the original lab report

CBC		Chem	UA	ABG's
nml except	platelets	nml except	nml except	RA / O2
WBC	segs	Na		pH
Hgb	bands	K		pCO2
Hct	lympts	BUN		HCO3
		Creat		pO2
		Gluc		COHb

Rhythm Strip Rate ____ Rhythm NSR / PVC
EKG interp by ED provider Rate ____ __NSR __A-fib
__nml intervals __nml axis __nml QRS __non-specific ST/TW changes
diagnosis __nml __abnormal
Repeat EKG __unchanged Old EKG __unchanged date ____
CXR interpreted by ED provider unless noted otherwise
__nml / NAD __no infiltrates __nml heart size __nml mediastinum
Old CXR __unchanged date ____
CT Scan head contrast / non-contrast
__nml / NAD

PROGRESS

☐ see additional template: # 94
Time ____ unchanged improved re-examined

?? DEVELOPS WITH CP/ND PAIN
& HAD ↑ AGITATION, ZEMM, CONFUSION.
?? HAD MINIMAL RESPONSE TO IV
ATIVAN. ADMITTED W/ 3 RECURRENT
& INTERMITTENT SVT. MULTIPLE EKGs
SHOWED SVT. ?? CONDITION WHILE
& RECEIVED INTERMITTENT ATIVAN
?? RETURN TO NORMAL SINUS.
(SEE INTERMITTENT NOTE)

FOLLOW INTERMITTENT SINUS ??
WITHOUT CT CAP (RESULTS ?)
RECEIVED ALL REVERTS SINUS TACHY
& ASTHMA ISE ATIVAN GET INTERMITTENT
TO TREAT DT. TTF

__Discussed with Dr. ____ Time: ____
will see patient in: ED / hospital / office

CRITICAL CARE TIME (excluding time for other separate services)
☐ 30-74 min ☐ 75-104 min ____ min

CLINICAL IMPRESSION

ALTERED MENTAL STATUS	GI BLEED
CARDIOPULMONARY ARREST	HYPOTENSION
COMATOSE	SEPSIS / SIRS

SVT w RES & RVR MF
Hypertension
MDD55

Present On Admission: decubitus / UTI w/ foley ____

Disposition Order Time ____
DISPOSITION- ☐ home ☐ admitted ☐ OBS ____
☐ AMA (see AMA template #73) ☐ transferred ____
CONDITION- ☐ unchanged ☐ improved ☐ stable ____
Care transferred to ____ MD / DO / MLP Time: ____

ARNP, PA, Resident ____ IDX Provider # ____
☐ I was personally available for consultation in the emergency department. I have reviewed the chart and agree with the documentation as recorded by the MLP, including the assessment, treatment plan, and disposition.

PHYSICIAN SIGNATURE ____ IDX Provider # 96767
☑ Template Complete ☐ Written Addendum

TEAMHealthDevision 2.0 : 2009

20494305122

Circle or check affirmatives, backslash (/) negatives.

51a Jewish Hospital Medical Center Southwest

A service of Jewish Hospital & St. Mary's HealthCare

EMERGENCY PROVIDER RECORD

Procedures / Critical Care Add-on

Acct#: 2334311738 FRI: 1000423587

Patient Name: SEX M

Primary Care Phy

NCH

04/10/14

PROCEDURAL SEDATION NOTE

☐ See Nursing notes for V/S monitoring

Sedation type: deep moderate other_____

HPI ☐ see patient template

Indications: _____

last meal _____ Time: _____

Past Hx ☐ see patient's template

prior complications to general anesthesia_____

prior complications to procedural sedation_____

Allergies __NKDA see nurses note_____

brevital etomidate fentanyl ketamine lidocaine

midazolam morphine nitrous oxide propofol_____

other_____

ASA Classification _____

E Emergent conditions applies

P1. Normal healthy patient

P2. Patient with a mild systemic disease

P3. Patient with a severe systemic disease

P4. Patient with a severe systemic disease that is a constant threat to life

P5. Moribund patient who is not expected to survive w/o the operation

Physical Exam ☐ see patient's template

AIRWAY

__rim anatomy

__obese

__large tongue / teeth

__angioedema

__abnormal rule 3-3-2 rule

__possible upper airway obstruction

__neck immobility

Mallampati Classification

Class1. Soft palate, anterior / posterior tonsillar pillars, and uvula visible

Class2. Tonsillar pillars and uvula hidden by base of tongue

Class3. Only soft palate visible

Class4. Soft palate not visible

Preparation

__plan explained to patient / to parent / guardian

__consent signed (see hospital consent)

__oximetry during procedure

__capnometry during procedure

__IV access obtained

__suction immediately available

__cardiac monitor used

Sedation

__versed

__etomidate

__propofol

__fentanyl

__ketamine

Reversal

__none

__narcan

__romazicon

Complications during / after procedure: none vomiting apnea O_2 desaturation required BVM-PPV hypotension agitation other_____

Post Sedation Recovery Score ☐ see sedation record

I personally performed ☐ sedation and / or ☐ procedure

Intra-service time: __30 min or less __31-45 min __46-60 min

INTUBATION NOTE

Airway Evaluation abnormal 3-3-2 rule obese large tongue large / loose teeth copious secretions

Mallampati Class: 1 2 3 4 5

Pre-tx __100% O_2 other_____

Induction __etomidate __midazolam __propofol

other_____

Paralysis ☐ no contraindications to succinycholine

__rocuronium __succinylcholine

other_____

Equipment __ETT / LMA size_____

__Glidescope / McGrath __Bougie

other_____

Post-intubation management:

ETT primary tube confirmation

__capnometry: ___ mm Hg ___ CO_2 change

__direct visualization __chest rise

__tube in good position on CXR

__tube repositioned and re-confirmed with CXR

Vent settings: ☐ per Respiratory Therapy

Mode: CMV AC SIMV PS CPAP_____

Settings: TV 450 FiO_2 50 R 15 PS____ PEEP 5

Ventilator sedation: propofol drip / other ATIVAN

Additional Notes: ? Difficult Bag-mask!

Hypoxia. Focus ½ Awake y Attempt

Intubation ESI

CENTRAL LINE

__CDC Sterile insertion guidelines followed

__2% chlorhexidine prep

__local anesthetic: lidocaine 1% / 2% ___ml

bupivacaine 0.25% / 0.5% ___ml

catheter ___ Fr single / triple lumen PreSep

location: R / L U/S guided IJ subclavian supraclavicular brachial femoral

complications: none

CXR post-procedure:

TIME OUT called at: _____ for_____

TIME OUT called at: _____ for_____

TIME OUT called at: _____ for_____

NP / PA / Resident_____

IDX Provider #_____

PHYSICIAN SIGNATURE_____

IDX Provider # 9676

☐ Template Complete ☐ Written Addendum

TEAMHealth Version 3.0 2010

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ER Notes

P100

30494451A31

Jewish Hospital & St. Mary's HealthCare

Acct#:MG34311739 MR#:1300423587
PROV INS: JAMES CICCU3
2 M M CICCU3-17
04/10/14 NGR

Consent to Surgical and Medical Procedures

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used. This information should help you make a decision whether or not to undergo the procedure after being informed of the potential risks/complications, benefits, and alternatives of the procedure involved. This disclosure is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I consent to Dr. (s). Sayed Ismael

to perform the following procedure Dialysis Catheter (Shiley) Placement

SURGICAL TASKS

I understand that some aspects of the surgical procedure or significant surgical tasks (harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissue, wound closure, etc.) may be performed by an assistant(s) other than the primary surgeon/practitioner physician identified in on this consent. I further understand and consent to one or more of the assistants (assisting surgeon, surgical assistants, and other health care providers, residents/students, etc.), who may assist or perform one or more of the significant surgical tasks referenced above.

The consent provided herein is effective until the sooner of (i) completion of the procedure referenced above; or (ii) 30 days.

I understand that my social security number will be released to the manufacturer of any implantable medical device(s) I receive as required by the Safe Medical Device Act of 1999.

RISKS OF PROPOSED OPERATION/PROCEDURE

My physician has explained the reasons and benefits of the surgery/procedure, significant alternatives, the risks involved, and the possibility of complications to me, and my questions have been answered. No guarantee or assurance has been given as to the results that may be obtained from this procedure.

1. I understand that any surgery/procedure involves some risks. The more common risks include infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, severe blood loss, risks of blood transfusions (discussed in #10), and other risks described by my physician. These risks can be serious and possibly fatal.
2. I authorize the physician named above and/or his/her assistants to preserve for scientific purposes or to dispose of any tissue, organs, or other body parts removed during surgery/ procedure in a manner consistent with state and federal regulations.
3. I understand that there may be vendors/observers present in the operating room, and consent to this at the discretion and approval of the physician and hospital.
4. I authorize my physician and their assistants to make photographs/videos of the procedure to be performed for the purpose of medical research or education, provided that the photographs/video do not reveal my identity and I am not identified by name.
5. I understand from my physician that my procedure can be performed by the use of medications that may sedate me. I understand that different types of medicines are often used in combination. I also understand that other medications when appropriate will be used to numb the areas before the procedure. I authorize Jewish Hospital & St. Mary's Healthcare and its staff to administer such medications to provide me comfort during my procedure. I understand certain risks and complications may result from the administration of any medication.

Consent Forms F140

Patient Initials: _____ Date: _____

To be completed on 2 page forms

CONTENT REVIEWED / REVISED 3/12

6. I consent to the administration of anesthesia by an anesthesiologist or certified registered nurse anesthetist licensed to engage in the practice of administering anesthesia.
7. I understand that any physicians, including medical residents and interns, or certified registered nurse anesthetists who perform or assist during the procedure(s) are not employees of this facility, unless designated by employee identification badges, but rather are independent contractors for which this facility is not responsible.
8. I understand that I have the right to refuse any medical and surgical procedures and treatments.
9. I understand that other problems may develop in the course of the surgery/procedure that cannot be reasonably foreseen. It is also possible that my physician may discover different, unsuspected conditions at the time of the surgery/procedure. I authorize the above named physicians, his/her assistants or designees as indicated on this form to perform such unforeseen procedure(s) that are medically necessary according to their best medical judgment.
10. PERIOPERATIVE BLOOD TRANSFUSION: I authorize the use of blood products (donated, banked or autologous), if applicable, and such use has been explained to me and I understand that there are risks associated with transfusion of blood or blood products. These risks include serious reactions (allergic and other reactions), damage to my own blood cells, infections such as hepatitis and HIV which are estimated to be less than one in a million transfusions. These risks can be serious and possibly fatal. Alternatives to blood transfusions have been explained to me. Additional options for my specific procedure include pre-donation of my own blood (autologous blood donation), or the use of cell saver during surgery. These options have been explained to me including the risks and benefits. I understand that if I refuse blood or blood products (donated, autologous or use of cell saver), the risks may include organ damage from inadequate oxygen supply, inability to control bleeding, and sometimes even death.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT. I HEREBY REQUEST AND CONSENT TO THE ABOVE SURGERY/PROCEDURE.

Alice Jamison 4/11/14 0750 — Sister

Signature of Patient or Legal Representative — Date — Time — (Relationship, if not signed by patient or reason pt can't sign)

☐ Patient is a minor
☑ Patient unable to sign because Sedated/intubated

D Elmo 4/11/14 0750

Signature of Professional Witnessing Consent — Date — Time

Signature of Professional Witnessing Consent — Date — Time

OPTIONAL DOCUMENTATION

AFFIRMATION OF INFORMED CONSENT BY PHYSICIAN

I do affirm and certify that I have informed the above named patient, or the patient's authorized representative of the condition requiring the surgical treatment and/or invasive diagnostic procedures referred to above. I have consistent with my best medical judgement, fully explained the nature, purpose, alternatives, risks and potential complications of the treatment(s) and/or procedure(s) described. After the foregoing information had been explained, the patient or representative consented to all treatment and/or other procedures described.

Physician or Practitioner Signature — Date/Time: _____

Consent Forms F140

INFCONSULT REPT
155200

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I
NAME: PROVINS, JAMES
Age: 52 Sex: M
DOB:
Attending Physician: Muhammad Baber, M.D.

MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014

Consultation Date: 04/11/2014

CONSULTATION REPORT

REQUESTING PHYSICIAN
Dr. Jameel.

REASON FOR CONSULTATION
Antibiotic management for patient with influenza A and multiorgan failure and pancreatitis.

The patient is a 52-year-old male who at this time is intubated and sedated. No family members at the bedside. All history is from the chart. Apparently, he came to the hospital with complaints of chest pain and shortness of breath, was quite agitated, and tachycardic. Has been feeling bad for the last 3-4 days prior to presentation. He was also hypoxic. There was evidence of bilateral infiltrates and acute kidney injury. He was admitted, workup started. He required to be intubated. Now, he is on CRRT. Influenza screen positive came back for influenza A. CT scan of the abdomen and pelvis and lab data compatible with pancreatitis. He is on Merrem. Infectious disease consultation was requested for further evaluation and antibiotic management.

PAST MEDICAL HISTORY
Hypertension.

SOCIAL HISTORY
Remarkable for tobacco use and alcohol use.

SURGICAL HISTORY
Remarkable for shoulder surgery.

ALLERGIES
No known drug allergies.

CURRENT MEDICATIONS
List reviewed. Antibiotics include Merrem.

PHYSICAL EXAMINATION
GENERAL: Intubated, sedated.
VITAL SIGNS: Temperature 100.8, pulse 139, respirations 31, and blood pressure 102/64.
HEENT: Unremarkable.
NECK: Supple.
CHEST: Decreased air entry bilaterally.

HEART: Normal S1 and S2. Tachycardic.
ABDOMEN: Soft, nontender, and nondistended.
EXTREMITIES: Show no edema.
DIAGNOSTIC STUDIES
LABORATORY: BUN 28, creatinine 4.4. AST 215, ALT 75. Alkaline phosphatase 58. Amylase 651, lipase 832; both of them are improved. CPK 349. Lactic acid 5.4. Troponin 0.3. WBC 20; it was 26 upon admission. Hemoglobin 14 platelets 195,000, 80% neutrophils. Influenza A positive. Tox screen positive for benzodiazepines, opiates, and TCA. Urinalysis was nitrite positive, glucosuria, and pyuria. All cultures are negative so far.

IMAGING: CT scan of the abdomen and pelvis shows acute pancreatitis. No fluid collections or pseudocyst. Chest x-ray shows bilateral infiltrates and cardiomegaly.

ASSESSMENT
1. Influenza A.
2. Pneumonia.
3. Respiratory failure.
4. Multiorgan failure.
5. Acute pancreatitis.

PLAN
I think at this time we need to broaden the spectrum of his antibiotic coverage and get the sputum for Gram stain and culture. Follow up on the results of blood cultures. Empirically, I would go ahead and discontinue his Merrem and start him on Zosyn, Zyvox, Levaquin, and Diflucan for his possible pneumonia, ARDS, and pancreatitis, and of course add Tamiflu for his Influenza A infection. Will ask pharmacy to follow along for dosing of these antibiotics, as the patient is on CRRT. Follow up on the results of the cultures. Prognosis guarded. Further recommendations depending upon the course.

I would like to thank Dr. Jameel for requesting us to participate in the care of this patient. We will be following this patient along with you.

Dictated by...
Kamran Akhtar, M.D.

KA/amm
DD: 04/11/2014 13:37
TD: 04/11/2014 15:56
JOB #: 1691579

CONSULTATION REPORT

ELECTRONICALLY SIGNED BY
Akhtar, Kamran - 155200
6/11/2014 11:23:55

HEMATOLOGY - CBC/Differential (Cont.)

Day	1		
Date	-----04/10/14-----		
Time	2021	1035	
			Reference Units
> BAND		(r) H	
> MONOCYTES		1.0(@s) L	[0-10] %
> NUCLEATED RBC		1(@s)	[3.0-12.0] %
> PLT ESTIMATE		(t)	[0] /100
> RBC NORMAL		YES(@s)	[NORMAL]

COAGULATION

Day	4	3	1		
Date	04/13/14	04/12/14	04/10/14		
Time	0408	0345	1035		
				Reference	Units
> PT	14.6 H	17.9 H		[9.1-13.3]	SECONDS
> INR	1.3(u)	1.6(u)			
> PTT	40.7(v) H	43.2(v) H		[27.0-38.3]	SECONDS

OTES: (r) 22.0 H
See also (@s)

(@s) 9700 STONESTREET ROAD
LOUISVILLE, KY 40272

(t) NORMAL
See also (@s)

(u) INTERNATIONAL NORMALIZED RATIO

CONDITION	RECOMMENDED INR
Prophylaxis/treatment of: Venous Thrombosis, Pulmonary Embolism	2.0 - 3.0
Prevention of Systemic Embolism from:	
Atrial Fibrillation	2.0 - 3.0
Myocardial Infarction	2.0 - 3.0
Mechanical Prosthetic Heart Valves	2.5 - 3.5
Recurrent Systemic Embolism	2.5 - 3.5

An INR above 5.0 or 5.5 appears to be associated with high risk of bleeding.

(v) The PTT Unfractionated heparin therapeutic range for the HEPARIN Protocol is 69.5 to 107.3 seconds and is equivalent to 0.3 - 0.7 units/ml anti-Factor Xa activity. The PTT is NOT recommended for use in therapeutic monitoring of patients on Low Molecular Weight Heparins.

COAGULATION (Cont.)

Day	4	3	1		
Date	04/13/14	04/12/14	04/10/14		
Time	0408	0345	1035	Reference	Units
> D-DIMER			668(w) H	[0-200]	NG/ML

CHEMISTRY - Profiles

Day		5			4		
Date		04/14/14			04/13/14		
Time	0610	0450	0450	0018	2006	Reference	Units
> SODIUM		138				[135-145]	mmol/L
> POTASSIUM		4.5				[3.5-5.1]	mmol/L
> CHLORIDE		100				[100-111]	mmol/L
> CO2		26				[22-31]	mmol/L
> GLUCOSE		102				[70-110]	mg/dL
> POC-GLUCOSE	108			97	110	[70-110]	mg/dL
> BUN		<5 L				[9-23]	mg/dL
> CREATININE		1.2				[0.6-1.4]	mg/dL
> eGFR		(z)				[>60]	mL/min
> CALCIUM		5.5 L				[8.4-10.2]	mg/dL
> BUN/CREAT		4.16					
> AST		1154 H				[10-42]	U/L
> ALT		307 H				[10-40]	U/L
> ALK PHOS		80				[32-92]	U/L
> BILI TOTAL		3.4 H				[0.2-2.0]	mg/dL
> TOTAL PROTEIN		6.5 L				[6.0-8.3]	g/dL
> ALBUMIN		1.8 L				[3.5-5.0]	g/dL
> PHOSPHOROUS		1.6 L				[2.5-4.6]	mg/dL
> MAGNESIUM		1.6				[1.6-3.0]	mg/dL
> LACTIC ACID			5.2 H			[0.5-2.2]	mmol/L

OTES: (w) See (x), (@y)
(x) **Results are reported in D-Dimer units ng/ml (D-Du ng/ml)**

Elevations of D-Dimer may be found in a number of clinical conditions including malignancy, arterial thrombosis (MI, stroke), DIC, DVT, PE, post-surgery, pregnancy, and in some normal individuals. In the setting of DVT, the greatest clinical utility of D-Dimer is its high negative predictive value. Falsely low results may occur in patients taking anticoagulants and possibly anti-platelet drugs and in patients with small, older or nonprogressing thrombi.

(@y) 970C STONESTREET ROAD
LOUISVILLE, KY 40272

(z) ABOVE60
See also (aa)

(aa) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/MIN

atient: PROVINS,JAMES
ge/Sex: 52/M DOB:
ttending: RUXER, JENA MD
rdering:

Loc: D/C'd 04/14/14 Sts. Mary & Elizabeth Hospital
Acct#: M034311738 1850 Bluegrass Ave., Lou, KY. 40215
Unit#: 000423587 LABORATORY SERVICES
(502)361-6496

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** CONTINUED ON NEXT PAGE **

CHEMISTRY - Profiles (Cont.)

Day	4						
Date	04/13/14						
Time	2003	1933	1842	1306	0935	Reference	Units
> SODIUM	136					[135-146]	mmol/L
> POTASSIUM	4.5					[3.5-5.1]	mmol/L
> CHLORIDE	100					[100-111]	mmol/L
> CO2	22					[22-31]	mmol/L
> GLUCOSE	167 H					[70-110]	mg/dL
> POC-GLUCOSE		80	63	81		[70-110]	mg/dL
> BUN	<5 L					[9-23]	mg/dL
> CREATININE	1.2					[0.6-1.4]	mg/dL
> eGFR	(ab)					[>60]	mL/min
> CALCIUM	5.7 L					[8.4-10.2]	mg/dL
> BUN/CREAT	4.16						
> PHOSPHOROUS	2.0 L					[2.5-4.6]	mg/dL
> MAGNESIUM	1.7					[1.6-3.0]	mg/dL
> LACTIC ACID					5.9 H	[0.5-2.2]	mmol/L

Day	4						
Date	04/13/14						
Time	0935	0707	0631	0408	0408	Reference	Units
> SODIUM	141			141		[135-145]	mmol/L
> POTASSIUM	4.6			4.4		[3.5-5.1]	mmol/L
> CHLORIDE	106			106		[100-111]	mmol/L
> CO2	21 L			22		[22-31]	mmol/L
> GLUCOSE	111 H			114 H		[70-110]	mg/dL
> POC-GLUCOSE		147 H	70			[70-110]	mg/dL
> BUN	<5 L			<5 L		[9-23]	mg/dL
> CREATININE	1.2			1.2		[0.6-1.4]	mg/dL
> eGFR	(ad)			(ae)		[>60]	mL/min
> CALCIUM	5.8 L			7.2 L		[8.4-10.2]	mg/dL
> BUN/CREAT	4.16			4.16			
> AST				685 H		[10-42]	U/L
> ALT				298 H		[10-40]	U/L
> ALK PHOS				65		[32-92]	U/L
> BILI TOTAL				3.5 H		[0.2-2.0]	mg/dL
> TOTAL PROTEIN				5.4 L		[6.0-8.3]	g/dL
> ALBUMIN				2.1 L		[3.5-5.0]	g/dL
> PHOSPHOROUS				1.9 L		[2.5-4.6]	mg/dL
> CK				4023 H		[36-174]	IU/L

OTES: (ab) ABOVE60
See also (ac)
(ac) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/min
(ad) ABOVE60
See also (ac)
(ae) ABOVE60
See also (ac)

atient: PROVINS,JAMES
ge/Sex: 52/M DOB:
ttending: RUXER, JENA MD
rdering:

Loc: D/C'd 04/14/14 Sts. Mary & Elizabeth Hospital
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** CONTINUED ON NEXT PAGE **

Day	4						
Date	04/13/14						
Time	0955	0707	0631	0408	0408	Reference	Units
> LIPASE				47		[22-51]	U/L
> AMYLASE				100(af) H		[0-46]	U/L
> MAGNESIUM				1.7		[1.6-3.0]	mg/dl
> LACTIC ACID					5.6 H	[0.5-2.2]	mmol/L

Day	3						
Date	04/12/14						
Time	2352	1956	1742	1212	1133	Reference	Units
> SODIUM		142		140		[135-145]	mmol/L
> POTASSIUM		4.4		4.1		[3.5-5.1]	mmol/L
> CHLORIDE		108		106		[100-111]	mmol/L
> CO2		26		23		[22-31]	mmol/L
> GLUCOSE		110		150 H		[70-110]	mg/dL
> POC-GLUCOSE	86		158 H		123 H	[70-110]	mg/dL
> BUN		<5 L		<5 L		[9-23]	mg/dL
> CREATININE		1.3		1.5 H		[0.6-1.4]	mg/dL
> eGFR		(ag)		(ah) L		[>60]	mL/min
> CALCIUM		7.6 L		8.9		[8.4-10.2]	mg/dL
> BUN/CREAT		3.84		3.33			
> AST				686 H		[10-42]	U/L
> ALT				282 H		[10-40]	U/L
> ALK PHOS				63		[32-92]	U/L
> BILI TOTAL				3.9 H		[0.2-2.0]	mg/dL
> TOTAL PROTEIN				5.7 L		[6.0-8.3]	g/dL
> ALBUMIN				2.2 L		[3.5-5.0]	g/dL
> PHOSPHOROUS		1.4 L		2.0 L		[2.5-4.6]	mg/dL
> MAGNESIUM		1.9		1.8		[1.6-3.0]	mg/dL

Day	3			2			
Date	04/12/14			04/11/14			
Time	0524	0345	0345	2333	1942	Reference	Units
> SODIUM			137		138	[135-145]	mmol/L
> POTASSIUM			4.0		3.9	[3.5-5.1]	mmol/L
> CHLORIDE			103		104	[100-111]	mmol/L
> CO2			22		24	[22-31]	mmol/L
> GLUCOSE			168 H		172 H	[70-110]	mg/dL

OTES: (af) Method specific for amylase of pancreatic origin.
(ag) ABOVE60
See also (ah)
(ah) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/MIN
(ai) 52.2 L
See also (ah)

atient: PROVINS,JAMES
ge/Sex: 52/M DOB:
ttending: RUXER, JENA MD
rdering:

Loc: D/C'd 04/14/14 - Sts. Mary & Elizabeth Hospital
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** CONTINUED ON NEXT PAGE **

CHEMISTRY - Profiles (Cont.)

Day	3			2			
Date	04/12/14			04/11/14			
Time	0524	0345	0345	2333	1942	Reference	Units
> POC-GLUCOSE	166 H						
> BUN				129 H		[70-110]	mg/dL
> CREATININE			5 -		9	[9 23]	mg/dL
> eGFR			1.6 H		2.0 H	[0.6-1.4]	mg/dl
> CALCIUM			(aj) -		(al) L	[>60]	mL/min
> BUN/CREAT			8.8		8.2 L	[8.4-10.2]	mg/dL
> AST			3.12		4.50		
> ALT			446 H			[10-42]	U/L
> ALK PHOS			223 H			[10-40]	U/L
> BILI TOTAL			58			[32-92]	U/L
> TOTAL PROTEIN			3.5 H			[0.2-2.0]	mg/dL
> ALBUMIN			5.6 -			[6.0-8.3]	g/dL
> PHOSPHOROUS			2.3 -			[3.5-5.0]	g/dL
> CK			2.1 -		2.8	[2.5-4.6]	mg/dL
> LIPASE			1542 H			[36-1/4]	IU/L
> AMYLASE			166 H			[22-51]	U/L
> MAGNESIUM			255(am) H			[0-46]	U/L
> LACTIC ACID		3.4 H	1.6		1.8	[1.6-3.0]	mg/dL
						[0.5-2.2]	mmol/L

Day			2				
Date			04/11/14				
Time	1747	1222	0618	0400	0400	Reference	Units
> SODIUM					132 L	[135-145]	mmol/L
> POTASSIUM					4.8	[3.5-5.1]	mmol/L
> CHLORIDE					100	[100-111]	mmol/L
> CO2					16 L	[22-31]	mmol/L
> GLUCOSE					336 H	[70-110]	mg/dL
> POC-GLUCOSE	209 H	263 H	279 H			[70-110]	mg/dL
> BUN					28 H	[9-23]	mg/dL
> CREATININE					4.4 H	[0.6-1.4]	mg/dL
> eGFR					(an) L	[>60]	mL/min
> CALCIUM					6.9 L	[8.4-10.2]	mg/dL
> BUN/CREAT					6.36		
> AST					215 H	[10-42]	U/L
> ALT					75 H	[10-40]	U/L
> ALK PHOS					58	[32-92]	U/L

OTES: (aj) 48.5 L
See also (ak)
(ak) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-20 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/min
(al) 37.5 L
See also (ak)
(am) Method specific for amylase of pancreatic origin.
(an) 15.1 L
See also (ak)

atient: PROVINS,JAMES
ge/Sex: 52/M DOB:
ttending: RUXER, JENA MD
rdering:

Loc: D/C'd 04/14/14 Sts. Mary & Elizabeth Hospital
Acct#: M034311738 1850 Bluegrass Ave., Lou, KY 40215
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(502)361-6496

rinted: 04/17/14 @ 2346

** CONTINUED ON NEXT PAGE **

CHEMISTRY - Profiles (Cont.)

Day			2				
Date			04/11/14				
Time	1747	1222	0618	0400	0400	Reference	Units
> BILI TOTAL					3.6 H	[0.2-2.0]	mg/dL
> TOTAL PROTEIN					6.4	[6.0-8.3]	g/dL
> ALBUMIN					2.8 L	[3.5-5.0]	g/dl
> CK					349 H	[36-174]	IU/L
> LIPASE					832 H	[22-51]	U/L
> AMYLASE					651(ao) H	[0-46]	U/L
> LACTIC ACID				5.4 H		[0.5-2.2]	mmol/L

Day			1				
Date			04/10/14				
Time	2317	2021	2021	2019	1035	Reference	Units
> SODIUM			126 L		(ap) L	[135-145]	mmol/L
> POTASSIUM			5.1		(ar)	[3.5-5.1]	mmol/L
> CHLORIDE			97 L		87(@aq) L	[100-111]	mmol/L
> CO2			18 L		19(@aq) L	[22-31]	mmol/L
> GLUCOSE			336 H		(as) H	[70-110]	mg/dL
> POC-GLUCOSE	331 H			311 H		[70-110]	mg/dL
> BUN			24 H		20(@aq)	[9-23]	mg/dL
> CREATININE			3.1 H		(at) H	[0.6-1.4]	mg/dL
> eGFR			(au) L		(aw) L	[>60]	mL/min
> CALCIUM			8.0 L		(ax)	[8.4-10.2]	mg/dL
> BUN/CREAT			7.74		(ay)		
> AST			53 H		53(@aq) H	[10-42]	U/L
> ALT			28		48(@aq) H	[10-40]	U/L

OTES:
(ao) Method specific for amylase of pancreatic origin.
(ap) 126 L
See also (@aq)
(@aq) 9700 STONESTREET ROAD
LOUISVILLE, KY 40272
(ar) 4.4
See also (@aq)
(as) 415 H
See also (@aq)
(at) 1.7 H
See also (@aq)
(au) 22.6 L
See also (av)
(av) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/min
(aw) 45.2 L
See also (av), (@aq)
(ax) 9.1
See also (@aq)
(ay) 11.76
See also (@aq)

ient: PROVINS,JAMES
/Sex: 52/M DOB:
encing: RUXER, JENA MD
lering:

Loc: O/C'd 04/14/14 Sts. Mary & Elizabeth Hospital
Acct#: M034311738 1850 Bluegrass Ave., Lou. KY. 40215
Unit#: 000423587 LABORATORY SERVICES
(502)361-6496

nted: 04/17/14 @ 2346

** CONTINUED ON NEXT PAGE **

CHEMISTRY - Profiles (Cont.)

Day			1				
Date			04/10/14				
Time	2317	2021	2021	2019	1035	Reference	Units
> ALK PHOS			47		88(@az)	[32-92]	U/L
> BILI TOTAL			2.9 H		(ba) H	[0.2-2.0]	mg/dL
> TOTAL PROTEIN			5.4		(bb)	[6.0-8.3]	g/dl
> ALBUMIN			2.6 -		(bc)	[3.5-5.0]	g/dL
> MAGNESIUM					(bd)	[1.6-3.0]	mg/dL
> LACTIC ACID		2.9 H				[0.5-2.2]	mmol/L

Day	1		
Date	04/10/14		
Time	1025		
> LIPASE	(be) H	Reference	Units
> AMYLASE	809(bf) H	[22-51]	U/L
		[0-46]	U/L

CHEMISTRY - Cardiac Enzymes

Day			1			
Date			04/10/14			
Time	2340	1736	1248	1108	Reference	Units
> POC-CKMB			(bh)	(bi)	[0.0-7.9]	ng/mL
> POC-MYO			(bj) H	(bk) H	[0.0-169.0]	ng/mL

OTES: (@az)9700 STONESTREET ROAD
LOUISVILLE, KY 40272
(ba) 3.1 H
See also (@az)
(bb) 8.2
See also (@az)
(bc) 4.0
See also (@az)
(bd) 1.6
See also (@az)
(be) 1154 H
See also (@az)
(bf) See (bg). (@az)
(bg) Method specific for amylase of pancreatic origin.
(bh) 2.2
See also (@az)
(bi) 1.7
See also (@az)
(bj) 365.0 H
See also (@az)
(bk) 322.0 H
See also (@az)

atient: PROVINS,JAMES
ge/Sex: 52/M DOB:
tending: RUXER, JENA MD
rdering:

Loc: D/C'd 04/14/14 Sts. Mary & Elizabeth Hospital
Acct#: M034311738 1850 Bluegrass Ave., Lou. KY. 40215
Unit#: 000423587 LABORATORY SERVICES
(502)361-6496

rinted: 04/17/14 @ 2346

** CONTINUED ON NEXT PAGE **

CHEMISTRY - Cardiac Enzymes (Cont.)

Day	1					
Date	04/10/14					
Time	2340	1736	1248	1108	Reference	Units
> POC-TROP						
> TROPONIN	(bp)	(br)	(bl)	(bo)	[<=0.05]	ng/mL
					[0.01 0.04]	ng/ml

CHEMISTRY - TDM/Toxicology

Day	1			
Date	04/10/14			
Time	1340	1035	Reference	Units
> ALCOHOL		<5(bs)	[0]	mg/dL
> U METHADONE	(bu)		[NEG]	
> U BENZODIAZ	(bv)*H		[NEG]	
> U COCAINE	(bw)		[NEG]	
> U AMP	(bx)		[NEG]	
> U MARIJUANA	(by)		[NEG]	
> U OPIATES	(bz)*H		[NEG]	

NOTES: (bl) <0.05
See also (bm), (@bn)
(bm) Intermediate 0.05 - 0.39 ng/mL
(@bn) 9700 STONESTREET ROAD
LOUISVILLE, KY 40272
(bo) <0.05
See also (bm), (@bn)
(bp) 0.03
See also (bq)
(bq) A cutoff of 0.50 ng/ml is recommended for diagnosis of AMI, as this yields optimal performance of 96% sensitivity and 94% specificity.
(br) <0.03
See also (bq)
(bs) See (bt), (@br)
(bt) TOXIC: > 150 MG/DL
TEST PERFORMED ON SERUM OR PLASMA
RESULTS FOR MEDICAL USE ONLY
(bu) NEG
See also (@bn)
(bv) POS*H
See also (@bn)
(bw) NEG
See also (@bn)
(bx) NEG
See also (@bn)
(by) NEG
See also (@bn)
(bz) POS*H
See also (@bn)

CHEMISTRY - TDM/Toxicology (Cont.)

Day	1			
Date	04/10/14			
Time	1340	1335	Reference	Units
> U BARBITURATES	(ca)		[NEG]	
> U TCA	POS(cc)*H		[NEG]	

CHEMISTRY - Special

Day	1					
Date	04/10/14					
Time	2340	2344	1736	1736	Reference	Units
> BHOB	0.76 H				[0.02-0.27]	MMOL/L
> OSMO SERUM			305 H		[280-300]	mOsmo/kg
> FR-t 14				1.21	[0.58-1.64]	ng/dL
> TSH				2.87	[0.34-5.60]	uIU/ml
> HEMOGLOBIN A1c		6.7 H			[4.0-6.0]	%

OTES: (ca) NEG
See also (@cb)
(@cb) 9700 STONESTREET ROAD
LOUISVILLE, KY 40272
(cc) See (cd), (@cb)
(cd) A positive result indicates the presence of the drug or drug metabolites and does not indicate the level of intoxication or urinary concentration. For medical purposes only.
The thresholds for each drug are as follows:

METHADONE	>	300 ng/ml
BENZODIAZEPINES	>	300 ng/ml
COCAINE	>	300 ng/ml
AMPHET/METHAMPHETAMINES	>	1000 ng/mL
THC (MARIJUANA)	>	50 ng/ml
OPIATES	>	300 ng/ml
BARBITURATES	>	300 ng/ml
TCA	>	300 ng/ml

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311739 MR#:L000423587
ODOWINS JAMES CICCU3
2 M M CICCU3-17
Wetherton/Angela R.M.
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/11/14 3:15 am		4/11/14 Pt [illegible]
	T.V. Mitchell	(FULL [illegible]) - [illegible]
	(1) Consult Dr Self [illegible]	A/P
	for [illegible] [illegible]	(1) ARF - [illegible]
		[illegible]
	(2) CRRT orders	Shock / ATN (ischemic)
	CVL 5Fr - 14cm	etc:
	BFR 200 DFR 200	O2 SAT 1/RW O2
	160 D-lyte	[illegible]
	3K, 30 Bicarb, 20 Ca	[illegible]
	140 Na	Will need CRRT
	No heparin	D/W [illegible]
	Run (+) 100 cc In > Out	[illegible]
	x 12 hrs	
	then run [illegible]	
	BMP, mg, phos q 8hrs after CRRT	
	CMP, mg, phos, CBC, PT/PTT & Am while on CRRT	(2) Pancreatitis / ETOH [illegible]
	If phos < 2.5 give 20mEq K phos IV over 4hrs	(3) Resp [illegible]
	If Ca < 7 give 2 Amps Calcium Gluconate IV over 6hrs	(4) possible sepsis
	If mg < 1.8 give 2gm mg sulfate IV over 1-2hrs	Thanks
	If Na < 130 or > 145 / Cl < 18 or > 30 / K < 3.0 or > 5 } call	
TOPV Done	by: Date/Time:	
MD Sign:	Date/Time:	
MD Print:	Contact #: 527-9660	

FAXED

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1220

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10-10

ORDER / PROGRESS CHART

4/11/14 0830

WOLTFORMS® 222440 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311738 MR#:L000423587
PROVIDE NAME C:2CU3
2 M M CTCC:3-17
Wetherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered

Physicians Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

4/11/14 7:20AM

① DC Beta drip once ~~CBGT~~ stable

FAXED

(Arlene Off 587-9100)

Received 4/11/14 0800

4/11/14 0850

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

Physicians Orders

F1200

CONTENT REVIEWED/REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS# 732540 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: H0343111738 PR#: 0000423587
PROWITS, JAMES CICCU3
52 M M CICCU3-17
Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

4/12/14 7:40AM
PDM/Con
Pt seen & c/f
VS 100. 138, 31, 102 Kg
Dc on vent 09:30 AM
Sedation
Cor Sinus
Resp. Bil Air Entry
Chest Soft Bilat
Ext Warm Edema
Labs 7.25/36/78/100%
132 100 28 3.86
48 16 4.4 6.9
AST 215
ALT 75
Lipase 832
Amylase 65
CXR (R) side pneumonia

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT ELECTRONICALLY SIGNED BY
Jameel, Saqlad - 264669
ORDERS 04/22/2014 22:43:06
CHART

CONTENT REVIEWED / REVISED 06/16

NOTEFORMS# 702410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

1/2

Saqlad Jameel, MD FCCP
Louisville Lung Care
Pulmonary Critical Care and Sleep medicine
Ph: 502-363-1360 Fax: 502-416-1030

318

653

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M0343[illegible]2738 MR#: L00042358[illegible]
PROVTNS: [illegible]MFS CICCU3
52 M M CICCU3-17
Wetherton, Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered | Physicians Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

4/11/14 7:40 AM

Cont. Comp MS 7 8AM
Cont fentan

Signed Jerrold, MD FCCP
Louisville Lung Care
Pulmonary Critical Care and Sleep medicine
Ph:502-[illegible] Fax:502-416-1030

Observed 4/11/14 0753

4/11/14 08:00

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

4/11/14 7:38 AM

Pom Con 2/2
Prop 0-03
20) 14/42 CPS

1) Acute Resp Failure
2) Septic Shock
3) Severe ARDS
4) Pancreatitis
5) ARF
6) Alcohol abuse
7) ? HFIS
8) DM

Pm. vent support
- CRRT
- IV Abx
- IVF
- GI ppx
- prognosis poor
- talk family last night

Physicians Orders F-230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED REVISED 10/10

X-RAY COMPLETED
Study: AM PCXE
Contrast:
Date: 4/12/14
Technologist: [illegible]

ROGRESS
Jerrold MD FCCP
Lung Care
Sleep medicine
(Ex. Monthly, other day)

SOLUPORK® 732540 10/00

Unapproved/Unsafe Abb
DO NOT USE: Q.D., Q.C
Instead, please write: "da...

Sts. Mary & Elizabeth's Hospital

A Service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

Acct#: M034311738 MR#: L000423587
PROVTNS, JAMES CICCU3
52 M CICCU3-17
Weicher,Angela R MD 35883

Preprinted Restraint Order Form

DATE: 04/11/14 TIME: 0600	DATE: TIME:
RESTRAINTS INDICATED FOR MEDICAL NECESSITY:	
X Pulse Oxim with Medical Treatment	
X Respiratory Assist Seizure Hazard	
ORDER TIME LIMIT:	
X 72 Hours	
48 Hours	
24 Hours	
12 Hours	
8 Hours	
RESTRAINTS INDICATED FOR BEHAVIORAL NEEDS*	
*NOTE: A physician must conduct a face to face evaluation	
within one hour if restraints indicated for behavioral needs	
_____ Combative	
_____ Danger to Self and Others	
ORDER TIME LIMIT:	
_____ 4 Hours	
_____ 2 Hours	
_____ 1 Hours	
TYPE OF RESTRAINT:	
_____ Mittens - Secured X Side rails x4 X Upper Limb	
_____ Vest _____ Chemical _____ Lower Limb	

MD Signature: _____ Date/Time: 4/11/14 7:56 AM

MD Printed Name: _____ Pager/Phone: _____

Sandra Jerneal, MD FCCP
Intensive Lung Care
Advanced Critical Care Medicine
Pager 502-416-3000

ORDER/PROGRESS

601-30 9-04

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACC#: N034311738 MR#: L000423587
PROVINS, JAMES
CICCU3
52 M M CICCU3-
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
		4/11/14
		Pt unable to give history
		on vent / intubate
		multiple pressors/gtts
		Med Cheri
		gtts ↓ BE GP
		BS↓
		Cpqueen
		Lact ↑ Mod / Severe
		↑ LFT
		↑ Cr
		G. Sc Pancreatitis
		↓ abscess
		Sc Pancreatitis Etoh ↓
		Alc - hepatitis
		Sepsis
		- Hypotension
		Resp failure - intub
		Renal failure / anuric
		Cant E Cam ↓
		pressors quadrip

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

PLEASE DO NOT WRITE BELOW THIS LINE.

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOA FORMS® 7326410 10/10

Physicians Orders F1230

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: 1903423587
PROVINS JAMES C1CC03
H N C1CC03 17
Wednesday, August 6 R H
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature
	All orders must be Signed, Dated, and Timed with Contact # Included
4/11/14	Stat Chest xray Stat/Placement — VOR ELECTRONICALLY SIGNED BY Jameel, Sajjad ~ 264689 5/22/2014 12:48:03 Mannan
	Linga Hammann
	EKG today
	4/11/14 10:28 am
	Linga Hammann
4/11/14	① Dobhoff tube placement ② PUB to verify placement ③ Emilin 15 ml per dobhoff twice daily — TORV/ DR. Jameel/Mynafammannan
	ELECTRONICALLY SIGNED BY Jameel, Sajjad 264689 5/22/2014 12:42:56
	FAXED
	4/11/14 11:30
TORV Dr.	by: Date/Time:
MD Sign:	Date/Time:
MD Print:	Contact #:

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

X-RAY COMPLETED
Study PCXR
Contrast
Date 4/11/14
Technologist

ECHO LAB
EXPLAINED AND COMPLETED
EXAM
DATE 4/11/14 TECH

4/11/14. Remains intubated. BP maintained on Neosyn + Levophed. HR 130 sinus. NSR
Chest: bilateral rales & rhonchi. Heart sounds dist. no murs no clicks no gallops.
Abd: soft, tender. no masses. no BS. Tf/o +5222. Gastric 4.4 kg
CXR: Central Pulm. vascularity
EKG 4/11 ①

Ass: Septic Shock
- ARDS
- Acute Pancreatitis
- DM.
- Resp failure.

Plan: ?? Remove some fluid or ↓ fluid administration
- Continue Pressors
- with Serious Echo

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED 10/16

ORDER / PROGRESS CHART

VO: FORMS2 722540 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034321738 MR#:L000423587
PROVTMS:TAKES CICCU3
52 M M CICCU3 37
Weatherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered

Physicians Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

HIPS

4/14

pt is to be set the vent

VS

100.8 139 hr 31/m 102/69

Resp: bs b/c

CVS tachy S1 S2

Abd soft NT bsx

Ext [illegible]

Skin warm & dry

Lab

BS 213 BUN 76 Bicarb 8.7

Na 132 K 4.8

WBC 20.1 Hb 14.0 Plt 195

A/P

(1) Influenza B → septic shock

(2) Sepsis 2 MODS

(3) AC RF [illegible] on vent

DS per Dr Jones

(4) Acid wtd lung

(5) ABX. CRRT

DS per [illegible]

(6) AC [illegible]

(7) Polydipsia abuse

(8) AC [illegible] Dr Crislenn

(9) Hypotension on vasopressors

(10) Progressive [illegible]

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUNTEERS 7135410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACC#: MD34311738 HR#: L000423587
CICCU3
52 M M CICCU3-17
Hetherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered | Physicians Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

4-11-14 T.O.- Dr. Andre Duff
1010 1) Hepatitis B surface antigen today
2) Hepatitis B surface antibody today
3) Hepatitis B core antibody today
RTV - J. Blackmon RN

4/12/14

FAXED

4/11/14 ABG STAT ICU
1145 VOLV Dr. Jamal / D. Edwards RN

C Blakney CRT

4/11/14 Add to High Dose SSI
1230 per protocol D. Edwards RN

FAXED

4/11/14 Consult Dr. Akhtar - Flu
1330 INCREASE temp to 14
Tylenol 650mg Q6° PRN
Temp ≥ 100.4
TORV Dr. Jamal / D. Edwards RN

ELECTRONICALLY SIGNED BY
Jamal, Gaddad 264689
5/22/2014 12:42:54

FAXED

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

X-RAY COMPLETED
Study KUB
Contrast
Date 4-11-14
Technologist BMB

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED 1010

ORDER / PROGRESS CHART

VOLUFORMS 339410 1003

Physicians Orders

F1230

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: MC343 1738 MR#: 1 300423567
PROVINS, JAMES CICCUS
52 M M CICCUS 17
15 R M
ADN
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/11/14 1888	Spoken for 65/Cs — D/C Morphine	4/11/14
	Zofran 2-25 gm IVq 8.	Thank you. Full note
	Zyrex 600 mg IVq 12.	dictated - 1691579
	Lasix 75 mg IVq 48.	Jeffrey A.
	Tamiflu 75 mg PO q 12.	Lipsitz
	Dyfenac 200 mg IV q24	for IDRS
	Pharmacy to follow for	Pneumatic
	Abx dosing.	AK 7
	All above first doses stat	will B the w 7
		Course
		Jan order

TORV Dr. _____ by: _____ Date/Time: 4/11/14 1400

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED: 10/10

ORDER / PROGRESS CHART

VOLUPORMS: 7/2010 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

CCU 17
PROULX, James
M0843411738
Place Patient Label Here

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
	4-11-14 1410	Phcy
		TO dose AB on THIS
	✓ Change Zosyn to 3.375 Gm IV	52 y/o ♂ 107 Kg
	q12°	107 Kg
		Scr 4.4 BUN 28
	✓ Give Levaquin 750 mg IV q 48°	(Prev BUN/Scr 20/1.7)
	✓ Give Tamiflu 75 mg q 12°	
	Today, then qhs once daily	Dx INFluenza A
	Diflucan 200 mg IV daily	Resp Failure
	Zyvox 600 mg IV Q 12°	PNA ARDS
	per consult/Dr Arthur	AKI
	Robert Rothenberg	BL Cx ⊖ for 24°
	Pharm D	Urine Cx - Pending
	Change Levaquin to 30 mg	WBC ↑ 20 T THIS AM 100.8°
	daily (subcutaneous)	↑ LFT's
	per renal dosing	on Bicarb drip, Fentanyl
	PT approval	drip, Midazolam, NOT ap.
	Robert Rothenberg	NKDA, alcohol detox protocol
	Pharm D	CRRT start today
		A/P See orders
		will follow
		Rothenberg Pharm D.

TORV Dr. 4/11/14 1500 by: Date/Time: 4/11/14 1500

MD Sign: Date/Time: 4/11/14 1500

MD Print: Contact #:

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians: Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLU FORM 438 7328410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Provins, Pam

ORDER/PROGRESS

Date/Time Ordered | Physician's Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

Place Patient Label Here

Progress Notes

All Chart entries must be Signed, Dated, and Timed

SHOCK

- Child intubated on pressors
- overall stable
- Cont c Rocuronium for
- Bnd
- Mild tone
- down-trended and stable
- WBC ↓
- ↑ LFT ↓
- Sepsis
- influenza A
- Bacteremia
- Resp failure
- Renal failure

notify Wards

cont c cardiac care

hypoxemia guarded

JMJ

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 528410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Sts. Mary & Elizabeth's Hospital

A Service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

Acct#: M034311738 MR#: L000423587
PROVINS,JAMES CICCU3
Adm Date: 04/10/14 52 M CICCU3-17
Wetherton,Angela R MD 35883

Preprinted Restraint Order Form

DATE: 04/11/14 TIME: 1600	DATE	TIME
RESTRAINTS INDICATED FOR MEDICAL NEEDS:		
X Interfering with Medical Treatment		
X Jeopardizing Safety of Patient		
ORDER TIME LIMIT:		
X 24 Hours		
4 Hours		
2 Hours		
1 Hour		
RESTRAINTS INDICATED FOR BEHAVIORAL NEEDS*		
*NOTE: A physician must conduct a face to face evaluation		
within one hour if restraints indicated for behavioral needs		
_____ Combative		
_____ Danger to Self and Others		
ORDER TIME LIMIT:		
_____ 4 Hours		
_____ 2 Hours		
_____ 1 Hours		
TYPE OF RESTRAINT:		
____ Mittens - Secured ____ Side rails x4 X Upper Limb		
____ Vest ____ Chemical ____ Lower Limb		

MD Signature: _____ Date/Time: 4/11 8:02

MD Printed Name: _____ Pager/Phone: _____

ORDER/PROGRESS

G01-30 9-04

MEDICAL IMAGING REPORT
222786

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

MD34311738 I MR#: L000423587
NAME: PROVINS, JAMES Acc #: 07-RR-14-0013770
STUDY DATE/TIME: 04/11/2014 6:17 DOB: SEX: M
STUDY DESCRIPTION: CR Chest Single View Portable UNIT: SEDOF ROOM: S10000
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Frontal chest

INDICATIONS
Short of air and pneumonia.

TECHNIQUE
Frontal chest compared with 04/10/2014.

FINDINGS
The endotracheal tube tip is in good position above the carina. Central line from the left neck approach is unchanged when allowing for technical factors. Cardiac silhouette is enlarged but stable. Lung volumes have improved slightly. Perihilar and midlung zone opacities, right-greater-than-left persist and have probably not significantly changed for technical factors. No significant new effusion or dense consolidation. No pneumothorax.

IMPRESSION
1. Tubes and lines appear to be in satisfactory position.
2. Interval improvement in inspiratory result.
3. Opacities in both lungs, right-greater-than-left not significant changed for technical factors. There is no pneumothorax.
4. The left-sided central line may have been retracted slightly compared to 04/10/2014.
1.

Dictated by...
Jason L. Yewell, M.D.

JLY/mcs
DD: 04/11/2014 06:28
TD: 04/11/2014 08:42
JOB #: 8448492

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
183251

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0013842
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/11/2014 9:05 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Chest Single View Portable
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Portable chest 04/11/2014

INDICATIONS
Shortness of air, weakness. Shiley placement.

FINDINGS
AP portable chest compared with earlier the same day. Endotracheal tube and left IJ line are unchanged. New right IJ line tip in the mid SVC level. Bilateral infiltrates and cardiomegaly are stable in the short interval. No pneumothorax is seen.

Dictated by...
Robert L. Keeling, Jr., M.D.

RLK/rnr
DD: 04/11/2014 09:07
TD: 04/11/2014 10:12
JOB #: 6448616

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
278754

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0013891
NAME: PROVINS, JAMES DOB: [redacted] SEX: M
STUDY DATE/TIME: 04/11/2014 12:47 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Abdomen Portable Sng View
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Portable AP view of the abdomen

COMPARISON
None.

INDICATIONS
Feeding tube placement. 52-year-old male.

FINDINGS
The patient was uncooperative and moving throughout the exam. Motion artifact in combination with soft tissue attenuation limits evaluation. Multiple lines are seen to overlap the patient, one of which appears to curl in the left upper quadrant of the abdomen, possibly within the stomach.

IMPRESSION
1. Markedly limited exam due to patient motion and soft tissue attenuation. Consideration of repeat imaging is recommended when the outpatient can more cooperative. Given multiple lines overlapping the patient, the feeding tube position cannot be definitely confirmed. Consider, removing all overlapping lines and subsequent repeat imaging of the abdomen.

**********STAT * RESULT**********

Dictated by...
Brian Louis Mattingly, M.D.

BLM/aa
DD: 04/11/2014 13:26
TD: 04/11/2014 14:00
JOB #: 8449043

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
183251

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-US-14-0002592
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/11/2014 9:53 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: US Kidney Bilateral Complete
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Angela Wetherton, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Renal ultrasound 04/11

INDICATIONS
Elevated creatinine. Low GFR. No urine output.

FINDINGS
Sonographic evaluation was performed of the kidneys in multiple planes. Comparison is made with CT of the abdomen performed on 04/10/2014.

The exam is limited by poor sonographic window. The right kidney measures at least 11.5 cm in pole-to-pole length. The left measures about 12.9 cm. Both kidneys are grossly normal and nonobstructed. The bladder is decompressed by a Foley catheter and is not evaluated.

IMPRESSION
Somewhat limited sonographic window but both kidneys have a normal and nonobstructed appearance. The bladder is decompressed by a Foley and is not evaluated.

Dictated by...
Robert L. Keeling, Jr., M.D.

RLK/mcs
DD: 04/11/2014 10:35
TD: 04/11/2014 11:06
JOB #: 8448732

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
168963

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0013904
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/11/2014 14:48 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Abdomen Portable Sng View
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Muhammad Babar, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
KUB, 04/11/2014 at 14:48

HISTORY
Dobbhoff placement. Pancreatitis. Alcohol withdrawal.

COMPARISON
KUB, 04/11/2040 at 12:47

FINDINGS
There is a nonspecific but nonobstructive appearing bowel gas pattern. The radiopaque tip of the enteric feeding tube projects into the distal gastric body.

IMPRESSION
Enteric feeding tube tip projects into the distal gastric body.

Dictated by...
Lori L. Haycraft, M.D.

LLH/jw
DD: 04/11/2014 15:25
TD: 04/11/2014 15:30
JOB #: 8449243

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
278754

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0013891
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/11/2014 12:47 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Abdomen Portable Sng View
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Portable AP view of the abdomen

COMPARISON
None.

INDICATIONS
Feeding tube placement. 52-year-old male.

FINDINGS
The patient was uncooperative and moving throughout the exam. Motion artifact in combination with soft tissue attenuation limits evaluation. Multiple lines are seen to overlap the patient, one of which appears to curl in the left upper quadrant of the abdomen, possibly within the stomach.

IMPRESSION
1. Markedly limited exam due to patient motion and soft tissue attenuation. Consideration of repeat imaging is recommended when the patient can be more cooperative. Given multiple lines overlapping the patient, the feeding tube position cannot be definitely confirmed. Consider removing all external lines followed by subsequent repeat imaging of the abdomen.

**********STAT * RESULT**********

Dictated by...
Brian Louis Mattingly, M.D.

BLM/aa
DD: 04/11/2014 13:26
TD: 04/11/2014 14:00
JOB #: 8449043

MEDICAL IMAGING REPORT

ewish Hospital & St.Mary's Healthcare
ed Record: L000423587
ccount# : M034311738

Pt. Status: DCS IN CIC
Fin Class: SP
Admit Clerk: CREG.SDP

Patient: PROVINS,JAMES Birthdate:
Address:

Phone(h):
SSN:
Religion: NON-DENOMINATIO

Admit Date : 04/10/14
Age: 52 Last Visit :
Sex: M Last D/C Dt:
Marital St: MARRIED Time : 1401
Race: CAUCASIAN D/C Date: 04/14/14
Language: ENGLISH Time: 0930
CONFIDENTIAL: N

Serv/Loc: ICU
Admit Source: PHYSICIAN/SELF REFER
eason For Visit: PANCREATITIS/ETOH WITHDRAWALS/PNA
Comment:

Accom: OBSERVATION Rm & Bed: CICCU3-17
Oth Locations:

Client:

Prim Care Phys: No. Primary Care Physici
Attn/ER Phys : RUXER, JENA MD
Social Worker:

Admit Phys: Wetherton,Angela R MD
Fam Phys :
Other Phys:

MPLOYMENT INFORMATION:
Empl: UNEMPLOYED
Addr:

hone:
ccup:

GUARANTOR:
Name: PROVINS,JAMES
Addr:

Phone:
SSN:
Rel: SELF / SAME AS PATIENT

GUARANTOR'S EMPLOYER INFO:
UNEMPLOYED

PERSON TO NOTIFY: PROVINS,DEBRA
Address:

Home Phone:
Work Phone:
Rel: WIFE

NEXT OF KIN: ZIMMERMAN,ALICE
Address:

Home Phone:
Work Phone:
Rel: SISTER

INSURANCE: SELF PAY
POLICY #: 406948356
GRP#: NO
EFFECT. DATE
SUBSCRIBER: PROVINS,JAMES
DOB:

Auth: N/A

DOB:

DOB:

USTOM Registration Questions:

dv Dir?: N In Medical Record?: Adv Dir given to Pt?: N
IPAA signe?
f 'Yes', When? If 'No', Why?

ts legal status? PT IN
as pts employer or drug ct/legal recid pt to seek treatment?
eferral Source? ARO7

335

670

FRIDAY 04/11/14 - 0700 thru SATURDAY 04/12/14 - 0659

Jewish Hospital & St.Mary's Healthcare, Louisville, KY
MEDICATION ADMINISTRATION RECORD

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M

Unit#: L000423587
Admitted: 04/10/14
Ht: 170.18 cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 MS

Acct#: M034311738
Admitting Dr: Babar,Muhammad Z MD
Run Date/Time: 04/11/14 - 1229

Page:

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE
External Comments:

Init	NEW MEDS - SCHEDULED	0501-1700 Amount Given	0501-1700 Amt(Mg) Wasted	1701-0500 Amount Given	1701-0500 Amt(Mg) Wasted
	MED: If Phos < 2.5 give 2 amps over 4 hr IV DOSE: ROUTE: IV SCH:			0020	
	MED: If Ca++ < 7.5 give 2 amps Ca gluconate IV over 6 hrs DOSE: ROUTE: SCH:			2100	
	MED: If Mg < 1.8 give 2 g IV over 1-2 hrs DOSE: ROUTE: SCH:			4 0010	
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				

FRIDAY 04/11/14 - 0700 thru SATURDAY 04/12/14 - 0659

Jewish Hospital & St.Mary's Healthcare, Louisville, KY
MEDICATION ADMINISTRATION RECORD

PROVINS, JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M

Unit#: L000423587
Admitted: 04/10/14
Ht: 170.18 cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 MS

Acct#: M034311738
Admitting Dr: Babar Muhammad Z MD
Run Date/Time: 04/11/14 - 1229

Page:

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE
External Comments:

Init	NEW MEDS - SCHEDULED	0501-1700 Amount Given	0501-1700 Amt(Mg) Wasted	1701-0500 Amount Given	1701-0500 Amt(Mg) Wasted
	MED: Tylenol 650 mg via DHT Q6° PRN Temp > 100.4 DOSE: ROUTE: SCH:	1530 OE		0400 S	
	MED: Zosyn 2.25 gms IV Q8° DOSE: ROUTE: SCH: Δ 4/11/14				
	MED: Zyvox 600mg IV Q12° DOSE: ROUTE: SCH:	1530 OE		0530 J	
	MED: Levaquin 750mg IV Q 48° DOSE: ROUTE: SCH:	~~1400~~ 1530 OE			
	MED: Diflucan 200mg IV Q 24° DOSE: ROUTE: SCH:	1200 OE			
	MED: Zosyn 3.375 gms IV Q12° DOSE: ROUTE: SCH:	~~1100~~ 1030 OE		0530 J	
	MED: Lovenox 30mg Sub Q Daily DOSE: ROUTE: SCH:	—	Due	4/12	—
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE:
TIME: 4/11/14 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Document wastage of all meds in mg & Record Start/Stop Times for all IVs.

Init	NEW MEDS — SCHEDULED and SINGLE DOSES	0701-1900		1901-0700	
	MED: DOSE: ROUTE: SCH:	1138 KE			
	D/C Bicarb once CRRT Starts				
	MED: DOSE: ROUTE: SCH:	1925		2 K 3.8 Mg 2.8 Ca 7.8	
	BMP, Mg, Phos q8 while on CRRT + q AM CPT + PTT				
	MED: DOSE: ROUTE: SCH:	1530 KE		0330	
	ONCE KUB Confirmed; TAMIFLU 75 mg VIA DHT BID				
		1200 BS 263 4 units SC KE		0000 129 KE/KE	
		1800 BS 209 6 units KE		0600 100 KE/KE	
		0701-1900		1901-0700	
	PRN:				
	PRN:				
	PRN:				

☐ High-dose (patients requiring greater than 80 units/day)

Pre-meal BG	Additional Insulin
150-199 mg/dL	3 units
200-249 mg/dL	6 units
250-299mg/dL	9 units
300-349mg/dL	12 units
greater than 349 mg/dL	15 units

☐ Medium-dose (patients requiring 40 – 80 units/day)

Pre-meal BG	Additional Insulin
150-199 mg/dL	2 units
200-249 mg/dL	4 units
250-299mg/dL	6 units
300-349mg/dL	8 units
greater than 349 mg/dL	10 units

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE: 4/11/14
TIME: 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

OXYGEN DELIVERY			0701-1900	1901-0700
DATE	OXYGEN ORDER	INITIALS		
4/11/14	Vent FIO2 100%	KE		

Init	SCHED MEDS	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	Chlorhexadine oral care every 6 hours while on ventilator		0800 KE 1400 KE		0200 2000	
KE	NURSE INSTRUCTIONS - Treatment of Alcohol Withdr (RN INSTRUCTIONS) Give Lorazepam (Ativan) based on CIWA-Ar score. Start with standard dose scale. Adjust dosing as necessary to control symptoms without excessive sedation. Assess initial level of withdrawal symptoms and sedation per CIWA-Ar score every 4 hours and PRN. Notify MD of any of the following: Seizures, persistent CIWA-Ar score of equal to or greater than 6 for more than 4 hrs, suicidal ideation, and/or respiratory rate of less than 12. START: 04/10 D/C: @ RX 05729620	See Comments XX q4hrs and PRN	DC			
KE	PANTOPRAZOLE 40MG VIAL (PROTONIX) FLUSH LINE BEFORE AND AFTER ***** INFUSE IV PUSH OVER 2 MINUTES **** SEE PREP INSTRUCTIONS. START: 04/11 D/C: @ RX 05729816	40 MG=1 VIAL IV DAILY	1200 KE			
KE	ENOXAPARIN 40MG/0.4 ML SYR (LOVENOX) START: 04/10 D/C: @ RX 05729817	40 MG=0.4 MLS SUBQ EVERY 24 HOURS	1200 KE		~~0900~~	

Δ 4/11/14

PROVINS,JAMES
CICCU3 - CICCU3-17

Printed: 04/11/14 - 0027
Page: 2 /9
~~CONTINUED~~ -->

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674

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht.: 170.18cm Wt.: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE:
TIME: 4/11/14 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	INSULIN (SUBCUTANEOUS ONLY) DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Amt(mg) Given	Amt(mg) Wasted	1901-0700 Amt(mg) Given	Amt(mg) Wasted
	novoLOG (novoLOG (insulin-ASPART) 100 units/mL) LOW DOSE SS SUBQ ~~BEFORE MEALS &~~ accu's Q6°	~~0730~~ ~~1130~~ ~~1630~~		~~2200~~	
	HIGH ALERT MED (rotate injection sites) LOW-DOSE SLIDING SCALE W/ACCUCHECKS PER MD ORDER 150-199 mg/dL = 1 unit 200-249 mg/dL = 2 units 250-299 mg/dL = 3 units 300-349 mg/dl = 4 units greater than 349 mg/dL = 5 units Time 240 BS Dose units Site Init / Time 1200 BS Dose units Site Init / Time 0000 BS Dose units Site Init / Time 0600 BS Dose units Site Init / If 2 consecutive BG accuchecks of 200mg/dL or greater, increase to next level of sliding scale with second reading above 200 mg/dL. DISCONTINUE current scale. Transcribe new scale onto MAR and send order to RX "move to ____ sliding scale". START: 04/11 D/C: @ RX 05730063		Δd		

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES — JHSMH, LOUISVILLE, KY
CICCU3 CICCU3-17
Age: 52 Sex: M BD: [illegible] Acct#: M034311738
Ht: 170.18cm Wt: 107.05 kg (04/10/14) Unit#: L000423587
Body Surface Area: 2.17 M2 Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE: 4/11/14
TIME: 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV - Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.		

Init	IV DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
KE	THIAMINE HCL (THIAMINE) (100 MG) FOLIC ACID (FOLVITE) (1 MG) MULTIVITAMINS (M.V.I.) (10 ML) DEXTROSE 5%/SOD CHLORIDE 0.9% (1000 ML) Rate: 125 MLS/HR Total Vol: 1011 MLS IV Q8HGM START: 04/10 D/C: 04/12/14 RX 05729610	0912 1715		0400	
KE	MEROPENEM (MERREM) (500 MG) SODIUM CHLORIDE 0.9 % (50 ML) Rate: 100 MLS/HR Total Vol: 50 MLS IV EVERY 6 HOURS TC AUTO-SUB for doripenem, imipenem/cilastin, or ertapenem in pts w/CrCl > 50 for all diagnoses EXCEPT Meningitis, CNS infections, Cystic Fibrosis, Acinetobacter, or Pseudomonas sp w/MIC >/= 4. .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729814	0800 DE 1315	0715	1915 0100	2000 0200
KE	Norepinephrine Bitartrate (levOPHED) (8 MG) DEXTROSE 5% (250 ML) Rate: UD Total Vol: 258 MLS IV *PRN PER MD ORDERS CONCENTRATION = Keep MAP 765 .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729909	0900 250cc DE 1200 250cc DE 1915 250cc DE	1415 250cc DE	0400	
KE	PHENYLEPHRINE HCL (NEOSYNEPHRINE) (40 MG) SODIUM CHLORIDE 0.9 % (250 ML) Rate: UD Total Vol: 254 MLS IV * PER MED ORDERS CONCENTRATION = mcg/mL .....NON-PYXIS ITEM..... TO MAINTAIN SBP ABOVE 100 Keep MAP 765 PRN START: 04/10 D/C: @ RX 05729914	0840 250cc DE 1115 250cc DE 1350 250cc DE 1915 500cc DE		0400	

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD: [redacted]
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE: 4/11/14
TIME: 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency. administer medication or post blood withdrawal.		

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
KE	MIDAZOLAM HCL (VERSed) (50 MG) DEXTROSE 5% (90 ML) Rate: UD Total Vol: 100 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION - Time 1150 Rate 7mg/hr New Bag Y Initials DE/K Time Rate New Bag Initials / Time Rate New Bag Initials / .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729953	100cc Rate 1150 DE		0330	
KE	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: 1100 Settings Verified by RN: DE Wit: K Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729954				
KE	FENTANYL CITRATE PF (SUBLIMAZE) (2500 MCG) SODIUM CHLORIDE 0.9 % (200 ML) Rate: UD Total Vol: 250 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION - .....NON-PYXIS ITEM.....1HR TIME 1600 RATE 150mL/hr NEW BAG Y INITIALS DE/K TIME RATE NEW BAG INITIALS / START: 04/10 D/C: @ RX 05729955	250cc Rate 1600 DE		0015	

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 : 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD: _____
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE:
TIME: 4/11/14 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.		

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
KE	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Forming! Documentation Rate: UD Total Vol: 0 MLS IV PRN SEE PREDEEDING DRUG BOX FOR MED: Set-up Time: 1400 Settings Verified by RN: DE Wit: [illegible] Set-up Time: ____ Settings Verified by RN: ____ Wit: ____ Set-up Time: ____ Settings Verified by RN: ____ Wit: ____ Set-up Time: ____ Settings Verified by RN: ____ Wit: ____ Set-up Time: ____ Settings Verified by RN: ____ Wit: ____ Waste Time: ____ Waste Amt: ____ RN: ____ Wit: ____ Waste Time: ____ Waste Amt: ____ RN: ____ Wit: ____ Waste Time: ____ Waste Amt: ____ RN: ____ Wit: ____ Waste Time: ____ Waste Amt: ____ RN: ____ Wit: ____ Waste Time: ____ Waste Amt: ____ RN: ____ Wit: ____ Waste Time: ____ Waste Amt: ____ RN: ____ Wit: ____ START: 04/10 D/C: @ RX 05729956				
KE	SODIUM BICARBONATE (SODIUM BICARBONATE) (100 MEQ) SODIUM CHLORIDE 0.45% (1000 ML) Rate: 150 MLS/HR Total Vol: 1100 MLS IV 07HZUM START: 04/10 D/C: @ DE 4/11/14 RX 05729961	1400 DE		0000	

PROVINS,JAMES
CICCU3 - CICCU3-17

Printed: 04/11/14 - 0027
Page: 8/9
CONTINUED --

343

678

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSNH, LOUISVILLE, KY
Acct#: H03431738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE: 4/11/14
TIME: 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	PRN MEDS	DOSE & DIRECTIONS (Document wastage of all medications)	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
KE	LOPERAMIDE 2MG CAP (IMODIUM) 4 MG FOR FIRST LOOSE STOOL, FOLLOWED BY 2 MG FOR EACH SUBSEQUENT LOOSE STOOL, UP TO MAX OF 8 MG/24 HOURS START: 04/10 D/C: @ PRN Reason: FIRST LOOSE STOOL	4 MG-2 CAPSULE PO ONCE RX 05729513 PRN D/C 4/11/14				
KE	LOPERAMIDE 2MG CAP (IMODIUM) PRN LOOSE STOOLS UP TO MAX OF 8 MG/24 HOURS (INCLUDES 4 MG DOSE FOR FIRST LOOSE STOOL) START: 04/10 D/C: @ PRN Reason: LOOSE STOOL	2 MG-1 CAPSULE PO PRN RX 05729614 PRN D/C 4/11/14				
KE	dicycloMINE 10MG CAP (BENTYL) START: 04/10 D/C: @ PRN Reason: STOMACH CRAMPS	10 MG-1 CAPSULE PO EVERY 6 HOURS RX 05729615 PRN D/C 4/11/14				
KE	PROMETHAZINE 25MG TAB (PHENERGAN) MAY ALSO GIVE PR /IM - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING	25 MG-1 TABLET PO EVERY 4 HOURS RX 05729616 PRN D/C 4/11				
KE	PROMETHAZINE 25MG SUPP (PHENERGAN) MAY ALSO GIVE PO / IM - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING	25 MG-1 SUPPOSITORY PR EVERY 4 HOURS RX 05729617 PRN				

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD: _____ Acct#: M034311738
Ht: 179.18cm Wt: 107.05 kg (04/10/14) Unit#: L000423587
Body Surface Area: 2.17 M2 Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE: 4/11/14
TIME: 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
KE	PROMETHAZINE 25MG/ML AMP (PHENERGAN) MAY ALSO GIVE PO / PR - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING 25 MG=1 ML IM Q 4 HRS RX 05723628 PRN	D/C			
KE	MAG HYDROX/AL HYDROX/SIMETH 30ML UDC (MAALOX PLUS,MI-ACID,MYLANTA) SHAKE WELL --- FORMULARY ANTACID START: 04/10 D/C: @ PRN Reason: INDIGESTION 30 ML=1 UNIT DOSE CUP PO EVERY 6 HOURS RX 05729619 PRN	D/C			
	NURSE INSTRUCTIONS - DOCUMENTATION (RN INSTRUCTIONS) - Monitor and record CIWA-Ar score every 8 HRS, unless pt shows signs of withdrawal, then every 4 HRS and PRN per protocol. - If CIWA-Ar is less than 8 for 48 hours, discontinue assessments. See Comments XX PER PROTOCOL Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ Time: ____ CIWA: ____ Lorazepam Dose/Rt: ____ mg/____ Init: ____ START: 04/10 D/C: @ PRN Reason: CIWA SCORE RX 05729621 PRN	DC'D			

******REASSESS AND DOCUMENT******

MEDICATION ADMINISTRATION RECORD FRIDAY 04/11/14 - 0701 thru SATURDAY 04/12/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT: KE
DATE: 4/11/14
TIME: 0115

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

CODES FOR MEDICATION ADMINISTRATION

RA - Right Arm	LG - Left Gluteal	RUA - Right Upper Abdomen	LLA - Left Lower Abdomen
LA - Left Arm	RT - Right Thigh	RLA - Right Lower Abdomen	SA - Self Administered
RG - Right Gluteal	LT - Left Thigh	LUA - Left Upper Abdomen	R - Patient Refused

FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS
				Kelly Carrisha	KE
		[illegible]	[illegible]	[illegible]	
		[illegible]	[illegible]		

*** END OF MAR FOR PROVINS,JAMES ***

RENCONSULT REPT
141234

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I
NAME: PROVINS, JAMES
Age: 52 Sex: M
DOB:

MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014

Attending Physician: Muhammad Babar, M.D.

Consultation Date: 04/11/2014

CONSULTATION REPORT

REASON FOR CONSULT
Renal failure.

Thank you very much for asking me to see this patient in consultation.

HISTORY OF PRESENT ILLNESS
The patient is a 52-year-old Caucasian male with history of alcohol abuse, who drinks daily, who apparently, over the last few days had been feeling bad. He quit drinking about 2 days ago. He presented to the hospital with some chest discomfort, nausea, vomiting, some SVT, subsequently was hypoxic, went into respiratory arrest, was intubated, was admitted and noted to have a creatinine of 1.7 initially and all the way up to creatinine of 4.4 now. Because of this I was asked to see the patient. The patient currently is intubated, unresponsive.

PAST MEDICAL HISTORY
1. History of EtOH abuse.
2. History of COPD.
3. History of questionable cardiomyopathy.
4. History of hypertension status post shoulder surgery.

SOCIAL HISTORY
He is married, positive smoker, positive alcohol abuse.

ALLERGIES
No known drug allergies.

REVIEW OF SYSTEMS
Unable to obtain except for as mentioned in the HPI.

MEDICINES AT HOME
Apparently were none.

FAMILY HISTORY
Unable to obtain.

MEDICINES CURRENTLY
1. Neo-Synephrine drip.
2. Levophed drip.
3. Meropenem.
4. Fentanyl.

5. Versed.
6. Half normal saline with 2 amps of bicarb at 150 mL an hour.
7. All of his pressors.

PHYSICAL EXAMINATION
VITAL SIGNS: T-max of 100.8, pulse is 120s to 170s, blood pressure is 68-200 over 30s to 90s, currently is 100/60. He has had only about 2 mL out over the last 8 hours or so.
GENERAL: Decreased response.
HEENT: His pupils are equal, reactive to light. He is orally intubated.
NECK: He does have a beard. His neck is supple. No JVD.
CARDIAC: He is tachycardic without a rub. No S3 or S4.
LUNGS: Bilateral rhonchi throughout.
ABDOMEN: Distended, bowel sounds positive, nontender. No significant body edema.
EXTREMITIES: He has no lower extremity edema. His legs are cool.
SKIN: No rashes.
JOINT: No joint swelling.
GU: Foley catheter is in place.

DIAGNOSTIC STUDIES
LABORATORY: Sodium 132, potassium 4.8, chloride is 100, bicarb is 16, BUN of 28, but the creatinine is up to 4.4, the glucose is 336. Calcium is down to 6.9 with an albumin of 2.8, bilirubin is 3.8, AST is 215, ALT is 75, amylase is 651, lipase is 832. CPK is 349. Lactic acid is 5.4. TSH 2.87. Magnesium is 1.6. ABG last checked showed a pH 7.25, PCO2 of 36, and a PO2 of 78 on 100%. His urine sodium was 27. His hemoglobin 14, white count 20,100, platelets 195,000. His UA showed specific gravity of 1.02, nitrite positive, positive protein, positive glucose, negative ketones, negative RBCs, negative WBCs. His drug screen was positive for benzodiazepines, opiates and TCA.

IMAGING: CT of his abdomen shows acute pancreatitis. Chest x-ray was negative for acute disease.

ASSESSMENT AND PLAN
1. Acute kidney injury. This is a gentleman who has worsening of his BUN and creatinine. No urine output, acidosis. Certainly with pancreatitis I would like to give fluids; however, he is already on 100% O2 and I am worried if we keep giving him fluids then he will become hypoxic, unable to oxygenate. I have discussed with his sister and will plan on probably starting him on CRRT. Initially we will give him a little more fluid over the next few hours and then start running even and kind of see what his pressure does, his O2 saturation, etc. Certainly his CRRT will correct his acidosis.
2. Acute pancreatitis.
3. Possible sepsis.
4. EtOH abuse.
5. Respiratory failure.

Dictated by...
W. Andre Duff, M.D.

WAD/lgm
DD: 04/11/2014 11:18
TD: 04/11/2014 12:13

JOB #: 1691114

CONSULTATION REPORT

ELECTRONICALLY SIGNED BY
Duff, W. Andre - 141234
4/22/2014 19:30:25

Study ID: 45347

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Avenue
Louisville,KY 40215-1199
Phone #: 502-361-6191
Fax #: 502-361-6782

Echocardiogram Report

Name: PROVINS, JAMES
MRN: 423587
DOB:
Age: 52 yrs
Study Date: 04/11/2014 09:28
Patient Location: CICCU-3-17
Gender: Male
Weight: 247 lb
Reason For Study: Tachycardia
History: CHEST PAIN,SOA,DM,HTN,RESP. FAILURE,NAUSEA, Alcohol abuse, past smoker.
Ordering Physician: Wetherton,Angela
Reading Physician: Attavar, Preeti, MD

MMode/2D Measurements & Calculations

RVDd: 3.1 cm	LVIDd: 5.6 cm	ESV(Teich): 68.4 ml	MV excursion: 0.92 cm
IVSd: 1.0 cm	LVIDs: 4.0 cm		MV E-F slope: 15.3 cm/sec
	LVPWd: 1.0 cm		

Ao root diam: 3.3 cm
ACS: 2.0 cm
LA dimension: 4.3 cm

Doppler Measurements & Calculations

MV E max vel: 68.3 cm/sec	MV V2 max: 70.3 cm/sec	MV P1/2t: 49.1 msec	Ao V2 max: 90.3 cm/sec
MV A max vel: 64.9 cm/sec	MV max PG: 2.0 mmHg	MVA(P1/2t): 4.5 cm^2	Ao max PG: 3.3 mmHg
MV E/A: 1.1	MV V2 mean: 49.8 cm/sec		Ao V2 mean: 64.7 cm/sec
	MV mean PG: 1.1 mmHg		Ao mean PG: 1.9 mmHg

TV V2 max: 49.4 cm/sec	PA V2 max: 73.3 cm/sec	PI max vel: 121.7 cm/sec	TR max vel: 137.4 cm/sec
TV max PG: 0.98 mmHg	PA max PG: 2.1 mmHg	PI max PG: 5.9 mmHg	TR max PG: 7.6 mmHg
			RVSP(TR): 17.6 mmHg

Interpretation Summary

A complete two-dimensional transthoracic echocardiogram was performed (2D, M-mode, Doppler and color flow Doppler). TDS DUE TO BODY HABITUS. POOR WINDOWS. WT. 246.9.
1. Technically extremely limited study, cannot comment on wall motion and valves.
2. Left ventricular systolic function is moderately reduced with LV EF=?? 30-35%.
3. The right ventricle is moderately dilated.
4. There is mild tricuspid regurgitation.
5. There is no pericardial effusion.

Left Ventricle

The left ventricle is not well visualized. Left ventricular systolic function is moderately reduced.

Right Ventricle
The right ventricle is not well visualized. The right ventricle is moderately dilated.
Atria
The left atrium is not well visualized. Right atrium not well visualized.
Mitral Valve
The mitral valve is not well visualized. There is no mitral valve stenosis.
Tricuspid Valve
The tricuspid valve is not well visualized. There is mild tricuspid regurgitation.
Aortic Valve
The aortic valve opens well. No aortic stenosis. No aortic regurgitation is present.
Pulmonic Valve
The pulmonic valve is not well visualized.
Great Vessels
The aortic root is normal size.
Pericardium/Pleural
There is no pericardial effusion.
Pain Assessment
Patient's level of pain on a scale of 1 - 10 is 0.
Plan of Care
Yes: Patient education was provided re:procedure requested. Yes: Patient and/or family state understanding of pre/post procedure education. Yes: Patient remains free from injury or adverse event.

Electronically authenticated by Preeti Attavar, MD 04/11/2014 16:35
Performed By: Arsenovic, Anja

OPERAT REPT
264689

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I
NAME: PROVINS, JAMES
Date of Procedure:
Surgeon: Sajjad Jameel, M.D.

MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014
DOB:

Attending Physician: Muhammad Babar, M.D.

PROCEDURE OPERATIVE NOTE

PROCEDURE PERFORMED
Right internal jugular dialysis catheter placement.

PREPROCEDURE DIAGNOSIS
Renal failure.

POST PROCEDURE DIAGNOSIS
Renal failure.

DETAILS OF THE PROCEDURE
After taking consent from the patient's family explaining the risks and benefits of the procedure and placing patient in the proper position, using all aseptic measures and using ultrasound guidance, we placed a 15 cm Niagara dialysis catheter in the right internal jugular vein. The guidewire was removed in toto and no complications happened. Both ports are working fine and the catheter was secured with 2-0 Ethilon sutures in place and dressing was placed. The patient tolerated the procedure very well.

Dictated by...
Sajjad Jameel, M.D.

SJ/df
DD: 04/11/2014 08:35
TD: 04/11/2014 09:14
JOB #: 1690753

PROCEDURE OPERATIVE NOTE

ELECTRONICALLY SIGNED BY
Jameel, Sajjad - 264689
4/11/2014 12:26:29

Sts. Mary & Elizabeth's Hospital

A Service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

Acct#: M034311738 MR#: L000423587
PROVINS,JAMES CICCU3
Adm Date: 04/10/14 52 M CICCU3-17
Wetherton,Angela R MD 35883

Preprinted Restraint Order Form

DATE: 04/12/14 TIME: 0500	DATE: TIME:
RESTRAINTS INDICATED FOR MEDICAL NECESSITY:	
X Interference with Medical Treatment	
X Intravenous Medication	
ORDER TIME LIMIT:	
12 Hours	
8 Hours	
4 Hours	
2 Hours	
1 Hour	
RESTRAINTS INDICATED FOR BEHAVIORAL NEEDS*	
*NOTE: A physician must conduct a face to face evaluation	
within one hour if restraints indicated for behavioral needs	
_____ Combative	
_____ Danger to Self and Others	
ORDER TIME LIMIT:	
_____ 4 Hours	
_____ 2 Hours	
_____ 1 Hours	
TYPE OF RESTRAINT:	
_____ Mittens - Secured _____ Side rails x4 __X__ Upper Limb	
_____ Vest _____ Chemical _____ Lower Limb	

MD Signature: _____ Date/Time: 4/12 8:20A

MD Printed Name: _____ Pager/Phone: _____

ORDER/PROGRESS

601-30 9-04

Jewish Hospital & St. Mary's HealthCare

Acct.#: M034311738 MR#: L000423587
PRNVTNG NAMES CICCU3
M M CICCU3-17
Kettenerson,Angela R.M.
NDN
04/10/14

Place Patient Label Here

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

4/12/14.
Poim/CCm.
Pt seen & [illegible]
VS 102. P115 100/65
[illegible]
O/E On vent
Sedated.
CVS S1+S2
Resp B/L air Eq
Gh soft BS
Ext no Edema
ABG 7.31/45/154/88
137/103/5 (168
40/22/1.6
Lactate 3.4
Call [illegible]
10) 12/36 Cs4
1/2

TORV Dr: _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLT FORMS® 732816 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M0343_1738 MR#:L000423587
PROVINS JAMES CICCU3
DOB 52 M M CICCU3-17
Wetherbun:Angela R M
NOK
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/12/14	[illegible]	4/12/14 2/2 8.00A
	[illegible]	1- ARDS
		2- Ac. Pancreatitis
		3- PNA
		4- Pancreatitis
		5- Blood abscess
		6- AKI
		7- FWS
		Plan
		Cont vent support
		Cont IV ABX
		Cont CRRT
		GI thromboprophylaxis
		Progress slowly
		d/w family

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1200

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 7034416 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311738 HR#:L00042358/
PROVINS JAMES CICCU3
DOB: M M CICCU3-17
Wednesday R M
NOR
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

4/12/14 ID 1219
INFLUENZA A
RESP FAILURE / PNA / ARDS
MYCARDITIS
T 102.0 (102.4) P 110 BP 99/64 RR 24 BK1
MEDS: OFELICAN 200mg IV q 24 #2
FAMILU 75mg PO q 24° #2
ZOSYN 3.375g IV q 12° #3
TYVOX 600mg IV q 12° #2
LEVAQUIN 750mg IV q 48° #2
PE: GEN Ill'at sedated febrile
CV S1+S2
PULM d
ABD S-ft +3
EXT ed
LABS: 10.3 / 36.6 / 154 (20.1) 137/103/5 (3) 4.0/22/1.6 (2.0)
AST: 446 ALT: 223
LIPASE: 166 AMYLASE: 255
HBSAg: ⊕ LACTIC ACID: 3.4
FLU: ⊕A / ⊖B
VDRL QL: NONREACTIVE
4/11 BC: ⊕
4/10 UC: ⊖
BC: ⊖
4/11 ECHO: LIMITED STUDY. MILD PE
IMP:
abnormal/noted
EXAMINED
ON RR same Ill'at/sedated febrile
Influenza + PNA
adequately covered c Tamiflu
Wed April 15c Respiratory
Written by Jessica Purcell, RN
Signed for Dr. Mehmood
J Purcell RN

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

NOLLHORAGE 722940 10/10

Physician Orders

F1230

Tachycardia

Unapproved/Unsafe Abbreviations
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Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: K034312738 MR#: L00042367
PROVIDER NAME CICCU3
DOB: 2 M M CICCU3-17
Wetherton, Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/12/14	CALLED TO Acute DIALYSIS CHANGES MADE DIALYSIS RN PRESENT.	4/12/14 Renal F/U
	a B to 4 K+ 2.25 Calcium	Seen in dialysis
1130	bath	Still pressor dependent
		N- hemodyn
		N- resp
1[illegible]	— set UF to 200 cc/hr	Tm 102 HR 98 BP 94/60
	& leave these values	F/O +8.7 Liters
	systolic BP < 85,	Urine 30 cc only
	then stop UF and	Acute Renal Failure
	call MD	Hx: Tachycardia, Hypotension
	c CPK level	Lungs: Crackles, isolated
	in AM	Abd: soft & BS
	D. Heilman	Ext: trace LE edema
	Steve	Skin: drainage
	587	Lactic acid 3.4
	9660	CXA noted
		140 104 5.1 15.0 Ca 2.0
		4.1 20 1.5 Mg 1.8
		ABG noted
		CK 160
		A/P
		a AKI - anuric
		- cont CRRT
		& monitor
		c Low Prog - supportive care (cardiac)
		c Pancreatitis
		c ↓ EF on Echo
		c Influenza A
		c ARDS
		- Dow Nurse
		Adjust UF/bath

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED: REVISED 10/03

ORDER / PROGRESS CHART

VOLUFORM 75-5410 10/03

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Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M03431[illegible]758 MR#: 1 000423587
PROVINS, JAMES CICCU3
DOB: 52 M M CICCU3-27
Wetherington, Angela R.M.
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
		4/12/14 HKS 232pm
		Intubated, sedated
		100.2, 116, 21, 99/56
		NAD vent, sedated
		[illegible]
		[illegible]
		soft BS
		[illegible]
		[illegible]
		[illegible]
		Lts 7.31/45/154 Hct 1.5
		LFTs 686/282/163 [illegible]
		[illegible] Sepsis
		2) ARF on vent
		3) [illegible]
		4) [illegible] w/D
		5) AKI
		DT
		[illegible] LFTs
		Ac pancreatitis
		Prognosis guarded
4/12/14		

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

KAVITA WOTLEA MD
HIPS 367-3360

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE.

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLT FORMS® 732-410 10/10

Unapproved/Unsafe Abbreviations
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Sts. Mary & Elizabeth's Hospital

A Service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

Acct#: M034311738 MR#: L000423587
PROVINS,JAMES CICCU3
Adm Date: 04/10/14 52 M CICCU3-17
Wetherton,Angela R MD 35883

Preprinted Restraint Order Form

DATE: 04/13/14 TIME: 0580	DATE: TIME:
RESTRAINTS INDICATED FOR MEDICAL NECESSITY	
X Medically ordered treatment	
X Interrupt medical treatment	
ORDER TIME LIMIT:	
X 24 Hours	
4 Hours	
2 Hours	
1 Hour	
RESTRAINTS INDICATED FOR BEHAVIORAL NEEDS*	
*NOTE: A physician must conduct a face to face evaluation	
within one hour if restraints indicated for behavioral needs	
_____ Combative	
_____ Danger to Self and Others	
ORDER TIME LIMIT:	
_____ 4 Hours	
_____ 2 Hours	
_____ 1 Hours	
TYPE OF RESTRAINT:	
____ Mittens - Secured ____ Side rails x4 __X__ Upper Limb	
____ Vest ____ Chemical ____ Lower Limb	

MD Signature: _____ Date/Time: 4/18 8:01A

MD Printed Name: _____ Pager/Phone: _____

ORDER/PROGRESS

601-30 9-04

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 PR#: L0C0423587
PROVINS, JAMES CICCU3
DOB: 2 M M CICCU3-17
Wetherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/13 0122	12 cc	

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

FORM# 732410 10/10

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Sts. Mary & Elizabeth Hospital
KentuckyOne Health™
A ministry of Jewish Hospital & St. Mary's HealthCare

CRRT Flow Record

ACCT#: M034311738 MR#: L000423587
PROVINS, JAMES CICCU3
52 M M CICCU3-17
Wetherton, Angela R M
NON
04/10/14

Patient name PROVINS, JAMES Hospital ST. MARY + ELIZABETH Room # CCU-17
Date: 4/12/14 Nephrologist KIERAN, STEPHEN 587-9660

Dialyzer: 4160	QB: 200	QD: 200	Dialysate Bath: 4K, 2.25Ca, 30HCO3, 1Mg		Initials	Signature
Access: RIJ	Surgeon: —	Heparin bolus: no	Drip: no			
Machine Disinfection yes (no)	Bleach neg. (yes)	no				
Machine check #42	Alarms tested: (Pass/fail)	Cond: 14.6	pH: 7.4	Temp: 38°		
Labs: K+	Hgb/Hct:	BUN/Cr	Others:			

Flx+
Allergies: NKDA

Hepatitis Pending 4-11-14

Time	QB (BFR)	VP/AP	A INTAKE Po, IV, flushes	B Filtrate removed	C Output Urine	D Other output CT, NG, Stool	A+B-C-D Net hourly difference (Amt. removed)	Net Cumulative difference (Total removed)	E Desired Net loss (Dr.'s order)	E+A-C-D= Next hour UFR Rate	Comments/signature
1400	200	40/60	+300	—	—	—	+300	+300	N/A	200	1400-tx resumed c new lines
1500	200	50/50	570	235	Ø	Ø	+335	+635	N/A	200	pt clothing, to Dr. Kieran
1600	200	50/50	311	200	Ø	Ø	+111	+746	N/A	200	new bath and new OF
1700	200	50/50	368	185	Ø	Ø	+183	+929	N/A	200	[illegible]
1800	200	50/50	190	200	Ø	Ø	-10	+919	N/A	200	(1425) [illegible] safety check
1900	200	50/50	369	200	Ø	Ø	169	+1088	N/A	200	pt turned & VAMC line secure
2000	200	50/50	249	198	Ø	Ø	51	+1139	—	200	remote attached x2, machine
2100	200	50/50	223	198	Ø	Ø	25	+1164	—	200	safety according to CRRT
2200	200	50/50	208	191	Ø	Ø	17	+1181	—	200	machine operational [illegible]
2300	200	50/50	242	197	Ø	Ø	45	+1226	—	200	4-13-14 - 2240 - water sheets dive cent
2400	200	50/50	256	261	Ø	Ø	55	+1281	—	200	running & detailed, line visible & secured
0100	200	50/50	241	196	Ø	Ø	45	+1326	—	200	hemofil clinician bath prep. [illegible]
0200	200	50/50	273	203	Ø	Ø	70	+1396	—	200	4-13-14 - 0200 AM - H2O check done, pH 7.4 cond 14.8, [illegible] c system
0300	200	50/50	506	185	Ø	Ø	321	+1717	—	200	[illegible]
0400	200	50/50	707	191	Ø	Ø	516	+1820	—	100	4-13-14 0400 Co includes dm
0500	200	50/50	325	91	Ø	Ø	124	+1944	—	10	[illegible]
0600	200	50/50	220	9	Ø	Ø	211	+2158	—	10	4-13-14 0600 water checked
0700	200	50/50	225	11	Ø	Ø	+214	+2372	—	10	[illegible]
0800	200	50/50	277	9	Ø	Ø	+268	+2640	—	10	Board changed to 35
0900	200	50/50	452	9	Ø	Ø	+443	+3083	—	10	at 4-13-14 [illegible]
1000	200	50/50	649	11	Ø	Ø	+638	+3721	—	10	pH 7.4 [illegible]
1100	200	50/50	370	10	Ø	Ø	+360	+4081	—	10	Blood Retrieval 1425
1200	200	50/50	383	9	Ø	Ø	+374	+4455	—	10	to disinfect Machine
1300	200	50/50	380	9	Ø	Ø	+371	+4826	—	10	[illegible] 4-13-14
1400	200	50/50	394	9	Ø	Ø	+385	+5211	—	10	
~~1500~~	~~200~~	~~50/50~~	OFF @ 1455		Ø	Ø				10	
			BACK ON 1540								

NON-CHART

- CRRT
- No Heparin
- Run positive 100 ml IN > OUT For 12 hours, then run even

Contact/Droplet Isolation.

Fresenius Medical Care CRRT Flowsheet

HBSAg / HBSAb / HBCAb > Pending. 4-11-14 589-1400

HOSPITAL - St. Mary's NKA 114 Kg

148R01136 exp 02-2017

Acct#: M034311738 MR#: L00042358 7
PROVINS, JAMES CICCU3
[illegible] 52 M M CICCU3-17
Angela R M
NON
04/10/14

Pt name: Provins, James	Room #: CICCU3-17	Date: 4-11-14	Time: 1125	Initials	Signature		
Dialyzer: F160NR	QB: 200	QD: 200	Dialysate: 3K 3.0 ca+ 140 Na 30 HCO3				
Access: RIJ Niagra	Heparin Bolus: Ø	Heparin Drip: Ø	Alarm Test: Passed				
Machine Disinfect Date: 4-11-14 bleach	Machine #: 42	Bleach neg: Neg	Dep Change Y (N)				
Cond: 14.6	pH: 7.4	Temp: 37.0	Chlorine/Chloramine: 0.08				
Labs: K+ / Ca++ / Na+ / Lactic: 4.8/6.9/132/5.4	Hgb/Hct: 14.0/42.0	WBC/Plt: 20.1/195	BUN/Cr: 28/4.4	Date: 4-11-14 New	Nephrologist: A. Duff 587-9660		

Arrived @ 0935 - Await completion Doug of Kidney Ws. to set-up

Time	BFR	VP	AP	Hep gtt rate	A Intake: PO, IV flushes	B Removed amt/ mech	C Output: NG, stool, drains, etc	D Urine output	A-B-C-D= Net hourly difference	Cummulative difference	E Desired net loss	E+A-C-D Next hour UF rate	Edwards Narrative
										Ø			Ø+A-C-D - 100ml till midnight, then net loss of Ø
1125	200	-70	50	Ø	235	Ø	Ø	Ø	235	235	+100	135	1125 - Treatment initiated.
1225	200	-60	-70	Ø	510	~~Ø~~	Ø	Ø	335 ~~511~~	570	+100	410	ε difficulty lines, course
1325	200	50	-70	Ø	207	Ø 274	Ø	3	204 ~~70~~	~~470~~	+100	104	Hemostat device in place.
1425	200	50	-70	Ø	170	~~50~~ 100	Ø	Ø	170 (30)	457	+100	170 (30)	Reviewed machine operation
1500	200	46	-70	Ø	118	5	Ø	2	111	568	+100	11 (50)	documentation, troubleshooting
1600	200	40	-70	Ø	322	48	Ø	Ø	274	842	+100	174	and rinseback ε Doug
1700	200	60	-60	Ø	515	170	Ø	Ø	345	1187	+100	245	Educated pt. Demonstrates
1800	200	60	-60	Ø	253	185	Ø	Ø	68	1255	+100	100	understanding.
1900	200	60	-50	Ø	266	12	Ø	Ø	254	1509	+100	154	1600 Machine Checks
2000	200	60	-50	Ø	150	106	Ø	Ø	44	1553	+100	50	performed. TCLI less
2100	200	60	-50	Ø	187	8	Ø	Ø	179	1732	+100	80	than 0.02. No changes
2200	200	60	-50	Ø	211	75	Ø	Ø	136	1868	+100	110	Discussed ε nurse. No
0100	200	60	-50	Ø	200	86	Ø	Ø	114	1982	+100	20	changes. Removed
0200	200	60	-50	Ø	163	15	Ø	Ø	148	2130	Ø	150	4/12/14 0100 CRRT in
0300	200	60	-50	Ø	205	132	Ø	Ø	71	2201	Ø	200	progress. Safety checks
0400	200	60	-50	Ø	193	191	Ø	Ø	2	2205	Ø	193	WNL. Blinds refilled ε Karen
0500	200	60	-50	Ø	167	166	Ø	1	1	2206	Ø	167	4/12/14 0400 CRRT in
0600	200	60	-50	Ø	214	179	Ø	Ø	35	2241	Ø	214	progress. Safety checks
0700	200	60	-50	Ø	485	179	Ø	Ø	306	2547	Ø	485	WNL. Blinds refilled ε Karen
0800	200	60	-50	Ø	315	430	Ø	Ø	-115	2432	Ø	315	4/12/14 0515 CRRT in
													progress. Safety Checks
													WNL. Blinds refilled ε Karen

MEDICAL IMAGING REPORT
226191

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0013836
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/12/2014 5:59 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Chest Single View Portable
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Frontal view of the chest 04/12/2014 0559 hours

COMPARISON
Single view chest 04/11/2014 0905 hours.

HISTORY
Pancreatitis, alcohol withdrawal, pneumonia.

FINDINGS
Frontal view of the chest was obtained. Tip of the right IJ approach central catheter is in the superior aspect of the SVC. Dobbhoff tube extends past the stomach but its distal tip is not included in the current study. Tip of the endotracheal tube is about 5.2 cm from the presumed carina. Poor inspiratory film demonstrates mild opacity in the left lateral lower lung zone which could be due to overlying shadows or mild atelectasis/pleural fluid in this region. No pneumothorax. There is mild improvement in right perihilar alveolar opacity suggestive of improving infiltrate when compared to the prior study.

Dictated by...
Chithra Prema Ram, M.D.

CPR/mjs
DD: 04/12/2014 06:57
TD: 04/12/2014 13:03
JOB #: 8450115

MEDICAL IMAGING REPORT

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD: _____
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH. NOTHING ENTERED
External Comments:

Document wastage of all meds in mg & Record Start/Stop times for all IVs

Init	NEW MEDS -- SCHEDULED and SINGLE DOSES	0701-1900		1901-0700	
	MED: CL Dect a DOSE: QQ4 Days ROUTE: Pr SCH: Doc	4/17			
	4 Blue Claves QQ4Days QQ4Days Pr Doc	4/14			
	MED: 4 5 Liter Dex 6 DOSE: QQ4Days ROUTE: Pr SCH: Doc	4/18			
	MED: If Na <132, >145 DOSE: ROUTE: SCH: Call Resid				
	CO_2 <18, >30				
	K^+ <3.0, >5				
	MED: DOSE: ROUTE: SCH: Lovenox 30mg SubQ Daily	1200 DE			
	MED: D50 1/2 kg DOSE: IV ROUTE: Per SCH: hypoglycem. protocol			0649	
	NEW MEDS - PRN	0701-1900		1901-0700	
	MED: DOSE: ROUTE: PRN:				
	MED: DOSE: ROUTE: PRN:				
	MED: DOSE: ROUTE: PRN:				
	MED: DOSE: ROUTE: PRN:				

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammed Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

OXYGEN DELIVERY		0701-1900	1901-0700
DATE	OXYGEN ORDER	INITIALS	
4/12/14 0900	Vent FiO2 100%	DE	
4/12/14 0800	Vent FiO2 80%	DE	

Init	SCHED MEDS	DOSE & DIRECTIONS (Document wastage of all medications)	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	Chlorhexadine oral care every 6 hours while on ventilator		0800 DE 1400 DE		0200 2000	
	PANTOPRAZOLE 40MG VIAL (PROTONIX) FLUSH LINE BEFORE AND AFTER ***** INFUSE IV PUSH OVER 2 MINUTES **** SEE PREP INSTRUCTIONS. START: 04/11 D/C: @	40 MG=1 VIAL IV DAILY RX 05729816	1200 DE			
	OSELTAMIVIR 75MG CAP (TAMIFLU) START 4/12 Typical duration of therapy is 5 days. .....NON-PYXIS ITEM..... START: 04/12 D/C: @	75 MG=1 CAPSULE PO DAILY RX 05730529	~~1200~~ 1500 DE			

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD: [redacted]
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH. LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	INSULIN (SUBCUTANEOUS ONLY) DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	novoLOG (novoLOG (insulin-ASPART) 100 units/mL) HIGH DOSE SS SUBQ BEFORE MEALS 2	~~0730~~ ~~1230~~ ~~1520~~		~~2200~~ 2400	
	HIGH-ALERT MED (rotate injection sites) HIGH-DOSE SLIDING SCALE W/ACCUCHECKS PER MD ORDER 150-199 mg/dL = 3 units, 200-249 mg/dL = 6 units 250-299 mg/dL = 9 units, 300-349 mg/dL = 12 units greater than 349 mg/dL = 15 units Time 1200 BS 123 Dose — units Site — Init Time 1600 BS 158 Dose 3 units Site LA Init Time 2100 BS 86 Dose — units Site — Init Time 0600 BS 70 Dose — Units Site — Init If 2 consecutive BG accuchecks of 200mg/dL or greater, notify prescriber. START: 04/11 D/C: @ RX 05730853	8E/200 8E/400		2400 7 0600 3	

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M03431738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV - Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.		

Init	IV DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	THIAMINE HCL (THIAMINE) (100 MG) FOLIC ACID (FOLVITE) (1 MG) MULTIVITAMINS (M.V.I.) (10 ML) DEXTROSE 5%/SOD CHLORIDE 0.9% (1000 ML) Rate: 125 MLS/HR Total Vol: 1011 MLS IV Q8H6M START: 04/10 D/C: 04/12/14 RX 05729610	0930	D/C		
	Norepinephrine Bitartrate (levOPHED) (8 MG) DEXTROSE 5% (250 ML) Rate: UD Total Vol: 258 MLS IV * PER MD ORDERS CONCENTRATION = ...NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729909	7P - 7P New 500cc 12mg% New 500cc 1900%		2359 7P - 7P	
	MIDAZOLAM HCL (VERSed) (50 MG) DEXTROSE 5% (90 ML) Rate: UD Total Vol: 100 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION = Time/1:00 Rate 7mg/Hr New Bag Y Initials Time/8:00 Rate 0.5/Hr New Bag Y Initials Time/19:00 Rate 1.5/Hr New Bag Y Initials .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729953	New 100cc 100% New 100cc 1800% 7P - 7P		2359 7P - 7P	

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: H034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: 1600 Settings Verified by RN: OE Wit: G Set-up Time: 1800 Settings Verified by RN: OE Wit: [illegible] Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729954				
	FENTANYL CITRATE PF (SUBLIMAZE) (2500 MCG) SODIUM CHLORIDE 0.9 % (200 ML) Rate: UD Total Vol: 250 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION = NON-PYXIS ITEM TIME 1600 RATE 150 mls/hr NEW BAG Y INITIALS OE/[illegible] TIME 0711 RATE 150 mls/hr NEW BAG — INITIALS [illegible] START: 04/10 D/C: @ RX 05729956	1600 250 mcg/hr OE 74-7P		2359 7P-74 J	

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M0034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.		

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: 1000 Settings Verified by RN: DZ Wit: ⓐ Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729966				
	SODIUM BICARBONATE (SODIUM BICARBONATE) (100 MEQ) SODIUM CHLORIDE 0.45% (1000 ML) Rate: 150 MLS/HR Total Vol: 1100 MLS IV Q7H20M DC ONCE CRRT STARTS START: 04/10 D/C: @ RX 05729961	1055 1815		0135	
	CALCIUM GLUCONATE (CALCIUM GLUCONATE) (2 GM) SO[redacted] (100 ML) [redacted] Total Vol: 120 MLS IV DIR CALL PHCY 1 gram = 4.65 mEq Calcium IV PUSH SHOULD NOT EXCEED 2 ML / MINUTE *HIGH-ALERT MED* START: 04/11 D/C: @ RX 05730396				

D/C

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH. LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	DOSE & DIRECTIONS Record & Initial all Start/Stop times	0701-1900 Start	Stop	1901-0700 Start	Stop
	POTASSIUM PHOSPHATE DIBASIC (POTASSIUM PHOSPHATE) (13.6 MMO) SODIUM CHLORIDE 0.9 % (250 ML) Rate: 63.632 MLS/HR Total Vol: 295 MLS IV DIR [redacted] CALL PHCY IF NEEDED 13.6 MM = 20 mEq POTASSIUM Phosphate All documented administered doses of 13.6mM were prepared resulting in wastage 1.4mM from a single-dose vial. .....NON-PYXIS ITEM.....USE FILTER START: 04/11 D/C: @ RX 05730402	1515 BE		2200 [illegible]	
	MAGNESIUM SULF 10GM/DSW 100ML (100 ML) Rate: 100 MLS/HR Total Vol: 100 MLS IV DIR GIVE 2 [redacted] START: 04/11 D/C: @ RX 05730410	1330 [illegible] 1430 [illegible]			
	PHENYLEPHRINE HCL (NEOSYNEPHRINE) (80 MG) SODIUM CHLORIDE 0.9 % (500 ML) Rate: UD Total Vol: 508 MLS IV * PER MED ORDERS CONCENTRATION = 160 mcg/mL .....NON-PYXIS ITEM..... START: 04/11 D/C: @ RX 05730865	500cc BAL 1100 [illegible] 7A-7P		2359 7P-7A [illegible]	
	levoFLOXACIN 750 MG/DSW 150ML (150 ML) Rate: 100 MLS/HR Total Vol: 150 MLS IV [redacted] START: 04/11 D/C: @ RX 05730330				

[illegible] 4/13

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAP CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV QOH administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	DOSE & DIRECTIONS Record & initial all Start/Stop times	0701-1900 Start	Stop	1901-0700 Start	Stop
	FLUCONAZOLE 200 MG/MS 100ML (100 ML) Rate: 100 MLS/HR Total Vol: 100 MLS IV EVERY 24 HOURS Do not exceed administration rate of 200 mg/hr DO NOT REFRIGERATE START: 04/11 D/C: @ RX 05730931	1900 SE	1800 SE		
	EXT. INF. PIPERACILLIN/TAZO (ZOSYN - Extended Infu(3.375 GMO SODIUM CHLORIDE 0.9 % (100 ML) Rate: 25 MLS/HR Total Vol: 100 MLS IV [redacted] ****EXTENDED INFUSION TO BE GIVEN OVER 4 HRS**** PUMP SETTING-EXTENDED INFUSION/VTBI=100mL/DURATION=4HRS ****If maintenance fluids infusing, continue infusing; infuse Zosyn as PRIMARY INFUSION using SEPARATE MODULE**** ****ALWAYS follow extended infusion w/20mL NS via 100mL bag (change bag every 24 hours)**** START: 04/11 D/C: @ REFRIG RX 05730932	1900 SE		0000 7	
	LINEZOLID 600MG/300ML (300 ML) Rate: 300 MLS/HR Total Vol: 300 MLS IV [redacted] DO NOT REFRIGERATE START: 04/11 D/C: @ RX 05730938	SE 1400	1500 SE	0200 7	0300

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSKH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	PRN MEDS	DOSE & DIRECTIONS (Document wastage of all medications)	0701-1900 Given	0701-1900 Act(mg) Wasted	1901-0700 Given	1901-0700 Act(mg) Wasted
	LOPERAMIDE 2MG CAP (IMODIUM) 4 MG FOR FIRST LOOSE STOOL, FOLLOWED BY 2 MG FOR EACH SUBSEQUENT LOOSE STOOL, UP TO MAX OF 8 MG/24 HOURS START: 04/10 D/C: @ PRN Reason: FIRST LOOSE STOOL	4 MG-2 CAPSULE PO ONCE RX 05729613 PRN	D/C			
	LOPERAMIDE 2MG CAP (IMODIUM) PRN LOOSE STOOLS UP TO MAX OF 8 MG/24 HOURS (INCLUDES 4 MG DOSE FOR FIRST LOOSE STOOL) START: 04/10 D/C: @ PRN Reason: LOOSE STOOL	2 MG-1 CAPSULE PO PRN RX 05729614 PRN	D/C			
	dicyclomINE 10MG CAP (BENTYL) START: 04/10 D/C: @ PRN Reason: STOMACH CRAMPS	10 MG-1 CAPSULE PO EVERY 8 HOURS RX 05729615 PRN	D/C			
	PROMETHAZINE 25MG TAB (PHENERGAN) MAY ALSO GIVE PR /IM - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING	25 MG-1 TABLET PO EVERY 4 HOURS RX 05729616 PRN	D/C			
	PROMETHAZINE 25MG SUPP (PHENERGAN) MAY ALSO GIVE PO / IM - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ PRN Reason: NAUSEA / VOMITING	25 MG-1 SUPPOSITORY PR EVERY 4 HOURS RX 05729617 PRN	D/C			

MEDICATION ADMINISTRATION RECORD SATURDAY 04/12/14 - 0701 thru SUNDAY 04/13/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	PROMETHAZINE 25MG/ML AMP (PHENERGAN) MAY ALSO GIVE PO / PR - SEE ALTERNATE ENTRIES START: 04/10 D/C: @ RX 05729618 PRN PRN Reason: NAUSEA / VOMITING 25 MG=1 ML IM Q 4 HRS	D/C			
	MAG HYDROX/AL HYDROX/SIMETH 30ML UDC (MAALOX PLUS,HI-ACID,MYLANTA) SHAKE WELL --- FORMULARY ANTACID START: 04/10 D/C: @ RX 05729619 PRN PRN Reason: INDIGESTION 30 ML=1 UNIT DOSE CUP PO EVERY 6 HOURS	D/C			
	ACETAMINOPHEN 325MG TAB (TYLENOL) ACETAMINOPHEN RECOMMENDED MAX: 3 GM/24 HR (ALL SOURCES) START: 04/11 D/C: @ RX 05730869 PRN PRN Reason: TEMP >100.4 650 MG=2 TABLET PO EVERY 6 HOURS	0800 [illegible] Temp 101.2 650mg 1615 Temp 101.8 650mg [illegible]		[illegible] 2005 [illegible]	

******REASSESS AND DOCUMENT******

CODES FOR MEDICATION ADMINISTRATION

RA - Right Arm	LG - Left Gluteal	RUA - Right Upper Abdomen	LLA - Left Lower Abdomen
LA - Left Arm	RT - Right Thigh	RLA - Right Lower Abdomen	SA - Self Administered
RG - Right Gluteal	LT - Left Thigh	LUA - Left Upper Abdomen	R - Patient Refused

FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS
				[illegible]	[illegible]
		[illegible] RN	[illegible]	[illegible]	[illegible]

**** END OF MAR FOR PROVINS,JAMES ****

SURCONSULT REPT
139394

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I
NAME: PROVINS, JAMES
Age: 52 Sex: M
DOB:
Attending Physician: Jena T. Ruxer, M.D.

MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014

Consultation Date: 04/13/2014

CONSULTATION REPORT

REFERRING PHYSICIAN
Dr. Jameel.

HISTORY AND EXAMINATION
The patient is a 53-year-old gentleman with a history, according to his wife a long history, of alcoholism and hypertension. He presented to the emergency room at Jewish Hospital Medical Center Southwest with abdominal pain and was found to have pancreatitis and respiratory failure, and was admitted and put on mechanical ventilation. He has subsequently continued to decline into sepsis with hepatorenal failure, requiring CRRT and he is on multiple pressor agents. He has been made a DNR and has a very guarded prognosis. We were asked to see the patient because he has an increasing lactic acid level and there was concern that he may have ischemic bowel.

PAST MEDICAL HISTORY
1. Alcoholism.
2. Hypertension.
3. Shoulder surgery.

ALLERGIES
No allergies to medication.

HOME MEDICATIONS
He was not on any home medications despite his history.

FAMILY HISTORY
Diabetes.

SOCIAL HISTORY
Lives at home with his wife. A 2-pack-a-day smoker. Drinks a half-gallon of vodka or bourbon daily.

REVIEW OF SYSTEMS
Otherwise unobtainable. The patient sedated on the ventilator. I was able to speak with his wife, though.

PHYSICAL EXAMINATION
GENERAL: The patient is sedated and unresponsive on the ventilator and currently undergoing CRRT. Again he is on 3 pressors.
VITAL SIGNS: His temperature is 102.3, pulse is 132, respirations 26, blood pressure 90/50.

HEENT: Scleral icterus.
CARDIAC: Tachycardic.
LUNGS: Rhonchi throughout.
ABDOMEN: Distended. He does not have rigidity or guarding.
EXTREMITIES: Trace edema.
NEUROLOGICAL: Unobtainable.

DIAGNOSTIC STUDIES
LABORATORY: PH 7.30, PCO2 of 43, PO2 of 175 on 80% FiO2 and 14 of PEEP. Glucose 111, BUN less than 5, creatinine 1.2, sodium 141, potassium 4.6, chloride 106, CO2 of 21, calcium 6.8, phosphorus 1.9, magnesium 1.7, total bilirubin 3.5, AST 685, ALT 298, alkaline phosphatase 65, amylase 100, lipase 47. CK 4023. Lactic acid 5.9. INR is 1.3. White count is 13,400 with normal differential. Hemoglobin 11.2, platelets of 97,000. Urinalysis is nitrite positive. Urine culture was no growth. Sputum had yeast species. Stool was negative for occult blood. Blood cultures: No growth.

IMAGING: Most recent abdominal x-rays showed an unremarkable bowel-gas pattern and no free air. There has not been a recent CT scan since his admission on the 10th.

ASSESSMENT AND PLAN
A 52-year-old gentleman with a long history of alcohol abuse, presents with severe pancreatitis, fever, sepsis, hepatorenal failure. He is requiring continuous renal replacement therapy and 3 pressors and remains hypotensive. He has been noted to have a progressively increasing lactic acid level and we are asked to see the patient for possible ischemic bowel. I have discussed this situation with the patient's wife and Dr. Jameel and I feel at this time he is too unstable for general anesthesia and if he does have bowel ischemia, which is probable, it is most likely diffuse in nature from hypotension and pressor agents. This would be unresectable. I do not think he would benefit from surgery at this time. We will continue to follow the patient. If he shows signs of improvement we will re-evaluate at that time.

Dictated by...
Robert C. Stewart, M.D.

RS/lgm
DD: 04/13/2014 18:10
TD: 04/14/2014 06:02
JOB #: 1694786

CONSULTATION REPORT

ELECTRONICALLY SIGNED BY
Stewart, Robert C. - 139394
4/23/2014 09:11:14

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Rovins James

Place Patient Label Here

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
		4/13/14 8:48 Am
		pt sm 100m
		Pt seen &
		VS 100, 123, 84/58
		O2 sat 100%
		Off sedation
		minimal response
		CVS ST S2
		Resp mm clear
		Cut off 3 sm
		Cut tube Rodem
		tue matting
		Labs 7.32/41/25/80%
		Hct 26 5 / 14
		4.4/22 1.2 NS 86
		CK 4023
		Lactic 5.6

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED: 10/10

ORDER / PROGRESS CHART

VOLUFORMS

Louisville Lung Pulmonary Critical Care and Sleep medicine Ph:502-363-1360 Fax:502-418-1039

Unapproved/Unsafe Abbreviations

DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)

Instead, please write: "daily" and "every other day"

1/2

376

711

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Provins James

Place Patient Label Here

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
		4/13/14 8:52 AM
4/13/14	Keep MAP > 70 mmHg	2/2
		Plan (Com
	✓STAT ABG, CPK	A/P 1) Acute Pulmonary
	✓CBC	2) Sluce ARDS
	✓Pomp	3) PNA
	✓Lactic.	4) Pancreatitis
	Cine me.	5) Alcohol Abuse
	✓CBC, Comp, ABG, CKR	6) ARF
	Lactic in Am	7) Septic Shock
		8) ARDS
		9) Fx
		Plan Cont Pressor Support
		- Stop Dopamine
		- Cont IV Abx
		cont 3D
		G/I DVT prophylaxis
		- Cont 35

TORV Dr: _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Princ: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

4/13/14 0915

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/14

ORDER / PROGRESS CHART

VOU FORMS © 7/2/10 10/14

Physicians Orders

F1230

Unapproved/Unsafe Abbreviations

DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)

Instead, please write: "daily" and "every other day"

very poor. prognosis

377

712

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034211738 MR#: L000423567
PROVINS, JAMES CICCU3
H M CICCU3-17
Wetherington, Angela R.M.
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/13/14 0900	Start Dopamine drip IV to maintain MAP > 90 TORV Dr. Jameel / D. Edwards RN	
	ELECTRONICALLY SIGNED BY Jameel, Sajjad - 264689 5/22/2014 12:42:50	
	FAXED	
	8 Edwards 4/13/14 0900	
	T.T. for	
4/13/14 1115	STAT EKG - AM & ERUR Consult LSA - Dr. Stewart Rec: Lactic Acid scheme get TORV Dr. Jameel / D. Edwards RN	
	ELECTRONICALLY SIGNED BY Jameel, Sajjad - 264689 5/22/2014 12:42:13	
4/13/14 1115	Decrease FiO2 to 60% TORV Dr. Jameel / D. Edwards RN	
	ELECTRONICALLY SIGNED BY Jameel, Sajjad 264689 5/22/2014 12:42:46	
	UE 4/13/14 1115	
4/13/14 1300	1/2 Amp D50 IV x 1 per protocol D. Edwards RN	
TORV ID:	by:	Date/Time:
MD Sign:	Date/Time:	
MD Print:	Contact #:	8 Edwards 4/13/14 1300

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOL/FORM 556 723410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: L000423587
PROVINS JAMES CICCU3
2 M M CICCU3 17
Wetherton Angela R M
NOK
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
		4/13/14 ID 0918
		INFECTION A / PNA / ABSS / RESP FAILURE
		PANCREATITIS
		SEDATED ON VENT. SEEN ON CRRT.
		T 100.5 (102.5) P 123 BP 84/58 RR 26
		MEDS: DILAUDID 200 mg IV q 24° #3
		TAMIFLU 75 mg PO q 24° #3
		ZOSYN 3.375 g IV q 12° #4
		ZYVOX 600 mg IV q 12° #3
		LEVAQUIN 750 mg IV q 48° #3
		PE: GEN NAD
		CV S1S2, TACHY
		RESP BRASES
		ABD BS+
		EXT WWS OR
4/13/14		LABS: 12.9 / 11.4 / 34.3 / 104 (10.3) 141 / 106 / <5 4.4 / 22 / 1.2
1100	CBC, CMP qd	AST: 685 ALT: 298
		LIPASE: 47 AMYLASE: 100
		FLU: ⊕ A / ⊖ B
		VARICELLA: ⊖
		4/11 SC: G/S NEG YEAST
		4/10 UC: ⊖
		UC: ⊖
		BC: ⊖
		LACTIC ACID: 5.6
		HIP:
		abdomen palpated/palpated examined
		distended same nodding of feet dsard
		2° pleural cx noted
		pt has sedate influence c
		MOT limited
		skin cooled c ASX
		Written by Jessica Pinner, RN
		Signature for Dr Newton
		Richard J. Pinner, RN
4/13/14 1200		
TORV Dc:	by: Date/Time:	
MD Sign:	Date/Time:	
MD Print:	Contact #:	

All orders must be Signed, Dated, and Timed with Contact # Included

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 7328410 10/10

Physicians Orders

F1230

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M03431738 MR#: L00042358 7
PROMTS, JAMES C.CCU3
M M CICCU3-17
Wetherton Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/13/14 1130	per Dr. Prince	4/13/14
	(1) Amiodarone 150mg IV bolus STAT over 10 minutes	[illegible]
	(2) Amiodarone 1mg/min IV x 6 hr then ↓ to 0.5mg/min	8. On vent [illegible]
	(3) TORV per Dr. Prince per Dr. Edwards [illegible]	O 99/51 60 CBP per calculation MAP = 2/3 DBP + 1/3 SBP = 65.7 mHg
4/13/14 1130	If HR ≥ 130 Adjust Levophed down to maintain MAP 65 TORV Dr. Prince / Dr. Edwards [illegible]	(Electronic monitor seems to be under reports MAP; [illegible] 96/52 (58) [illegible] 66.7)
		Sinus tach ≥ 124/min CO further [illegible] same results [illegible]
		MP Supp: Albumin → [illegible]
		pt [illegible] today on [illegible] (NSD "MAX dose" ≥ 4 mg/kg/min) Pre fluid bolus calculated MAP,

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED 10/10 **ORDER / PROGRESS CHART** VOL. HORNES 2334/10 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

380

715

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311738 MR#:L000423887
PROVINS,JAMES CICCU3
IV Fluids: Rate:
Date: Time:
Initials:

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature **All orders must be Signed, Dated, and Timed with Contact # Included**	Progress Notes **All Chart entries must be Signed, Dated, and Timed**
4/13/14	Fax to pharm	4/13/14 Renal FU Chart reviewed Hemodynamic issues noted.
130 pm	c Ask pharmacy to double concentrate all drips	Hd + drop UF rate to 10 cc/hr No urine No pain/distress Tm 103.5 P 130 R 26 BP 89/48
	c Vasopressin start 0.01 units/minute to keep systolic BP > 90 (double concentrate)	Fro + 10 Liters Urine 13 cc Vent Heart Tachy/irreg rhythm Lungs (6 rhonchi, inhaled Abd more firm, distended Ext + edema, bruised/tender Skin mottled/pale Urine ∅
	c Bicarbonate bolus called @ 1330 to 35	
	c D/W wife + to make DNR	CBC noted Hct 11.0 / CSF 111 CMP noted 46 / 31 / 1.2 Lactic acid 5.9 ABG noted Rem log noted
	D. Klein Stein	AM c ARF - anuric - hemodynamically supported, CRRT - not able to remove volume c Low Plm - replacing c Pancreatitis c ↓ CF c FU c ARDS c AKI c D/W wife - DNR.
	4/13/14	

TORY Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1220

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 732840 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Neg 3381

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACCT#: M0343111738
PROVINS, JAMES
IV Fluids:
Date:
Initials:
MR#: C004123537
CICCU3
Rate:
Time:

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
4/13/14		4/13/14 MRD 2:27 pm
2:27 pm		Intubated, on 3 pressors
		BP 100-8, 132, 25, 86/54
		MSO. Unresponsive
		↓ BS RL rales
		↓ BS lobs
		left BS ↓ distinct of
		chest
		Neuro Unresponsive
		↓ reach
		Labs INR 1.3 (2.9) 11.6 (10.4)
		7.32/41/249
		Lactic acid 5.6
		CK 4023 mg 1.7
		LFTs 485/298/65/35
		Ap O A Resp failure
		2p Septic shock
		3p Pneumo/flue AFB
		Infl A
		Abx per ID
		4p AKI on CRRT
		5p Elevated lactic acid
		? Bowel ischemia
		6p Acute pancreatitis
		Alcohol abuse
		Elevated LFTs
		Elevated CK
		Very poor Prognosis
		Dw. family, pt DNR now
	KAVITA JYOTULA MD HIPS 367-3360	
	4/13/14 1500	

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 1234110 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

KAVITA JYOTULA MD
HIPS 367-3360

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Robins, James

ORDER/PROGRESS

Place Patient Label Here

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
	NG Tube to low wall suct KUB ~~ultrasound~~ (stat) on bedside. Jayan JAIN 4/13/14 3:00 PM 305 5260	4/13/14 Hypotensive on multiple pressors. Resp failure on vent Febrile. Tachycardic New onset AFib / RBBB on amiodarone drip Positive for lethargy. Abd distended, guarding BS ⊖ Acute abdomen serious ✓ NG Tube / lines ✓ KUB ✓ ~~Stat~~ C Way LFT shock liver. ~~Sepsis~~ cure. Prognosis guarded Jayan m
TORV Dr.	by:	Date/Time:
MD Sign:		Date/Time:
MD Print:		Contact #:
	All orders must be Signed, Dated, and Timed with Contact # Included	

X-RAY COMPLETED
Study: Abdomen Flat
Contrast: Breight
Date: 4/13/14 @ 5:10
Technologist: SMH / MEL

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS L

ORDER / PROGRESS CHART

CONTENT REVIEWED / REVISED 12/10

VOL/FORMS# 732/510 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's Health

Acct#: M034311738 MR#: L00042358 7
PROV: C1CCU3
DOB: 52 M M C1CCU3-17
Wetherton, Angela R M
NON
04/10/14

ADDRESSOGRAPH

James Provins

Place Patient Label Here

ORDE

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

4.13 Surg
Dr Cpt# 1694786

HP ① S2400 c̄ lay 4/0 ETCM closure prevents c̄ pancreatitis, fever, sepsis, liver/kidney failure.
On CVAT / 3 pressors.
Noted to have ↑ lactic acid.
Asked to see pt for possible ischemic bowel.

Discussed situation c̄ wife & Dr Samuel.

Pt too unstable for CT or angiogram, if her bowel ischemic is probably secondary from hypotension and pressors. I don't think she would benefit from surg at this time.
Will follow & re eval.

Stewart

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders/B

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED 10/10

ORDER / PROGRESS CHART

VOL UFORMS® 7135410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M031311736 MR#: L000423587
PROUTNS NAMES CICCL3
DOB 52 M M CICCU3 17
Wetherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Time/Date Ordered	Physicians Orders/Signature
	All orders must be Signed, Dated, and Timed with Contact # Included
4/13/14 1800	1 Amp D50 IV X 1 per Hypoglycemia protocol D. Edwards RN
4/13/14 1830	1/2 Amp D50 IV X 1 per hypoglycemia protocol D. Edwards RN
	D Edwards 4/13/14 1900
4/13/14 1900	Rec'd D Edwards
	Please have Bio-Med evaluate Monitor under-estimating Mean Arterial Pressure. 2) Calculate MAP as: 2/3 Diastolic Pressure + 1/3 Systolic Pressure + titrate pressors accordingly

TORY Dr: by: Date/Time:

MD Sign: Date/Time: Prouts

MD Print: Contact #: Prouts

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

X-RAY COMPLETED
Study: Chest
Contrast: None
Date: 4/14/14
Technologist: By RS

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

WOLUFORMS3 7325410 10/C

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

MEDICAL IMAGING REPORT
226191

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0014008
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/13/2014 7:03 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Chest Single View Portable
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Frontal portable chest 04/13/2014 0703 hours

COMPARISON
Frontal portable chest 04/12/2014 0559 hours.

HISTORY
Respiratory failure.

FINDINGS
Frontal view of the chest was obtained. Tip of the endotracheal tube is about 4.2 cm from the presumed carina. Dobbhoff tube and central lines are redemonstrated, stable in position. Tip of the Dobbhoff tube is not included in the current study but it extends up to the midbody of the visualized stomach in the current study. There is stable mild prominence of the interstitial markings with scattered mild alveolar opacities in the lung bases and left midlung zone, stable. Mild left pleural effusion cannot be excluded. No pneumothorax. Heart is of normal size.

Dictated by...
Chithra Prema Ram, M.D.

CPR/mjs
DD: 04/13/2014 08:59
TD: 04/13/2014 10:05
JOB #: 8450856

MEDICAL IMAGING REPORT

MEDICAL IMAGING REPORT
152843

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc #: 07-CR-14-0014160
NAME: PROVINS, JAMES DOB: SEX: M
STUDY DATE/TIME: 04/13/2014 15:27 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Abdomen Flat Upright or Dec
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Muhammad Babar, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Abdomen, flat and upright

HISTORY
Abdomen pain and pancreatitis.

FINDINGS
Flat and upright views of the abdomen were obtained. The upright view is limited by underpenetration and motion artifact. No bowel dilatation, displacement, or free air is identified. NG tube tip is in the gastric fundus, approximately 7 cm beyond the EG junction, and the side-hole is positioned at the level of the EG junction. The NG tube could be advanced at least 10-15 cm for improved positioning in the stomach.

IMPRESSION
1. The bowel gas pattern appears unremarkable. No free air is identified on the upright view, although sensitivity is limited by technique.
2. NG tube tip in the gastric fundus, approximately 7 cm beyond the EG junction, with the side-hole at the level of the EG junction. The NG tube could be advanced at least 10-15 cm for improved positioning in the stomach.

Dictated by...
Dean F. Leslie, M.D.

DFL/pcl
DD: 04/13/2014 15:58
TD: 04/13/2014 16:43
JOB #: 8451110

MEDICAL IMAGING REPORT

SUNDAY 04/13/14 - 0700 thru MONDAY 04/14/14 - 0659

Jewish Hospital & St.Mary's Healthcare, Louisville, KY
MEDICATION ADMINISTRATION RECORD

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M

Unit#: L00042358?
Admitted: 04/10/14
Ht: 170.18 cm Wt: 107.85 kg (04/10/14)
Body Surface Area: 2.17 MS

Acct#: M034311738
Admitting Dr.: Babar,Muhammad Z MD
Run Date/Time: 04/13/14 - 1955

Page:___

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE
External Comments:

Init	NEW MEDS - SCHEDULED	0501-1700 Amount Given	0501-1700 Amt(Mg) Wasted	1701-0500 Amount Given	1701-0500 Amt(Mg) Wasted
	MED: 1 Amp D50 IV x 1 per protocol DOSE: ROUTE: SCH:	1800 BSB3 DE			
	MED: 1/2 Amp D50 IV x 1 per protocol DOSE: ROUTE: SCH:	1850 BSB0 DE			
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				
	MED: DOSE: ROUTE: SCH:				

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE: 04/13
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Document Wastage of all meds in mg & Record Start/Stop Times for all IVs.

Init	NEW MEDS - SCHEDULED and SINGLE DOSES	0701-1900		1901-0700	
	MED: CL D5SG Δ DOSE: 0.7 ml/kg/hr ROUTE: SCH: PRN — Due 4/17				
	Δ Alve CLMS Q4DAYS/PRN — Due 4/14				
	MED: Δ Sliding DISB DOSE: Q7DAYS ROUTE: SCH: Due 4/18				
	MED: If Nat <130, >145 / Cl <18, >30 / K <3, >5 DOSE: ROUTE: SCH: CMP Renal			2000 Nat 138 / Cl 22 / K 4.5	
	MED: Dopamine 800mg/250ml gtt - titrate to maintain MAP >70 DOSE: ROUTE: SCH:	1200 SE			
	MED: 1/2 Amp D50 - Per protocol DOSE: ROUTE: SCH: BS 81	1200 SE			
	NEW MEDS - PRN	0701-1900		1901-0700	
	MED: MAX Concentrate gtt-5 DOSE: ROUTE: PRN:		FYI		
	MED: Vasopressin 0.01 units/min to keep SBP 790 DOSE: ROUTE: PRN:	1430 SE			
	MED: Amiodarone 150mg IV Bolus x 1 then over 10 min KS, then 1mg/min IV x 6°, then 0.5mg/min DOSE: ROUTE: PRN:	Bolus 1200 SE / 1mg/min 1210 SE		10 Sept 1810 SE	
	MED: DOSE: ROUTE: PRN:				

PROVINS,JAMES
CICCU3 - CICCU3-17

Printed: 04/13/14 - 0027
Page: 1
CONTINUED -->

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

OXYGEN DELIVERY			0701-1900	1901-0700
DATE	OXYGEN ORDER	INITIALS		
4/13/14	Vent FiO2 80%	[illegible]		
4/13/14	Vent FiO2 60%	[illegible]		
4/13	FiO2 60%	[illegible]		

Init	SCHED MEDS — Document wastage of all medications	DOSE & DIRECTIONS	0701-1900 Given	0701-1900 Amt(mg) Wasted	1901-0700 Given	1901-0700 Amt(mg) Wasted
	Chlorhexadine oral care every 6 hours while on ventilator		0800 [illegible] 1400 [illegible]		0200 [illegible] 2000 [illegible]	
	PANTOPRAZOLE 40MG VIAL (PROTONIX) FLUSH LINE BEFORE AND AFTER ***** INFUSE IV PUSH OVER 2 MINUTES **** SEE PREP INSTRUCTIONS. START: 04/13 D/C: @ RX 05729816	40 MG-1 VIAL IV DAILY	1200 [illegible]			
	OSELTAMIVIR 75MG CAP (TAMIFLU) START 4/12 Typical duration of therapy is 5 days. -----NON-PYXIS ITEM----- START: 04/12 D/C: @ RX 05731664	75 MG-1 CAPSULE PO EVERY 24 HOURS	1500 [illegible]			
	ENOXAPARIN 30MG/0.3 ML SYR (LOVENOX) START: 04/12 D/C: @ RX 05731925	30 MG-0.3 MLS SUBQ EVERY 24 HOURS	1200 [illegible]			

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD: _____
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOT-ING ENTERED
External Comments:

Init	INSULIN (SUBCUTANEOUS ONLY) DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	0701-1900 Amt(mg) Wasted	1901-0700 Given	1901-0700 Amt(mg) Wasted
	novoLOG (novoLOG (insulin-ASPART) 100 units/mL) [redacted] MEALS &	~~0730~~ ~~1130~~ ~~1630~~		~~2200~~	
	HIGH-ALERT MED (rotate injection sites) HIGH-DOSE SLIDING SCALE W/ACCUCHECKS PER MD ORDER 150-199 mg/dL - 3 units, 200-249 mg/dL - 5 units 250-299 mg/dL - 9 units, 300-349 mg/dL - 12 units greater than 349 mg/dL - 15 units Time 1100 BS 81 Dose — units Site — Init BC Time 1600 BS 65 Dose — units Site — Init BC Time 2000 BS 91 Dose — units Site — Init BC Time 0600 BS 240 Dose — units Site — Init BC If 2 consecutive BG accuchecks of 200mg/dL or greater, notify prescriber. START: 04/11 D/C: @ RX 05730853	1200 0800		2400 0600	

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD: _____
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	IV DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	Norepinephrine Bitartrate (levOPHED) (8 MG) DEXTROSE 5% (250 ML) Rate: UD Total Vol: 258 MLS IV * PER MD ORDERS CONCENTRATION - .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729909	0000 500cc 5% 1215 250cc 5% TR - TR 1500 New 250 1850 Concentrate		2330 250cc 5% 0115 250cc 5% TR TR	
	MIDAZOLAM HCL (VERsed) (50 MG) DEXTROSE 5% (90 ML) Rate: UD Total Vol: 100 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION - Time Rate New Bag Initials ___/___ Time Rate New Bag Initials ___/___ Time Rate New Bag Initials ___/___ .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729953	TR TR		2359 TR TR	
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: 0500 Waste Amt: 0 RN: Wit: NP - Drip off on Days Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729954				

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

JHSMH, LOUISVILLE, KY

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.		

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
	FENTANYL CITRATE PF (SUBLIMAZE) (2500 MCG) SODIUM CHLORIDE 0.9 % (200 ML) Rate: UD Total Vol: 250 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION - .....NON-PYXIS ITEM..... TIME RATE NEW BAG INITIALS / TIME RATE NEW BAG INITIALS / START: 04/10 D/C: @ RX 05729955	[illegible]	[illegible]	2359 [illegible]	[illegible]
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: 0800 Waste Amt: 200cc RN: [illegible] Wit: MT — [illegible] Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729956				
	CALCIUM GLUCONATE (CALCIUM GLUCONATE) (2 GM) SODIUM CHLORIDE 0.9 % (100 ML) Rate: 20 MLS/HR Total Vol: 120 MLS IV DIR [redacted] 1 gram - 4.65 mEq Calcium IV PUSH SHOULD NOT EXCEED 2 ML / MINUTE *HIGH-ALERT MED* START: 04/11 D/C: @ RX 05730396	[illegible]			

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD: [redacted]
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	POTASSIUM PHOSPHATE DIBASIC (POTASSIUM PHOSPHATE) (13.6 MM) SODIUM CHLORIDE 0.9 % (250 ML) Rate: 61.632 MLS/HR Total Vol: 256 MLS IV DIR [redacted] CALL PHCY IF NEEDED [redacted] were prepared resulting in wastage 1.4mM from a single-dose vial. .....NON-PYXIS ITEM.....USE FILTER START: 04/11 D/C: @ RX 05730402	0800			
	MAGNESIUM SULF 1GM/DSW 100ML (100 ML) Rate: 100 MLS/HR Total Vol: 100 MLS IV DIR [redacted] START: 04/11 D/C: @ RX 05730410	0750 0850			
	PHENYLEPHRINE HCL (NEOSYNEPHRINE) (80 MG) SODIUM CHLORIDE 0.9 % (500 ML) Rate: 100 Total Vol: 508 MLS IV * PER MED ORDERS CONCENTRATION = 160 mcg/mL .....NON-PYXIS ITEM..... START: 04/11 D/C: @ RX 05730865	0800 500cc 70-70 0500cc		2000 2000 70-70	
	levoFLOXACIN 750 MG/DSW 150ML (150 ML) Rate: 100 MLS/HR Total Vol: 150 MLS IV [redacted] START: 04/11 D/C: @ RX [redacted]	1400			
	LINEZOLID 600MG/300ML (300 ML) Rate: 300 MLS/HR Total Vol: 300 MLS IV EVERY 12 HOURS DO NOT REFRIGERATE START: 04/11 D/C: @ RX 05730938	1400		0200	

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSNH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammed Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.				
Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	FLUCONAZOLE 200 MG/NS 100ML (100 ML) Rate: 100 MLS/HR Total Vol: 100 MLS IV EVERY 24 HOURS Do not exceed administration rate of 200 mg/hr DO NOT REFRIGERATE START: 04/12 D/C: @ RX 05731662	1700			
	EXT. INF. PIPERACILLIN/TAZO (ZOSYN - Extended Infu(3.375 GM SODIUM CHLORIDE 0.9 % (100 ML) Rate: 25 MLS/HR Total Vol: 100 MLS IV EVERY 12 HOURS ****EXTENDED INFUSION TO BE GIVEN OVER 4 HRS**** PUMP SETTING-EXTENDED INFUSION/VTBI=100mL/DURATION=4HRS ****If maintenance fluids infusing, continue infusing; infuse Zosyn as PRIMARY INFUSION using SEPARATE MODULE**** ****ALWAYS follow extended infusion w/20mL NS via 100mL bag (change bag every 24 hours)**** START: 04/12 D/C: @ REFRIG RX 05731663	1700		0500	

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 0659

MAR CHECKED
INIT:
DATE:
TIME:

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt: 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	PRN MEDS — DOSE & DIRECTIONS — Document wastage of all medications	0701-1900 Given	0701-1900 Amt(mg) Wasted	1901-0700 Given	1901-0700 Amt(mg) Wasted
	ACETAMINOPHEN SOLN 325MG/10.15ML UDC (TYLENOL) 650 MG-20.3 MLS PO EVERY 6 HOURS ACETAMINOPHEN RECOMMENDED MAX: 3 GM/24 HR (ALL SOURCES) START: 04/12 D/C: @ RX 05731512 PRN	1600 650mg PO temp 102.3			

*****REASSESS AND DOCUMENT*****

CODES FOR MEDICATION ADMINISTRATION

RA - Right Arm	LG - Left Gluteal	RUA - Right Upper Abdomen	LLA - Left Lower Abdomen
LA - Left Arm	RT - Right Thigh	RLA - Right Lower Abdomen	SA - Self Administered
RG - Right Gluteal	LT - Left Thigh	LUA - Left Upper Abdomen	R - Patient Refused

FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS

**** END OF MAR FOR PROVINS,JAMES ****

DSCH SUMMARY
262873

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I
NAME: PROVINS, JAMES
Age: 53 Sex: M
DOB:
Attending Physician: Jena T. Ruxer, M.D.

MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014
Discharge Date: 04/14/2014

DISCHARGE SUMMARY

DEATH SUMMARY

REVISED REPORT

DATE AND TIME OF DEATH
04/14/2014 at 8:22 a.m.

HOSPITAL DIAGNOSES
1. Septic shock needing three vasopressors.
2. Acute respiratory failure needing intubation.
3. Pneumonia.
4. Severe ARDS.
5. Influenza A.
6. Acute kidney injury on CRRT.
7. Elevated lactic acid.
8. Possible bowel ischemia.
9. Acute pancreatitis.
10. Alcohol abuse.
11. Elevated liver function tests.
12. Elevated CK.
13. Hypertension.
14. Chronic obstructive pulmonary disease.
15. Questionable cardiomyopathy as per history.
16. Status post right shoulder surgery.

CONSULTATIONS
1. Dr. Duff.
2. Dr. Akhter.
3. Dr. Jameel.
4. Dr. Prince.
5. Louisville Surgical Associates.

DIAGNOSTIC STUDIES
LABORATORY: INR 1.3. ABG pH 7.32. WBC 12.9. hemoglobin 11.6. platelets 104. Lactic acid 5.6. CK 4023. Magnesium 1.7. LFTs AST 685, ALT 298, alkaline phosphatase 65, total bilirubin 3.5.

HOSPITAL COURSE
This is a 52-year-old admitted because of sepsis and acute respiratory failure. This patient had severe ARDS and pneumonia. The patient was started on IV antibiotics as per Infectious Disease. The patient also has

influenza. He was intubated and ventilatory management done by Dr. Jameel. The patient had very poor prognosis. The patient had possible bowel infection as well. Louisville Surgical Associates talked to the family. The patient is too unstable for general anesthesia and patient will not benefit from surgery according to them. Therefore, because patient is too sick and poor prognosis with multiple problems as discussed above, the patient was extubated as per family's request. Long discussion done with family members by Dr. Jameel and they wanted comfort care only. So terminal extubation has been done and the patient is pronounced dead on 04/14/2014 at 8:22. Please see progress note for other details and consultation and history and physical dictations for more details.

Dictated by...
Kavita Jyotula, M.D.

KJ/cs
DD: 08/01/2014 19:38
TD: 08/01/2014 20:06
JOB #: 1904479

DISCHARGE SUMMARY

ELECTRONICALLY SIGNED BY
Jyotula, Kavita S. - 262873
8/13/2014 18:27:10

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M0343[illegible]1738 MR#:L000423587
PROVTHS [illegible] CICCU3
DOB: 52 M M CICCU3-17
Wetherton,Angela R M
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**
		4.14 Surg Informed pt is comfort measures only Call if needed Thanks Stewart

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOL CI-ORM56 72381D 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: L00042358/ CICC03
PROVINS JAMES
DOB M M CICC03-17
Baby MD
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered | Physicians Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

4/14/14 7:50 [illegible]

[illegible] Pt. [illegible] 4-14-14

Stop all meds.

Except morphine 2mg IV Q 1 hr PRN

Ativan 2mg IV Q 1 hr PRN.

FAXED

noted [illegible] [illegible]

TORV Dr. _____ by: _____ Date/Time: 4/14/14

MD Sign: _____ Date/Time: 0800

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Progress Notes

All Chart entries must be Signed, Dated, and Timed

4/14/14 7:50 AM

[illegible] Com

Pt Scan [illegible]

VS 101. 124. 94/60

R 24

[illegible]

[illegible]

[illegible]

[illegible]

1) Acute Resp Failure
2) ARDS
3) Septic Shock
4) MSOF
5) Pancreatitis
6) DVT

long discussion family

they only want comfort

[illegible]

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 7528410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: L000423587
PROMINS JAMES CICCUS
DOB 52 M M CICCUS-17
Babar, Muhammad Z MD
NON
04/10/14

ORDER/PROGRESS

Date/Time Ordered — Physicians Orders/Signature

All orders must be Signed, Dated, and Timed with Contact # Included

4/14/14 0830 may release body to funeral home
VOR Dr. Jameel / Kate Trummerer

ELECTRONICALLY SIGNED BY
[illegible] 264680
5/22/2014 12:42:39

noted Kate Trummerer 4/14/14e 0840

All Chart entries must be Signed, Dated, and Timed

4/14/14 0822 time of death
0 heart tones or breath sounds, auscultated
Kate Trummerer

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 733810 10/10

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DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: L000423587
PROVINS, JAMES CICCU3
DOB 2 M M CICCU3-17
Wetherton, Angela R-M
NOK
04/10/24

ORDER/PROGRESS

Date/Time Ordered	Physicians Orders/Signature	Progress Notes
	All orders must be Signed, Dated, and Timed with Contact # Included	**All Chart entries must be Signed, Dated, and Timed**

PROVINS, JAMES CICCU3 CICCU3-17
M034311738L000423587 RXE05732022 -
WASTAGE()
See Comments (0 MISCELLANEOUS, NOT SPECIFIEDS) XX ONE
All documented administered
doses of Potassium Phosphate
13.6mM were prepared
resulting in wastage of 1.4mM
from a single-dose vial.
, RPh
Disp:0 MISCELLANEOUS, NOT SPECIFIED S1:04/12/14-1415 Sp:

X-RAY COMPLETED
Study PCXR AM
Contrast
Date 4-13-14
Technologist RCHIRS

4/14 T.O.P.V. Dr Kenin / [illegible]
0550 UF 2 NPC AT 10 Off Hour
Call for SBP <90
[illegible] 4/13/14 [illegible]

4/14 [illegible] 250 IV per Hypotensive
Protocol. [illegible]

FAXED

TORV Dr. _____ by: _____ Date/Time: _____

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

All orders must be Signed, Dated, and Timed with Contact # Included

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

MCLUFORM99 725410 10/10

Unapproved/Unsafe Abbreviations
DO NOT USE: Q.D., Q.O.D. (Latin abbreviation for daily and every other day)
Instead, please write: "daily" and "every other day"

VS-34
(Rev. 9/98)

COMMONWEALTH OF KENTUCKY
Department for Public Health
Registrar of Vital Statistics

Please Press Hard
Making Three Copies

PROVISIONAL REPORT OF DEATH

ACCT#: [illegible] MRA: [illegible]
PROV: [illegible] CICCUB
DOB: [illegible] 2 M M CICCUB-17
Babar, Muhammad 2 MO
NOH
04/10/14

(A)
Name James Provins Date of Death 4/14/14 Hour 0822 A.M. P.M.

Jefferson (County of Death) Jefferson (County of Residence) Age 52 Race white Sex male

Facility or location of Death Sts Mary + Elizabeth Hospital, Louisville, KY (Include City/State)

Medical Certifier of Certificate: Dr. Sajjad Jameel, 1550 Bluegrass Ave, Louisville (Address) KY

Facility Notes: Sts. Mary + Elizabeth Hospital Louisville, KY

Blood and Body Fluid Precautions Advised? YES ✓ NO ____ Blood and body fluid precautions should be observed for any post-mortem procedure regardless of diagnosis.

KENTUCKY ORGAN DONOR AFFILIATES (KODA) - (800) 525-3456
In accordance with HCFA's Conditions of Participation - Section 482.110, all deaths must be referred to KODA, prior to the approach of family, regarding the suitability for organ and/or tissue donation.

Date/Time KODA Contacted: 4/14/14 0830 Name of KODA Coordinator: Christina Paxtin

Ruled Out For Donation By KODA: YES ✓ NO ____ Family Approached about Donation: YES ____ NO ✓

If family approached, was consent given for donation: YES ____ NO ____ n/a

Name and Relationship of Family Member Approached: n/a

(B) Authorization is hereby granted to Sts. Mary + Elizabeth Hospital (Facility Name)
to release the remains of the above named to Newcomer Funeral Home 502-935-0056 (Funeral Home)
for the purpose of transportation and/or disposition. Debra Provins (Signature Next of Kin)

Michael Gutt (Signature of Local Registrar, Deputy Registrar, Coroner or Hospice Nurse) Katie Summers RN (Witness)

(C) I, representing _____
hereby accept the remains of the above named and agree to secure and file a complete and satisfactory certificate of death within time limits established by KRS 213.

_____ Signature _____ Address

_____ City/State

(D) I am aware of the circumstances surrounding the death of the above named person and hereby authorize cremation of the remains.

_____ Coroner of _____ County Date _____

(E) Remains of the above named were buried _____ cremated _____

consigned to _____ on _____
Name of Cemetery/Crematory

_____ Address

_____ Signature (Sexton or Person in Charge)

403

WHITE COPY - Must accompany deceased YELLOW COPY - Health Department in the County of Death PINK COPY - Facility Copy

738

VS-34
(Rev. 9/98)

COMMONWEALTH OF KENTUCKY
Department for Public Health
Registrar of Vital Statistics

Acct# M034311738 MR#: G00423587
PROV INS: JAMES CICCL3
DOB: 2 M M CICCU3-17
Babar, munammad-Z MD
NON
04/10/14

Please Press Hard
Making Three Copies

PROVISIONAL REPORT OF DEATH

(A)

Name James Provins Date of Death 4/14/14 Hour 0822 A.M. P.M.

Jefferson (County of Death) Jefferson (County of Residence) Age 52 Race White Sex Male

Facility or location of Death Sts Mary + Elizabeth Hospital, Louisville, KY (Include City/State)

Medical Certifier of Certificate: Dr. Sajjad Jameel, 1850 Bluegrass Ave, Louisville, KY (Address)

Facility Notes: Sts. Mary + Elizabeth Hospital Louisville, KY

Blood and Body Fluid Precautions Advised? YES ✓ NO ___ Blood and body fluid precautions should be observed for any post-mortem procedure regardless of diagnosis.

KENTUCKY ORGAN DONOR AFFILIATES (KODA) - (800) 525-3456
In accordance with HCFA's Conditions of Participation - Section 482.110, all deaths must be referred to KODA, prior to the approach of family, regarding the suitability for organ and/or tissue donation.

Date/Time KODA Contacted: 4/14/14 0830 Name of KODA Coordinator: Christina Paytin

Ruled Out For Donation By KODA: YES ✓ NO ___ Family Approached about Donation: YES ___ NO ✓

If family approached, was consent given for donation: YES ___ NO ___ n/a

Name and Relationship of Family Member Approached: n/a

(B) Authorization is hereby granted to Sts Mary + Elizabeth Hospital (Facility Name)

to release the remains of the above named to Newcomer Funeral Home 502-935-0556 (Funeral Home)

for the purpose of transportation and/or disposition. [signature] (Signature Next of Kin)

Michelle Gatt (Signature of Local Registrar, Deputy Registrar, Coroner or Hospital Nurse) [signature] (Witness)

(C) I, representing Newcomer hereby accept the remains of the above named and agree to secure and file a complete and satisfactory certificate of death within time limits established by KRS 213.

[signature] (Signature) ___ (Address)

Louisville Ky (City/State)

(D) I am aware of the circumstances surrounding the death of the above named person and hereby authorize cremation of the remains.

___ Coroner of ___ County Date ___

(E) Remains of the above named were buried ___ cremated ___

consigned to ___ (Name of Cemetery/Crematory) on ___.

___ (Address)

___ (Signature (Sexton or Person in Charge))

WHITE COPY - Must accompany deceased YELLOW COPY - Health Department in the County of Death PINK COPY - Facility Copy

404

739

Jewish Hospital &
St. Mary's HealthCare
KentuckyOne Health ™

DEATH RESTRAINT REPORT TO CMS

ALL SECTIONS TO BE COMPLETED

PATIENT NAME: Provins, James DOB:

MEDICAL RECORD # L423587 ACCT # M059311758

ADMITTING PHYSICIAN: Wetherton ADMIT DATE: 4/13/14

DATE OF DEATH: 4/14/14 TIME OF DEATH: 822

CAUSE OF DEATH: Sepsis, Multiorgan failure, Acute Pancreatitis
(**Only for reportable deaths**)

TYPE OF RESTRAINT USED: Soft upper Restraints (2)

CMS WAS NOTIFIED VIA: ☐ EMAIL ☐ PHONE ☐ FAX ☒ NA

By: NAME:

DATE:

TIME:

Death Papers
F166

PLEASE PLACE IN MEDICAL RECORD

Submitted to HIM /Stan

VOLLFORMSD 03/12 AMA

MEDICAL IMAGING REPORT
158113

Sts. Mary & Elizabeth Hospital
1850 Bluegrass Ave.
Louisville, Kentucky 40215

M034311738 I MR#: L000423587 Acc. #: 07-CR-14-0014124
NAME: PROVINS, JAMES DOB: [redacted] SEX: M
STUDY DATE/TIME: 04/14/2014 6:04 UNIT: SEDOF ROOM: S10000
STUDY DESCRIPTION: CR Chest Single View Portable
Attending Physician: Angela Wetherton, M.D.

Ordering Physician: Sajjad Jameel, M.D.

MEDICAL IMAGING REPORT

This report is preliminary unless electronic signature is present

EXAM
Portable chest, 04/14/14 at 0604 hours

HISTORY
Shortness of air.

COMPARISON STUDIES
04/13/14 at 0703 hours.

FINDINGS
The ET tube remains in place, the tip is 3-to-4 cm above the carina. The right IJ sheath and NG tube are present as well. There is no pneumothorax. Question of slight increase in infiltrate or atelectasis at the right lung base and in the left mid-to-upper lung since the prior study. No pneumothorax. The left IJ central line remains.

Dictated by...
Thomas E. Vaughan, M.D.

TEV/mcs
DD: 04/14/2014 06:45
TD: 04/14/2014 07:25
JOB #: 8451551

MEDICAL IMAGING REPORT

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/13/14
Admitting Dr: Babar,Muhammad Z MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME: 4/14

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Document wastage of all meds in mg & Record Start/Stop Times for all IVs.

Dr Sign Init	NEW MEDS - SCHEDULED and SINGLE DOSES				0701-1900		1901-0700	
	MED: central line DLSg Δ Q7 days	DOSE:	ROUTE:	SCH:	Due 4/17			
	Δ Blue cap Q4 days				Due 4/14			
	MED: Δ Sterile DLSg Q7 days	DOSE:	ROUTE:	SCH:	Due 4/20			
	MED:	DOSE:	ROUTE:	SCH:				
	MED:	DOSE:	ROUTE:	SCH:				
	MED:	DOSE:	ROUTE:	SCH:				

NEW MEDS - PRN				0701-1900		1901-0700	
MED: ativan 2mg IV Q1° PRN	DOSE:	ROUTE:	PRN:				
MED: morphine 2mg IV Q1° PRN	DOSE:	ROUTE:	PRN:				
MED:	DOSE:	ROUTE:	PRN:				
MED:	DOSE:	ROUTE:	PRN:				

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammed Z MD

MAR CHECKED
INIT:
DATE:
TIME: 4/14

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

OXYGEN DELIVERY			0701-1900	1901-0700
DATE	OXYGEN ORDER	INITIALS		
4/14/14	per vent Orders	KT		

Init	SCHED MEDS	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	Chlorhexadine oral care every 6 hours while on ventilator		0800 1400 KT		0200 2000	
	PANTOPRAZOLE 40MG VIAL (PROTONIX) FLUSH LINE BEFORE AND AFTER ***** INFUSE IV PUSH OVER 2 MINUTES **** SEE PREP INSTRUCTIONS START: 04/11 D/C: @	40 MG-1 VIAL IV DAILY RX 05729816	1200			
	OSELTAMIVIR 75MG CAP (TAMIFLU) START 4/12 Typical duration of therapy is 5 days. .....NON-PYXIS ITEM..... START: 04/12 D/C: @	75 MG-1 CAPSULE PO EVERY 24 HOURS RX 05731664	1500			
	ENOXAPARIN 30MG/0.3 ML SYR (LOVENOX) START: 04/12 D/C: @	30 MG-0.3 MLS SUBQ EVERY 24 HOURS RX 05731925	1200			

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ACM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:
4/14

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	INSULIN (SUBCUTANEOUS ONLY) DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	novoLOG (novoLOG (insulin-ASPART) 100 units/mL) HIGH DOSE SS SUBQ BEFORE MEALS &	~~0830~~ ~~1130~~ ~~1630~~		~~2200~~	
	HIGH-ALERT MED (rotate injection sites) HIGH-DOSE SLIDING SCALE W/ACCUCHECKS PER MD ORDER 150-199 mg/dL - 3 units, 200-249 mg/dL - 6 units 250-299 mg/dL - 9 units, 300-349 mg/dL - 12 units greater than 349 mg/dL - 15 units Time BS Dose units Site Init / Time BS Dose units Site Init / Time BS Dose units Site Init / Time BS Dose units Site Init / If 2 consecutive BG accuchecks of 200mg/dL or greater, notify prescriber. START: 04/11 D/C: @ RX 05730853	1200	1800	0000	0600

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD: Acct#: M034311738
Ht: 170.18cm Wt. 107.05 kg (04/10/14) Unit#: L000423587
Body Surface Area: 2.17 M2 Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME: JC 4/14

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900		1901-0700	
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.	7a JT		7p	

Init	IV DOSE & DIRECTIONS Record & initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
	MIDAZOLAM HCL (VERSed) (50 MG) DEXTROSE 5% (90 ML) Rate: UD Total Vol: 100 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION - Time Rate New Bag Initials / Time Rate New Bag Initials / Time Rate New Bag Initials / .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729953		D/C	2359	
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED. Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729954		D/C		
	FENTANYL CITRATE PF (SUBLIMAZE) (2500 MCG) SODIUM CHLORIDE 0.9 % (200 ML) Rate: UD Total Vol: 250 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION - .....NON-PYXIS ITEM..... TIME RATE NEW BAG INITIALS / TIME RATE NEW BAG INITIALS / START: 04/10 D/C: @ RX 05729955		D/C	2359	

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BO:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HEREAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.	duplicate	

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	CONTROL SUB SET-UP/WASTE DOCU (1 EA) Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOX FOR MED: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Set-up Time: Settings Verified by RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: Waste Time: Waste Amt: RN: Wit: START: 04/10 D/C: @ RX 05729956	D/C			
	CALCIUM GLUCONATE (CALCIUM GLUCONATE) (2 GM) SODIUM CHLORIDE 0.9 % (100 ML) Rate: 20 ML/HR Total Vol: 120 MLS IV DIR GIVE IF CA LESS THAN 7 CALL PHCY 1 gram = 4.65 mEq Calcium IV PUSH SHOULD NOT EXCEED 2 ML / MINUTE *HIGH ALERT MED* START: 04/11 D/C: @ RX 05730596	Ca 8.5 that per family request			

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17

JHSMH, LOUISVILLE, KY

Age: 52 Sex: M BD:
Ht: 170.18cm Wt: 107.05 kg (04/13/14)
Body Surface Area: 2.17 M2

Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar Muhammad Z MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV Q8H administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.	Hauplicate	

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	Stop
	POTASSIUM PHOSPHATE DIBASIC (POTASSIUM PHOSPHATE) (13.6 MM) SODIUM CHLORIDE 0.9 % (250 ML) Rate: 63.632 MLS/HR Total Vol: 255 MLS IV DIR GIVE IF PHOS LESS THAN 2.5 CALL PHCY IF NEEDED 13.6 MM = 20 mEq POTASSIUM Phosphate All documented administered doses of 13.6mM were prepared resulting in wastage 1.4mM from a single-dose vial .....NON-PYXIS ITEM.....USE FILTER START: 04/11 D/C: @ RX 05730402	PHOS 1.6 *held per family request			
	MAGNESIUM SULF 1GM/DSW 100ML (100 ML) Rate: 200 MLS/HR Total Vol: 100 MLS IV DIR GIVE 2 GM (2 X1 GM) IF MG LESS THAN 1.6 START: 04/11 D/C: @ RX 05738410	MG 1.4 *held per family request			
	levoFLOXACIN 750 MG/DSW 150ML (150 ML) Rate: 100 MLS/HR Total Vol: 150 MLS IV Q 48 HRS START: 04/11 D/C: @ RX 05730930				
	LINEZOLID 600MG/300ML (300 ML) Rate: 300 MLS/HR Total Vol: 300 MLS IV EVERY 12 HOURS DO NOT REFRIGERATE START: 04/11 D/C: @ RX 05730938	1400		0200	
	FLUCONAZOLE 200 MG/NS 100ML (100 ML) Rate: 100 MLS/HR Total Vol: 100 MLS IV EVERY 24 HOURS Do not exceed administration rate of 200 mg/hr DO NOT REFRIGERATE START: 04/12 D/C: @ RX 05731662	1700			

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV QSH administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.	duplicate	

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
	EXT. INF. PIPERACILLIN/TAZO (ZOSYN - Extended Infu(3.375 GM) SODIUM CHLORIDE 0.9 % (100 ML) Rate: 25 MLS/HR Total Vol: 100 MLS IV EVERY 12 HOURS ****EXTENDED INFUSION TO BE GIVEN OVER 4 HRS**** PUMP SETTING-EXTENDED INFUSION/VTBI=100mL/DURATION=4HRS ****If maintenance fluids infusing, continue infusing: infuse Zosyn as PRIMARY INFUSION using SEPARATE MODULE**** ****ALWAYS follow extended infusion w/20mL NS via 100mL bag (change bag every 24 hours)**** START: 04/12 D/C: @ REFRIG RX 05731663	1700		0500	
	DOPAMINE 800MG/D5W 250ML (250 ML) Rate: UD Total Vol: 250 MLS IV * TO MAINTAIN MAP > 70 PER MD ORDERS CONCENTRATION = 3200 MCG/ML START: 04/13 D/C: @ RX 05732716			2359	
	AMIODARONE HCL (CORDARONE) (900 MG) DEXTROSE 5% (482 ML) Rate: UD Total Vol: 800 MLS IV ** PER MD ORDERS. (stable 48hrs at room temp) CONCENTRATION = 1.8 mg/mL ***Use filter***** ***Glass Bottle OR VisIV Bag*** .....NON-PYXIS ITEM..... START: 04/13 D/C: @ RX 05732797	0701		2201	
	Norepinephrine Bitartrate (levOPHED) (16 MG) DEXTROSE 5% (250 ML) Rate: UD Total Vol: 266 MLS IV * PER MD ORDERS CONCENTRATION = ...NON-PYXIS ITEM..... START: 04/13 D/C: @ RX 05732934			2359	

PRN

PROVINS,JAMES
CICCU3 - CICCU3-17

Printed: 04/14/14 - 0027
Page: 7
CONTINUED -->

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BD: _____
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JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

MAR CHECKED
INIT:
DATE:
TIME:
4/14

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	IV CATHETER MAINTENANCE	0701-1900	1901-0700
	SODIUM CHLORIDE 0.9% IV administered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency, administer medication or post blood withdrawal.	Duplicate	

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
	VASOPRESSIN (pitRESSIN) (100 UNITS) SODIUM CHLORIDE 0.9 % (100 ML) Rate: UD Total Vol: 105 MLS IV * PER MD ORDERS CONCENTRATION = ...NON-PYXIS ITEM..... START: 04/13 D/C: @ RX 05732943	7a-7p KT		2359 7p-7a	
	PHENYLEPHRINE HCL (NEOSYNEPHRINE) (160 MG) SODIUM CHLORIDE 0.9 % (500 ML) Rate: UD Total Vol: 516 MLS IV * PER MED ORDERS CONCENTRATION = 0.32 mg/mL .....NON-PYXIS ITEM..... START: 04/13 D/C: @ RX 05732951	7a-7p KT		2359 7p-7a	
	AMIODARONE HCL (CORDARONE) (900 MG) DEXTROSE 5% (482 ML) Rate: UD Total Vol: 500 MLS IV ** PER MD ORDERS (stable 48hrs at room temp) CONCENTRATION = 1.8 mg/mL ***Use filter***** ***Glass Bottle OR VisIV Bag*** .....NON-PYXIS ITEM..... START: 04/13 D/C: @ RX 05733002	0701		2301	

MEDICATION ADMINISTRATION RECORD MONDAY 04/14/14 - 0701 thru TUESDAY 04/15/14 - 0659

PROVINS,JAMES
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Age: 52 Sex: M BD:
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

JHSMH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Babar,Muhammad Z MD

MAR CHECKED
INIT:
DATE:
TIME:

Coded Allergies: No Known Drug Allergies
Adverse Reaction :

OTC/Herbal Intake: NO OTC HERBAL INTAKE Brought in Meds verified by RPH: NOTHING ENTERED
External Comments:

Init	PRN MEDS	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Given	Amt(mg) Wasted	1901-0700 Given	Amt(mg) Wasted
	ACETAMINOPHEN SOLN 325MG/10.15ML UDC (TYLENOL) ACETAMINOPHEN RECOMMENDED MAX: 3 GM/24 HR (ALL SOURCES) START: 04/12 D/C: @	650 MG-20.3 MLS PO EVERY 6 HOURS RX 05731612 PRN				
	DEXTROSE 25 GM/50 ML (DEXTROSE 50%) START: 04/13 D/C: @	25 GM-50 MLS IV PRN RX 05733301 PRN				

******REASSESS AND DOCUMENT******

CODES FOR MEDICATION ADMINISTRATION

RA - Right Arm
LA - Left Arm
RG - Right Gluteal
LG - Left Gluteal
RT - Right Thigh
LT - Left Thigh
RUA - Right Upper Abdomen
RLA - Right Lower Abdomen
LUA - Left Upper Abdomen
LLA - Left Lower Abdomen
SA - Self Administered
R - Patient Refused

FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS	FULL SIGNATURE	INITIALS

**** END OF MAR FOR PROVINS,JAMES ****

Psychiatric Expert Report

Expert: James C. Ballenger, M.D.

Plaintiff: Estate of James Provins Date of report: 7/15/16

James Provins v. Spirit Construction Services, Inc.

WCC File No: 1200349

Introduction: Dr. Ballenger was retained by J. South Lewis, II, of the law firm Willson, Jones, Carter & Baxley to review the relevant records of James Provins' injury, medical care, prior history, hospitalizations and ultimate death to develop relevant opinions. Dr. Ballenger charges $680 per hour for his time in this analysis including record analysis, reports, deposition and trial testimony.

Examiner: Dr. Ballenger has been a clinical psychiatrist for over 40 years and a forensic examiner for over 30 years. He retired from full time academics in 2002. He had been Professor and Chairman of the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina in Charleston, South Carolina from 1983 until 2000. He was Founding Director of the Institute of Psychiatry (1988-2000), and also founded MUSC's substance abuse clinical and research institute, the Center for Drug and Alcohol Programs in 1994, and was its Founding Executive Director until 2000. He is internationally recognized as an expert in psychopharmacology and the anxiety disorders and depression/bipolar illness. He is the author of over 350 professional papers and sixteen books. He was board certified in psychiatry in 1977 and in forensic psychiatry in 1999, and

re-certified in 2010. He currently has a private practice of adult clinical psychiatry (65%) and forensic psychiatry (35%).

He has been admitted as an expert in state and federal courts multiple times. He has consulted extensively with the National Institute of Mental Health, the Department of Defense, the American Psychiatric Association (APA), and the Anxiety Disorders Association of America (ADAA). He regularly attends the American Association of Psychiatry and the Law (AAPL) annual meetings and is a member and a journal reviewer. He has taken their four day forensic psychiatry review course twice, attended the 2010 SEAK Course for expert witnesses and in 2015 their course on How to Excel in Expert Depositions. He generally attends yearly meetings of the APA, AAPL, ACNP, and the ADAA. For further information about Dr. Ballenger's expertise, please refer to his CV.

Records reviewed:

1. Records from the University of Louisville Hospital
2. Records from Redi Care
3. Records from In Med
4. Records from Dr. Bonnarens
5. Records from Orthopedic Associates of Kentuckiana
6. Records from Baptist Hospital of Louisville
7. Records from Advanced ENT and Allergy
8. Records from Integrated Care Management
9. Records from Baptist Worx Physical Therapy
10. Records from Amins Family Practice
11. Records from Jewish Medical Center/St. Mary's Hospital

12. Testimony of Anthony Azusenis before WC Commissioner
13. Expert report Thomas Martin, M.D.

Pertinent history: Date of injury: 1/24/12. Dr. Ballenger reviewed records chronologically first from the Amins Family Practice, on his visits from 7/30/01 forward. At that point, he had several episodes where he would pass out, his eyes would roll back and lasted one to two minutes. He reported at that point that he drank beer mostly but also hard liquor at times. He had had three alcohol related blackout spells recently. The examining physician described that he "drinks a fair amount of beer." Mr. Provins reported then that he had quit smoking a month previously. The doctor suggested that these syncopal spells were perhaps seizures and referred him to a neurologist. Mr. Provins returned on 9/25/01 and stated that he did not want to see a neurologist. On his next visit on 3/21/05, it was reported that his hypertension had been untreated for four years. Mr. Provins reported that he does not smoke cigarettes but has continued to dip tobacco.

On a visit 7/7/05 to the University of Louisville Hospital he had suicidal thoughts and "admits to ingesting large quantities of alcohol." He reported that in the previous two months he had an onset of depression and "can't sleep at all unless I get drunk." He admitted to having hallucinations, stating "for the last two months I have been drinking heavily and I've been hearing some shit." He reported again that his high blood pressure had been untreated. At that point, his alcohol consumption was reported as 10-14 beers per day for 20 years and either a quart to a half gallon of vodka per day (another reference stated "½ to 1 pint of vodka for four years"). However, he was described as a "longstanding alcoholic." Another

record stated that his beer consumption was 16 to 18 beers a day. He had arrived at the hospital in police custody from his sister's house, and his chief complaint was "I wanted to either jump off the bridge or blow my brains out." He had been suicidal, and the benzodiazepine, lorazepam, was given for signs and symptoms of alcohol withdrawal.

His next records were from four years later on 7/8/09 where he stated "I've been drinking myself to death." He had been fired in June of 2009 for suspicion of drinking on the job. He had been separated from his wife, was living with his sister, and stated he wanted help but "doesn't know now if he wants to stop drinking." His father was reported as a recovering alcoholic and that other paternal uncles were also alcoholics. His daily alcohol use at this point was described was a half a gallon of whiskey or vodka a day and 14-24 beers since the age of 16. He had a history of one driving under the influence (DUI) charge and three arrests for public intoxication. He described that he had had one period of sobriety but had never been into any drug rehabilitation treatment. He reported to the EMS that he had been "ingesting huge amounts of alcohol." In the emergency room, he reported that he had drunk 10 beers and a quart of whiskey that day. He reported that he quit smoking cigarettes 7-10 years ago but was using dip until three weeks ago. He was treated with repeated doses of the benzodiazepine lorazepam for his alcohol tremors and for other symptoms of alcohol withdrawal. He was voluntarily admitted on 7/8/09 for alcohol treatment. He reported that a week prior to admission one of his fellow workers who had also been fired had committed suicide. On 7/9/09, he was discharged to the Healing Place and was placed on the alcohol withdrawal protocol because of nausea, diarrhea, weakness, chills and tremors. At that point, he had increased liver enzymes (AST 114, ALT 90). On

7/9/09, his alcohol blood level was 213, and he was treated with Librium for his alcohol withdrawal.

Although his attorney and family allege that he entered a several year long period of sobriety from 2009 to 2012, the testimony on 9/14/12 of his roommate and co-worker Anthony Azusenis was that the plaintiff was drinking bourbon daily and had even taken bourbon to work in the morning.

The next chronologically medical records available to this examiner are after his injury on 1/24/12. He and a co-worker were carrying a heavy beam and the other worker dropped his end causing an injury to the plaintiff's right shoulder. At that time, medically they felt that he had a probable rotator cuff injury and had scheduled an MRI if approved by WC. On 6/1/12, his attorney, Don Smith, provided Redi Care with an MRI and asked the physician to complete the physician assessment statement. The physician refused and stated that he would only supply the records. When threatened with a deposition, the physician did fill out the questions using the records but could not comment on the MRI. The MRI was read at In Med on 2/18/12 as demonstrating a "fairly extensive tear of the supra spinatus tendon and a tear involving the subscapularis tendon."

When seen by the orthopedic surgeon. Dr. Bonnarens on 4/15/13, the plaintiff reported right shoulder pain from an "injury in SC on 1/24/12 while dragging corrugated steel." (Other reports were that the coworker dropped his end.) The plaintiff reported pain 10 out of 10 and Dr. Bonnarens' impression was a rotator cuff tear and scheduled surgery. On subsequent visits, he suggested that expected

MMI was six months, restricted the patient to no use of that right arm and prescribed Lortab. On 9/23/13, the plaintiff reported that at rest, he had 0 out of 10 pain (equaling no pain), but that pain increased with movement. Dr. Bonnarens suggested that given the limitations on active range of motion, that he would order an arthrogram MRI and continued the work restrictions of no use of the right arm.

The plaintiff reported that he had been out of work since the injury. At this point (4/15/13), he reported that he was drinking 8-10 beers a day but not taking any drugs. On 4/30/13, the note from the Case Management worker stated that the plaintiff reported to her that the plaintiff's attorney stated that he did not want the case manager to have any contact with the plaintiff. Surgery was performed on 5/15/13, repairing the right rotator cuff, with an acromioplasty/Mumford procedure, debridement of the bicep stump and labral tears and insertion of a bone graft. On 5/22/13, his range of motion was described as "fine," and he was referred to physical therapy with restriction of no use of the right arm and estimated of MMI of six months. On 6/3/13, he was seen and the Lortab was renewed. He was given a return to work status, but with a restriction of no use of his right arm. However, during this period the plaintiff was seen at Baptist WORX Physical Therapy with an initial evaluation on 6/7/13 and 6/11/13. At that point, he was described as a "vague historian" who was "reluctant to communicate." He was described as disheveled and shaking," and that he was "very erratic with his exercise technique." He had increased redness in his face. The assessment at that point was that there were "obvious signs of alcohol intoxication with yellowed eyes and erratic behavior." On 6/26/13, he was described as being unable to raise his arm. On 6/28/13, it was reported that he had attended two PT sessions since 6/7/13 and "feels about the same" and that he "still cannot raise the arm without

help." However pain at rest was 0 of 10 (none) and 5 of 10 with movement. On the 7/1/13 follow up visit, he continued to complain of pain, but his range of motion was "fair." His glenohumeral motion and strength were said to "both need a lot of work," and that his "pain was not surprising given his recent surgery." On 7/5/13, he was described as "very slowly improving." On 7/8/13, the patient reported that it "hurts in his joint and that he had elbow pain and he frequently interrupted his physical therapy." When seen on 7/9/13, his range of motion was good although he was weak with abduction, his rotator was described as strong with no evidence of re-tear. He was reported as "progressing in physical therapy" and was again restricted to no use of his right arm, and this restriction was repeated on 7/29/13. On 7/19/13, he was reported as making very slow progress. On 7/26/13, he had completed 22 sessions but still reported pain and that he could not use his arm much, and his shoulder still hurt. On 7/31/13, he continued with notable tightness and pain and limited range of motion, and very limited functional use of the right lower extremity.(?) On 8/13/13, the plaintiff reported to his physical therapist "I feel like I need more meds," but participated in PT. On 8/23/13, he had had 12 more sessions (total 34) and reported that he was able to move his arm a little better (touch hand to head, raise it) although he was still limited in his self-care (e.g. in toiletry, dressing, bathing). On 8/26/13, he was described as "not getting better" with pain 5 of 10 when he moved his arm. He was described as having "marked signs of scalpulo thoracic dyskinesis." In passive motion, his glenohumeral motion was "actually good," Also he had good external rotation strength and abduction strength, but "active range of motion is poor at this point." His physical therapy was changed to Phoebe Powell exclusively, and he was again given him a return to work with no use of his right arm. It was recommended that he have physical therapy two to three times a week. On 9/21/13, he was not having any pain unless he lifted his arm. On 9/23/13, he

reported having no use of his right arm, but again, at rest he had 0 of 10 (or no pain), but pain increased with certain movements. At this point, the plaintiff stated that "he feels he is progressing with physical therapy." His physician reported good passive range of motion in abduction and external rotation but still less than 20% of internal rotation. However, "active range of motion is extremely poor." The physician reported that "given this it is almost four months post-op that he would recommend an arthrogram MRI." On re-exam on 10/7/13, the evaluation was unchanged. The plaintiff reported to his physician that he could not return to his work as an iron worker in his current state. The MRI in fact did show a recurrent tear of the rotator cuff. The physician recommended repeat surgery, but the plaintiff stated at that point that he wanted to discuss this with his attorney to make sure "who was paying what" before he made his decision.

This examiner has no medical records available after 10/13/13 until 4/10/14 when he returned to the Jewish Medical Center/St. Mary's and Elizabeth Hospital) after extremely heavy alcohol use. At that time, he was in severe alcohol withdrawal and was given thiamine (100 mg three times), Folate (1 mg times three), multivitamins three times, and he was placed in the alcohol withdrawal protocol (CIWA) using the benzodiazepine lorazepam. He was also given magnesium sulfate, pressor agents to increase his blood pressure. Their initial diagnoses were alcohol abuse, alcohol withdrawal syndrome, COPD, acute pancreatitis with shock, respiratory failure, left lower lobe pleural effusion, and rule out alcohol related cardiomyopathy. It is reported in one place that at that time he had been drinking a half a pint of vodka a day for most of his life. His family reported that he had been smoking one to two packs a day. His renal function was also impaired with a BUN of 20 and a creatinine of 1.7 and sodium was low at 126. He had markedly

elevated amylase of 809 initially and increased total bilirubin to 3.1 and elevated liver enzymes (altase 44). Strikingly his urinary drug screen was positive for benzodiazepines, opiates, and tricyclic antidepressants. Diagnoses at this point included respiratory failure, acute kidney injury, hyponatremia, pancreatitis, sepsis and ARDS. On initial evaluation, he was described as having a "very poor prognosis," and it was explained to his family that he was critically ill by Dr. Jameel. He was morbidly obese and required a central line to be placed. He was placed on a lorazepam IV drip and given repeated doses the first 90 minutes to treat his agitation, tremor, and confusion from his alcohol withdrawal. They reported that he had decided to stop drinking two days prior to his admission and drove himself to the emergency room where he had shortness of breath, dizziness, nausea and vomiting. He was reported as "showing signs of alcohol withdrawal in the emergency room, given lorazepam, and begun on IV lorazepam drip." It was reported that they were having difficulty protecting his airway "due to agitation and distress and intubation was required." He was reported as drinking a half a gallon of vodka or bourbon per day. The diagnosis of polysubstance abuse was added. He was diagnosed as having terminal multisystem/organ failure (liver, kidneys, lungs, sepsis). He was extubated per the family's request after a long discussion and died on 4/14/14.

Postmortem forensic analysis was completed by the forensic psychiatrist, Thomas Martin, M.D., on 6/16/16. Dr. Martin opined that the plaintiff "repeatedly used alcohol as a form of self-medication for stress." He stated that Mr. Provins "depressive illness and suicidal ideation plagued Mr. Provins in 2009 to the present time due to marital discord and financial problems." He repeated that his "overuse of alcohol led to his termination from employment" and that his previous alcohol

use had led to one DUI and three public intoxication charges. He reported that after stabilization at the University of Louisville Hospital for his alcohol dependence, there were "no record of evidence provided to suggest that Mr. Provins suffered from ongoing, alcohol or mood related issues." Additionally, that he "returned to the work place, reunited with his family, and reportedly integrated into the community unfettered by his 2009 bout with alcohol and depression." The plaintiff's attorney told Dr. Martin that Mr. Provins got no further medical or surgical treatment (after Dr. Bonnarens recommended repeat surgery on 10/7/13), and that the family reported that he had become increasingly depressed, suffering "insatiable" pain and that he returned to alcohol and his self-medication." They stated that he became reclusive, nearly unreachable by friends and family, and went on a downward course, drinking excessively, and "failed to maintain or seek any self-care." The psychologist, David Price, Ph.D., on 7/14/15 opined that the plaintiff suffered from "Somatic Symptom Disorder with predominant pain," Major Depressive Disorder, single episode, severe without psychotic features, and moderate to severe Alcohol Use Disorder. He opined that the injury, followed by prolonged pain, financial stress, and the loss of the use of the right arm ...., depression, anxiety about his future, and his self-medication with alcohol led to his death." Dr. Price also pointed out that the depression and alcohol abuse disorder pre-dated his work-related injury, but that the "self-medication exacerbated his pre-existing condition making his depression and lack of self-care worse." Dr. Price ultimately diagnosed his Alcohol Use Disorder as severe. In Dr. Price's opinion, "these likely contributed to Mr. Provins' medical multi-organ decompensation."

Opinions: These opinions will all be rendered to a reasonable degree of medical certainty. If new information becomes available, I reserve the right to change or amend these opinions.

I. It is my opinion that it was the plaintiff's progressively worsening alcoholism and the worsening severity of his alcohol withdrawal episodes over his adult life that killed him and would have killed him even if he had not been injured. It was his long-standing alcoholism and his daily practice of consuming large amounts of alcohol that determined his behavior in the last months of his life and was ultimately what killed him. It was his drinking of at least a half-gallon of vodka or bourbon daily for many years that was the proximate cause of his death, not his shoulder injury or his surgery for his rotator cuff injury. I disagree with the plaintiff's two experts that he was "self-medicating" a depression. There is no evidence he was drinking to reduce depressive feelings. He was simply drinking the same half gallon of vodka or bourbon a day that he reported in 2005 and in 2009 that he reported having drunk since age 16. It was his life-long severe alcohol abuse that he refused to decrease, or get treatment for, that killed him, not his injury or surgery or lack of surgical follow-up.

II. It is my opinion that there is sufficient evidence that Mr. Provins was drinking between 2009 and his injury and surgery. The evidence for this includes:

A. The plaintiff's expert stated that "no evidence was supplied to him" that the plaintiff returned to drinking after his brief (and only) treatment for his alcoholism in 2009. However, his roommate and co-

worker, Anthony Azusenis, in his testimony (pages 62 and 66-68 of testimony) before the WC Commission on 9/14/12, testified that the plaintiff was drinking bourbon daily during at least some of that period, even taking bourbon to work each morning in a container. He was "obviously" drinking in June of 2013 when in treatment with Dr. Bonnarens. Mr. Azusenis would seem to have no reason to not be reporting the truth, in contrast to family members who have an understandable wish for something to blame in such a tragic situation, as well as a financial incentive. He was also not living with his estranged wife at the time. This type of drinking (daily, heavy since age 16) is typical in this type of severe alcoholism.

B. He even admitted that he had been drinking on his visit 4/15/13 prior to the surgery when he stated that he had been drinking 8-10 beers per day. As with all alcoholics, their own estimates of admitted drinking is usually much less than they are actually drinking, and that is evident in his record.

C. On 6/7/13 and 6/11/13 in physical therapy, there were "obvious signs that he had been drinking," including that he was disheveled, had yellow eyes, and was shaking – the first signs of drinking and/or withdrawal.

D. Dr. Martin's comment that "no evidence was supplied to him" about the plaintiff's drinking from 2009 until his injury in 2012 and surgery in April of 2013 <u>does not mean that the plaintiff was not drinking after 2009</u>, and his roommate and co-worker testified that he <u>was drinking</u> all day each day during that time. Given the severity of the plaintiff's alcoholism and alcohol consumption his entire life after age 16, it is not likely that he was able to maintain a several year period of

sobriety for the first time at this time of his life, especially without treatment. He admitted drinking 8 to 10 beers a day when he went to see Dr. Bonnarens on 4/15/13 and continued drinking after surgery when seen in PT 6/7/13 and 6/11/13. His family and his two experts (Drs. Martin and Price) confirm very heavy drinking during at least the last six months of his life, approximately a half gallon of vodka or bourbon a day. His addiction toward the end obviously expanded to include abuse of opiates and benzodiazepines (polysubstance abuse).

III. Consistent with extensive medical and scientific evidence, it is my opinion that alcoholism is an illness which becomes progressively worse, as does the severity of the associated alcohol withdrawal episodes. (Ballenger JC, "Kindling as a model for alcohol withdrawal," *British Journal of Psychiatry*, 133:1-14, 1978) The plaintiff demonstrated the increase in severity of his alcoholic symptomatology, and the typical widespread organ damage seen in severe alcoholism in the liver, kidneys, heart, and in the increasing severity of his alcohol withdrawal. He was in very severe alcohol withdrawal at least the last two times where he was seen medically. This level of severe alcohol withdrawal is often fatal. In my opinion, the plaintiff's very severe alcoholism is <u>the</u> reason for his death, and his work related injury did not significantly contribute to his unfortunate death. It was the inexorable result of his heavy daily drinking and the progressive nature of his alcoholism.

IV. It is my opinion that the plaintiff contributed to his own condition by not obtaining treatment for any of his conditions, his alcoholism, morbid obesity, long-term hypertension, nicotine addiction, or his polysubstance

abuse which appeared at least at the end of his life. The most severe of these was certainly his failure to take any steps to reduce his alcohol consumption or obtain any help in trying to reduce the deleterious and ultimately fatal effects of his massive abuse of alcohol.

James C. Ballenger, M.D.

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CURRICULUM VITAE

James C. Ballenger, MD

ADDRESS:	192 East Bay Street, Suite 204 Charleston, SC 29401
OFFICE PHONE:	843-937-5950 or 843-810-1382
OFFICE FAX:	843-937-5951 or 843-242-8243
LICENSURE:	Diplomate, American Board of Psychiatry & Neurology (1977) Licensed to Practice Medicine by Maryland (1971), Massachusetts (1971), North Carolina (1970), Virginia (1979), and South Carolina (1983) #11650
EDUCATIONAL BACKGROUND:	1966 B.A. (Psychology), University of North Carolina, Chapel Hill
	1970 M.D., Duke University School of Medicine
	1970-71 Intern in Internal Medicine, Duke University Medical Center, Durham
	1971-74 Resident in Psychiatry, Dept. of Psychiatry, Harvard Medical School, Massachusetts General Hospital, Boston; Chief Resident 1972-73
BOARD CERTIFICATION:	Psychiatry and Neurology, 1977 Forensic Psychiatry, 1999, Recertified 2010

POSITIONS HELD:

7/03-Present	Private Clinical Practice (65%) and Forensic Psychiatry Practice (35%)
7/03-Present	Clinical Professor, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina
7/02-2007	President, American Mental Health Resources (AMHR)
7/02-7/03	Senior Vice President for Scientific Development; Director, Drug Development Division, Comprehensive NeuroScience, Inc.
8/83-7/02	Professor, Medical University of South Carolina (MUSC), Charleston
8/83-10/00	Chairman, Department of Psychiatry and Behavioral Sciences, MUSC
1988-2000	Founding Director, Institute of Psychiatry, Medical University of South Carolina (MUSC),
1994-2000	Founding Executive Director, Center for Drug and Alcohol Programs, Institute of Psychiatry, MUSC
1983-2000	Director, Institute of Psychiatry Hospital and Outpatient Services, MUSC

7/83-2000	Founding Director, Anxiety Disorders Programs: Massachusetts General Hospital (Harvard University) - 1972, University of Virginia School of Medicine – 1976, MUSC – 1983
1983-2000	Director, Clinical Research Division; Dept. of Psychiatry and Behavioral Sciences, MUSC
10/84	Appointed to the Graduate Faculty, MUSC
1982-7/83	Professor, Dept. of Behavioral Medicine & Psychiatry, University of Virginia Medical Center, Charlottesville
1982-7/83	Founding Medical and Scientific Director - Clinical Evaluation/Clinical Research Unit, Western State Hospital
1981-7/83	Chief, Division of Clinical Psychopharmacology, Dept. of Behavioral Medicine & Psychiatry, University of Virginia Medical Center
1981-7/83	Founding Director, Alcoholism Evaluation and Treatment Unit, University of Virginia Medical Center
1979-1981	Director, Inpatient Services, Dept. of Behavioral Medicine and Psychiatry, University of Virginia Medical Center
1979-7/83	Director of Research, Dept. of Behavioral Medicine and Psychiatry, University of Virginia Medical Center and Director of Education and Research, Western State Hospital
1979-1982	Associate Professor, Behavioral Medicine and Psychiatry, University of Virginia Medical Center
1981-7/83	Associate Professor, Dept. of Internal Medicine, University of Virginia Medical Center
1979-1983	Guest Worker (part-time), Section of Psychobiology, Biological Psychiatry Branch, National Institute of Mental Health, Bethesda, Maryland
1977-1979	Ward Chief, 3-West Clinical Research Unit, Section on Psychobiology, Biological Psychiatry Branch, National Institute of Mental Health
1976-77	Clinical Associate, 3-West Clinical Research Unit, Section on Psychobiology, Biological Psychiatry Branch, National Institute of Mental Health
1974-76	Staff Psychiatrist (LCDR, US Navy), Director of Inpatient Unit, National Naval Medical Center, Bethesda, Maryland
1974-79	Part-time Private Practice, Adult General Psychiatry, Bethesda, Maryland
1973-74	Chief Resident, Adult Psychiatry Outpatient Evaluation and Treatment Clinic, Massachusetts General Hospital, Boston

FORENSIC EXPERIENCE

Board certification, American Board of Psychiatry and the Law, 1999, recertified 2010.

25 years of forensic experience initially in areas of academic expertise, more broadly in multiple forensic areas since 2003. One third time practice of forensic psychiatry began in 2002.

Civil experience in issues of standard of care, suicide, personal injury, product liability, labor issues, sexual harassment in the workplace, worker's compensation, neuropsychiatric issues, particularly traumatic brain injury, substance abuse, toxicology and blood alcohol level/impairment correlations, PTSD, depression, and the anxiety disorders. Experience has probably been 70% defense and 30% plaintiff early on, although the plaintiff percentage has recently increased to 45%/50%.

Criminal experience primarily in murder trials equally divided between prosecution and defense. Appeared on Court TV in connection to the Christopher Pittman Trial held in February 2005 and testified in the Jared Loughner hearing in Arizona 2011.

NATIONAL RESEARCH/REVIEW/CONSULTATION EXPERIENCE:

NIMH	Research Scientist Development Review Committee,	1984-88
VA	Merit Review Board, Chairman,	1988-90
NIMH	Faculty Scholar Award Committee,	1989-1991
NIMH	Treatment Development and Assessment Research and Review Committee,	1990-1996
NIMH	Site Visits, Ad Hoc Reviews, chairman, member	1981-2000
DOD	PTSD Research Review Committee	2008

HONORS

Invited to give the talk on Medications in Panic Disorder at NIH Consensus Conference 1991
Asked by American Psychiatric Association to co-chair the DSM-IV Committee to establish the diagnostic criteria for Panic Disorder (2004)
Elected Best Doctor, Best Psychiatrist, Best Physician yearly
Named "Master in Psychiatry" in 1991
Voted one of two psychiatrists (worldwide) for greatest contributions to anxiety field (2000)
Recognized as expert in treatment of anxiety disorders in international survey of peers
Chair of Scientific Advisory Committee for Anxiety Disorders Association of America (twice)
Elected member, Fellow-Emeritus, American College of Neuropsychopharmacology (Member and Co-Chairman, Publications Committee 12/87 - 1991)
Elected as a Distinguished Fellow, American Psychiatric Association
Fellow, American College of Psychiatry
Founding Trustee of South Carolina Fund for Mental Health
Elected Member, American Clinical and Climatological Association

TEACHING EXPERIENCE:

Medical Students: UVa and MUSC:
Lectures: a) Affective Illness, b) Anxiety/Phobic Disorders, c) Schizophrenia

Clerkship: a) Third year inpatient clerkship

Electives: a) Fourth year, 1) Psychopharmacology, 2) Clinical Research rotation, 3) Alcoholism (1982)

Parallel Curriculum Students: Facilitator/Tutor (1996-1997)

Residents: Seminars: a) Introduction to Clinical Psychopharmacology, b) Biological Psychiatry, c) Anxiety Disorders, d) Mental Health Law, e) Advanced Clinical Psychopharmacology, f) Research Methodology, g) Schizophrenia, h) Advanced Topics, i) Integration of psychotherapy and pharmacotherapy

Supervision: a) Long-term outpatient psychotherapy, b) inpatient rotation

Journal Club: Faculty supervisor

Medical Students: Tutorials a) First year interview course, b) Second year tutorial

Lectures: a) Schizophrenia, b) Psychopharmacology lectures in Pharmacology course, c) Anxiety Disorders, d) Sleep Disorders

Postgraduate: Lectures/seminars on Psychopharmacology, Affective Disorders, Anxiety Disorders, Sleep Disorders, etc. (See CV "Presentations")

1980-1983	Invited Lecturer, University of Virginia Law School
1979-1983	Teaching Faculty, "Project Sleep," NIMH/Stanford (Wm Dement)
1979-1983	Visiting Faculty, Postgraduate Medical Education Program, McLean Hospital, Belmont, Massachusetts

CLINICAL/PSYCHOTHERAPY EXPERIENCE:

1972-present	Part-time outpatient general adult psychiatry/psychotherapy private practice
1988-10/00	Director, Institute of Psychiatry
1983-10/00	Chairman, Dept. of Psychiatry and Behavioral Sciences, Medical University of South Carolina
1983-present	Professor, Dept. of Psychiatry and Behavioral Sciences, Medical University of South Carolina (MUSC), Charleston, South Carolina
1983-10/00	Director, Anxiety Disorders Program, MUSC
1979-1983	Director of Inpatient Services, Department of Behavioral Medicine and Psychiatry, University of Virginia Medical Center, Charlottesville, Virginia
1980-7/83	Director, Alcoholism Evaluation and Treatment Unit, University of Virginia Medical Center, Charlottesville, Virginia
1976-1979	Clinical Associate, then Ward Chief, Affective Illness Unit, National Institute of Mental Health, Bethesda, Maryland
1974-1976	Director, Inpatient Unit, National Naval Medical Center

1973-1974	Chief Resident, Adult Psychotherapy Evaluation-Treatment Clinic, Massachusetts General Hospital
1976-1977	Family Therapy Seminar, Washington School of Psychiatry
1977-1978	Seminar - Supervision of Psychiatric Residents, Washington School of Psychiatry
1976-1977	Advanced group psychotherapy supervision
1976-1979	Advanced individual psychotherapy supervision
1975-1979	Personal psychoanalysis (Harold F. Searles, MD)

MEDICAL SCHOOL COMMITTEES

Medical University of South Carolina:	
Chair, Chairmen's Committee, College of Medicine	1999 - 2000
Board Member, Foundation for Research Development, MUSC	1995 - 2002
Executive Committee, University Medical Associates	1993 - 1997
Chairman, Committee to Study Multiple Tracks, College of Medicine	1990 - 1992
Chairman, College of Medicine Recruitment, Growth and Development Committee	1989 - 1991
Member, Search Committee for Director, General Clinical Research Center (GCRC)	1993 - 1994
Member, Search Committee, Chairman, Department of Medicine	1992 - 1993
Member, Planning Subcommittee, New Inpatient GCRC	1990 - 1992
Member, Search Committee for Chief of Staff, VAMC	1991, 2000
Member, Executive Committee, College of Medicine Curriculum Committee	1990 - 2000
Member, Committee for Celebration of Science	1990 - 2000
Member, Search Committee for Dean, College of Medicine	1984-1986, 1990, 2000
Member, Steering Committee, University Strategic Planning	1991 - 1992
Member, Committee to Study the Development of the Graduate School and the Basic Sciences at MUSC	1988 - 1989
Executive Committee, Medical School	1987 - 2000
Director, Medical Scientist Training Program (MD/PhD)	1983 - 1987
Curriculum Committee, Medical School (Director, 3rd Year Curriculum)	1987 - 1989
General Clinical Research Center Advisory Committee (GCRC)	1985 - 2000
General Clinical Research Center Planning Committee	1988 - 1990
Chairman, 1985 Honorary Degree and Commencement Speaker Committee	1984 - 1985
Member, Resident Education Committee, Dept. of Psychiatry	1983 - 2000
Hospital Operations Committee, College of Medicine	1983 - 2000
Hospital Executive Committee, College of Medicine	1983 - 2000
Clinical Chairmen's Committee, College of Medicine	1983 - 2000
VA Dean's Committee, Veterans Administration Medical Center	1983 - 2000
Resource Allocated Method (RAM) Oversight Task Force, VAMC	1988 - 1991
Professional Service Organization Steering Committee	1983 - 2000
University Tenure Committee	1984 - 1986
Promotions Committee, College of Medicine	1987 - 1991

Member, Selection Committee of the Health Sciences Foundation Distinguished Professorship and Developing Scholars Program	1985 - 1986
Member, Committee on Faculty Evaluation of Chairmen, Division Heads, Deans	1985 - 1987
Member, Medical University Reorganization Committee	1985 - 2000
Ambulatory Care Center Committee Member	1986 - 2000
Member, Clinical Leadership Colloquium	1986 - 1993
Member, Joint Conference Committee	1986 - 1993
Member, Search Committee Assistant Dean and Director Graduate Program, College of Nursing	1986
Member, Health Matters Advisory Board	1986 - 1993
Member, MUSC Guest Relations Executive Committee	1987 - 1988
Member, Search Committee, Chairman, Department of Surgery	1987 - 1988

University of Virginia Medical Center:

Chairman, Committee for Renovation of Physical Spaces, Dept. of Behavioral Medicine and Psychiatry	1980 - 1983
Task Force, Inpatient Services, New UVA Hospital	1982 - 1983
Pharmacy and Therapeutics Committee	1981 - 1983
Residency Training Committee (Dept. of Behavioral Medicine and Psychiatry)	1979 - 1983
Research Development Committee, Western State Hospital; Co-Chairman	1979 - 1983
Education Committee, Western State Hospital	1979 - 1983

CONSULTANT NATIONAL:

American Psychiatric Association, Consultant to Practice Guidelines Panel on Major Depression	1992 - 1993
National Institute of Mental Health, Anxiety Disorders Review Group	1990 - 1994
National Institute of Mental Health, National Panic Disorder Education Campaign, Steering Committee	1992- 1994
American Psychiatric Association, General Committee to Revise Anxiety Disorders Section for DSM-IV, Chairman, Panic Disorder and Agoraphobia Section	1988 - 1994
Physician/Consultant, Psychiatry Service, Veterans Administration Medical Center, Charleston, SC	1984 - 2000
Institute of Law, Psychiatry and Public Policy, University of Virginia	1980 - 1983
National Institute of Mental Health - contract/grant review	1983 - 2001
American Psychiatric Association "Future of Psychiatric Education"	1987 - 1988

NATIONAL PROFESSIONAL ACTIVITIES:

Finance Committee, American College of Neuropsychopharmacology (ACNP)	2008 - 2009
Committee on Relations With Advocacy Groups, American College of Neuropsychopharmacology	1997 – 2000
Task Force on Membership, (ACNP)	1997

Member, American College of Mental Health Administration	1994 -1996
Member, Nominating Committee, American College of Psychiatry	1993 -1994
Mentor, Archives and New Chair Orienting Committee, American Association of Chairmen of Departments of Psychiatry	1991 - 2000
Rehabilitation Committee, American Psychiatric Association	1990 -1992

Board Member, Executive Committee, Scientific Advisory Board, Anxiety Disorders Association of America	1984 -2007
Committee on Problems of Public Concern, ACNP	1989 - 1993
Publications Committee, ACNP	1986 - 1991
Public Relations Committee, Society of Biological Psychiatry	1981 -1984
Membership Committee, Society of Biological Psychiatry	1984 - 1992
Anxiety Disorders Association of America, Board Member; Chair, Scientific Advisory Board; Chair, Corporate Advisory Council	1983 - 2004

Have served as a reviewer for the following journals:

1) Science
2) American Journal of Psychiatry
3) Psychiatry Research
4) Archives of General Psychiatry
5) New England Journal of Medicine
6) General Hospital Psychiatry
7) Journal of Clinical Psychopharmacology
8) Journal of Nervous and Mental Diseases
9) Psychosomatics
10) Epilepsia
11) Psychoneuroendocrinology
12) Biological Psychiatry
13) Psychopharmacology
14) Academic Psychiatry
15) Journal of Clinical Psychiatry
16) Comprehensive Psychiatry
17) The Journal of Neuropsychiatry and Clinical Neurosciences
18) Journal of the American Academy of Dermatology
19) Anxiety
20) Anxiety and Depression
21) Journal of the Academy of Psychiatry and the Law

EDITORIAL BOARDS:

1)	American Psychiatric Association Press	1987 - 1992
2)	Contemporary Psychiatry	1987 - 1993
3)	Neuropsychopharmacology	1992 - 1995
4)	International Advisory Board, Journal of the British Association for Psychopharmacology	1987 - 1992
5)	The Anxiety Disorders Resource Center, Editorial Advisory Board	1986 - 1990

6)	Medicine and Psychiatry Newsletter (Squibb)	1984 - 1986
7)	Anxiety	1993 - 1996
8)	Depression and Anxiety	1996 - 2002
9)	International Journal of Psychiatry in Clinical Practice	1997 - 2002

OFFICES:

Chairman, Section on Neurology and Psychiatry, Southern Medical Association	1988 - 1990
President - South Carolina Psychiatric Association	1988 - 1989
President - Southern Association for Research in Psychiatry	1988 - 1989

MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS:

American Academy of Psychiatry and the Law
American Clinical and Climatological Association
American Psychiatric Association
Virginia Neuropsychiatric Society
Society of Biological Psychiatry
Association for Medical Education and Research in Substance Abuse
American Association for the Advancement of Science
American Medical Association
South Carolina Medical Association
Mental Health Committee, SCMA
Charleston County Medical Society
Southern Psychiatric Association
South Carolina Psychiatric Association
Southern Association for Research in Psychiatry

PUBLIC SERVICE:

Board, Interfaith Crisis Ministry
Board of Trustees, Porter Gaud School
Governor's Human Resources Evaluation Group (Va)
State Planning Advisory Group - Department of Mental Health (SC)
Manpower and Recruitment Committee - Department of Mental Health (SC)
Search Committee - Director, Charleston Area Mental Health Center
Governor's Advisory Group on Alcoholism and Drug Abuse (SC)
South Carolina Public-Academic Mental Health Consortium - Founding Member
Founding Board Member, South Carolina Fund for Mental Health

GRANTS:

$8,500,000	Alcohol Center Grant, NIAAA, Co-PI	1996-00
$2,540,000	Construction grant, Center for Drug and Alcohol	

	Programs, National Institute on Drug Abuse, Principal Investigator	1992-94
$308,010	Amesergide in Depression, Principal Investigator, Lilly	1992
$820,270	Short-Term Treatment with Abecarnil and Alprazolam Principal Investigator, Sandoz	1992
$380,670	Medication Discontinuation after Long-Term Treatment with Abecarnil and Alprazolam in Generalized Anxiety Disorder, Principal Investigator, Sandoz	1992
$88,041	Ondansetron in Social Phobia, Co-Investigator, Glaxo	1992
$175,040	Fixed Dose (75-900 mg/day) Moclobemide in Panic Disorder with and without Agoraphobia, Principal Investigator, Hoffman LaRoche, Inc.	1992
$248,408	Fixed Dose (75-900 mg/day) Moclobemide in Social Phobia, Co-Principal Investigator, Hoffman-LaRoche, Inc.	1992
$164,832	Brofaromine vs Placebo in Social Phobia, Principal Investigator, Ciba-Geigy	1992-1993
$147,900	Paroxetine vs Clomipramine and Placebo in Obsessive Compulsive Disorder, Principal Investigator, SmithKline Beecham	1992
$103,360	Follow-up Study of Paroxetine vs. Clomipramine in OCD, Principal Investigator, SmithKline Beecham	1993
$51,200	L-365,260 and Placebo in Panic, Principal Investigator, Merck, Sharp, and Dohme	1992-1993
$89,040	Comparison of Sertraline and Desipramine in Outpatients with Concurrent Major Depression and OCD, Co-Principal Investigator, Pfizer	1992
$34,484	Follow-up of Comparison of Sertraline and Desipramine in Outpatients with Concurrent Major Depression and OCD, Co-Principal Investigator, Pfizer	1992
$148,133	Brofaromine in Posttraumatic Stress Disorder, Co-Investigator, Ciba Geigy	1992
$149,688	Ondansetron vs. Diazepam and Placebo in Generalized Anxiety Disorder, Principal Investigator, Sandoz	1991-92
$158,952	Fluoxetine vs. Placebo: Maintenance After Very Low Calorie Diet, Principal Investigator, Lilly	1991-93

$27,000	Open Label Follow-up of Sertraline in Obsessive Compulsive Disorder, Co-Principal Investigator, Pfizer	1991-92
$103,488	Sertraline, Amitriptyline, and Placebo in Depression, Co-Principal Investigator, Pfizer	1991-93
$19,608	Sertraline in Depressed Outpatients Discontinued from Fluoxetine, Co-Investigator, Pfizer	1991-92
$108,512	Librax vs. Librium, Quarzam and Placebo in Irritable Bowel Syndrome, Co-Investigator, Hoffman LaRoche, Inc.	1991-93
$148,357	Nefazodone vs Placebo in the Treatment of Depression, Co-Principal Investigator, Squibb	1991-92
$94,248	Sertraline, Clomipramine and Placebo in Obsessive Compulsive Disorder, Co-Principal Investigator, Pfizer	1991-92
$135,453	SC48274 vs Placebo in Generalized Anxiety Disorder, Co-Principal Investigator, Searle	1991-92
$96,250	Xanax SR vs Placebo in the Treatment of Panic Disorder using Once Daily Dosing, Co-Principal Investigator, Upjohn	1991
$15,000	Nardil vs Valium in Generalized Anxiety Disorder, Principal Investigator, Parke-Davis	1991-92
$119,985	Venlafaxine vs Placebo in Panic Disorder, Principal Investigator, Wyeth	1990-93
$92,088	Sertraline in Outpatients with Obsessive Compulsive Disorder, Co-investigator, Pfizer	1990-91
$217,600*	Alcoholics with Social Phobia: Treatment Matching, Co-investigator,NIAAA *(1st year funding)	1989-94
$87,852	SM-3997 vs Placebo in Treatment of Generalized Anxiety Disorder, Principal Investigator, Pfizer	1989-90
$20,000	Survey Follow-up of Xanax Treated Patients, Principal Investigator, Upjohn	1989-90
$159,126	Sertraline vs Placebo in Outpatients with Obsessive Compulsive Disorder, Co-Principal Investigator, Pfizer	1989-92
$208,520	ZK112-119 and Alprazolam vs Placebo in Outpatients with Panic Disorder, Principal Investigator, Sandoz	1989-92
$500,993	NIMH Institutional Clinical Training Multidisciplinary 1989-92	
$129,600	A Double-Blind Evaluation of the Safety and Efficacy of	

	ZK 112-119 and Alprazolam vs Placebo in Outpatients with Generalized Anxiety Disorder, Principal Investigator, Sandoz	1989-90
$242,085	Norpramin vs Placebo in Treatment of Panic Disorder, with and without Agoraphobia, Co-Principal Investigator, Merrell-Dow	1988-89
$231,335	Fluoxetine in the Treatment of Obesity, Principal Investigator, Lilly	1988-91
$64,000	Buspirone vs Placebo in Tapered Withdrawal from Alprazolam, Diazepam or Lorazepam, Co-Investigator, Bristol-Myers	1988-89
$113,280	A Double-Blind Evaluation of the Safety, Tolerance, and Efficacy of ZK 112-119 in Multiple Doses for 21 Days in Outpatients with Generalized Anxiety Disorder, Principal Investigator, Sandoz	1988-92
$246,6000	Study of Desipramine in Panic Disorder, Co-Principal Investigator, Merrell-Dow	1988-89
$160,000	Use of Carbamazepine in Withdrawal Symptomatology to Alprazolam, Principal Investigator, Upjohn	1988-89
$67,620	Ipsapirone vs Placebo in Generalized Anxiety Disorder, Principal Investigator, GH Besselaar Assoc.	1987-88
$119,919	Anafranil vs Placebo in the Treatment of Obsessive Compulsive Disorder, Principal Investigator, Ciba Geigy	1986-88
$20,000	Magnetic Resonance Imaging in Obsessive Compulsive Disorder, Co-Principal Investigator, Ciba Geigy	1986-88
$150,000	Fluoxetine vs Placebo in Bulimia, Principal Investigator, Lilly	1986-88
$75,000	Biological and Psychopharmacological (Buspirone) Study of Generalized Anxiety, Principal Investigator, Bristol-Myers	1986-87
$275,000	Double-Blind Cross National Collaborative Study of the Comparative Efficacy of Alprazolam (Xanax) and Placebo in the Treatment of Panic Disorder with Phobic Anxiety, Principal Investigator, Upjohn	1982-85
$154,000	Double-Blind Comparison of Indalpine and Imipramine in Depression, Principal Investigator, Rorer	1983
$139,953	Fixed Dose (2 & 6 mg) Alprazolam (Xanax) and Placebo in the Treatment of Panic Attacks with Agoraphobia, Panic Disorder, Limited Phobic Avoidance and Panic Disorder (Uncomplicated), Principal Investigator, Upjohn	1984-85

$65,000	Treatment for Rape-Induced Anxiety: Xanax vs SIT, Co-Principal Investigator, Upjohn	1984-86
$18,000	Pratt Fund, Neurobiological Research in Psychiatry, Principal Investigator	1981
$12,000	Dean's Research Grant, Neurobiological, Psychological, and and Sociological Study of Agoraphobia and Panic Disorder, Principal Investigator	1981
$66,000	Study of CP-51,974 in the Treatment of Depressive Illness, Principal Investigator, Pfizer	1982
$600,000	Clinical Specialty Unit, Western State Hospital, 48-bed unit, staff budget, plus $179,000/year for additional staff, Department of Mental Health and Mental Retardation, Virginia, Principal Investigator	1982
$15,000	Unrestricted gift to research programs	1980-82

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1. Brown GL, Goodwin FK, Ballenger JC, Holm V: S-Hydroxyindoleacetic acid (5HIAA) and homovanillic acid (HVA) in the cerebrospinal fluid of personality disorders. Presented at the Scientific Proceedings of the 128th Annual Meeting of the American Psychiatric Association, Anaheim, May, 1975. New Research Abstracts, p. 1

2. Ballenger JC, Goodwin FK, Major LF, Brown GL: Alcohol and central serotonin metabolism in man. Presented at the Scientific Proceedings of the 129th Annual Meeting of the American Psychiatric Association, Miami, May, 1976. Sci Proc Am Psychiatr Assn 129:62-63, 1976

3. Major LF, Ballenger JC, Brown GL, Goodwin FK: Effects of disulfiram on cerebrospinal fluid homovanillic acid levels in man. Presented at the Scientific Proceedings of the 129th Annual Meeting of the American Psychiatric Association, Miami, May, 1976. New Research Abstracts, p. 16, Abstract #NR16

4. Ballenger JC, Sheehan D, Jacobson G: Antidepressant treatment of severe phobic anxiety. Presented at the Scientific Proceedings of the 130th Annual Meeting of the American Psychiatric Association, Toronto, May, 1977. Sci Proc Am Psychiatr Assn, 130:103-104, 1977, Abstract #174

5. Sheehan D, Ballenger JC, Jacobson G: Drug treatment of endogenous anxiety with phobic symptoms. Presented at the Scientific Proceedings of the VI World Congress of Psychiatry, Honolulu, August, 1977. Abstracts VI, World Congress of Psychiatry, p. 64, Abstract #328

6. Brown GL, Goodwin FK, Ballenger JC, Goyer P, Major LF: CSF amine metabolites in human aggression. Presented at the Scientific Proceedings of the 131st Annual Meeting of the American Psychiatric Association, Atlanta, May, 1978. Sci Proc Am Psychiatr Assn 131:88, 1978, Abstract #180

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10. Ballenger JC: Kindling as a model for the alcohol withdrawal syndrome. Presented at Grand Rounds, Department of Neurology, National Naval Medical Center, Bethesda, Maryland, September 14, 1978

11. Ballenger JC: Kindling, affective disorders and carbamazepine. Presented at Grand Rounds,

Department of Psychiatry, National Naval Medical Center, Bethesda, Maryland, October 18, 1978

12. Brown GL, Ballenger JC, Goodwin FK, Major LF: Cerebrospinal fluid studies of human aggression. Presented to the British Association for Psychopharmacology, Winter Scientific Meeting on the Psychopharmacology of Aggression, The Royal Society, London, December 4-5, 1978

13. Smith J, Ballenger JC: The interpretation of recent neurobiological and psychological findings. Presented at Annual Faculty Day, Washington School of Psychiatry, Washington, DC, January 14, 1979

14. Smith J, Ballenger JC: The mind/body problem in light of recent neurobiological research. Presented at Grand Rounds, Department of Behavioral Medicine and Psychiatry, University of Virginia School of Medicine, January 18, 1979

15. Ballenger JC, Post RM, Bunney WE Jr: Carbamazepine in affective illness: an update. Presented at the Scientific Proceedings of the 132nd Annual Meeting of the American Psychiatric Association, Chicago, May, 1979. Sci Proc Am Psychiatr Assn 132:366-367, 1979, Abstract #181

16. Sternberg DE, van Kammen DP, Lake CR, Ballenger JC, Bunney WE Jr: Cerebrospinal fluid norepinephrine in schizophrenia. Presented at the Scientific Proceedings of the 132nd Annual Meeting of the American Psychiatric Association, Chicago, May, 1979. Sci Proc Am Psychiatr Assn 132:344-345, 1979, Abstract #149

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18. Ballenger JC: A potential neurophysiologic model for the progressive increases in withdrawal and behavioral disorders in the alcoholic. Presented at Grand Rounds, Western State Hospital, Staunton, Virginia, September 25, 1979, abstract

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24. Ballenger JC: Kindling as a model for the alcohol withdrawal syndrome and alcoholic behavioral disturbances. Presented at Grand Rounds, Department of Behavioral Medicine and Psychiatry, University of Virginia School of Medicine, Charlottesville, Virginia, November 27, 1979

25. Jimerson DC, Ballenger JC, Lake CR, Post RM, Goodwin FK, Kopin IJ: Plasma and CSF MHPG in normals. Presented at the Annual Meeting of the American College of Neuropsychopharmacology (ACNP), San Juan, Puerto Rico, December, 1979

26. Brown GL, Ballenger JC, Goodwin FK: Human aggression correlates with cerebrospinal fluid amine and metabolites. Presented at the Annual Meeting of the American College of Neuropsychopharmacology (ACNP), San Juan, Puerto Rico, December, 1979

27. Brown GL, Ballenger JC, Goodwin FK: Correlation of human aggression with cerebrospinal fluid amine metabolites. Presented at the Annual Winter Brain Conference, Aspen, Colorado, January 1980

28. Ballenger JC, Post RM: Kindling as a model for alcohol withdrawal syndromes. Abstract Series: Gefahrdung durch Alkohol, Rauchen, Drogen, Arzneimittel

29. Ballenger JC: Psychopharmacologic treatment of severe phobic states. Presented at Grand Rounds, Department of Behavioral Medicine and Psychiatry at the University of Virginia School of Medicine, Charlottesville, Virginia, March 18, 1980

30. Ballenger JC: Drug treatment of phobias. Presented at the Psychiatric Center, Taylor Manor Hospital, Ellicott City, Maryland, March 19, 1980

31. Ballenger JC, Post RM, Gold PW, Robertson G, Goodwin FK, Bunney WE Jr: Endocrine correlates of personality and cognition in normals. Presented at the Scientific Proceedings of the 133rd Annual Meeting of the American Psychiatric Association, San Francisco, May, 1980. Sci Proc Am Psychiatr Assn 133: 144-15, 1980, Abstract #81

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39. Uhde TW, Post RM, Ballenger JC, Cutler NR, Jimerson DC, Weitzman ED, Bunney WE Jr: Circadian rhythm and sleep deprivation in depression. Presented at the 5th Congress of the European Sleep Research Society, Amsterdam, September, 1980

40. Ballenger JC, Post RM: Neurochemistry of affect in normals. Presented at Grand Rounds, Department of Behavioral Medicine and Psychiatry, University of Virginia School of Medicine, October 7, 1980

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42. Ballenger JC: The antipsychotic medications after twenty-five years: What have we learned about their use? Presented at the Fall Meeting of the Virginia Neuropsychiatry Association, Williamsburg, Virginia, November 8, 1980

43. Ballenger JC: The use of the early escape dexamethasone suppression test in the diagnosis of depression. Presented at Grand Rounds, Department of Behavioral Medicine and Psychiatry, University of Virginia School of Medicine, November 11, 1980

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46. Ballenger JC: Diagnosis and treatment of depression: Use of the dexamethasone suppression test. Presented at Grand Rounds, Western State Hospital, Staunton, Virginia, January 7, 1981

47. Ballenger JC, Post RM: Use of carbamazepine (Tegretol) in affective illness. Presented at Grand Rounds, Department of Behavioral Medicine and Psychiatry, University of Virginia School of Medicine, Charlottesville, Virginia, February 3, 1981

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59. Brown GL, Ballenger JC, Goyer P, Goodwin FK: Central 5-HT, aggression and personality structure. Presented at the 15th Annual Symposium of The Texas Research Institute of Mental Sciences, Houston, Texas, November 6, 1981

60. Ballenger JC: Competency to consent to treatment and research. Annual Convention, Mental Health Law, Williamsburg, Virginia, December 3-5, 1981

61. Ballenger JC: Laboratory aids in the diagnosis and treatment of affectively ill patients. Presented at The Annual Medical Meeting, Virginia Department of Mental Health and Mental Retardation, held at Western State Hospital, Staunton, Virginia, March 30, 1982

62. Ballenger JC: Recent advances in treatment of the anxiety disorders. Presented at the Lewis Gale Foundation, Salem, Virginia, May 8, 1982

63. Ballenger JC, Reus V, Post RM: The atypical clinical presentation of adolescent mania. Presented at the 135th Annual Meeting of the American Psychiatric Association, Toronto, Canada, May, 1982. Panel TH 8, p 329

64. Ballenger JC, Post RM: Limbic system, kindling, and affective dysfunction. Presented as part of the Symposium entitled "Carbamazepine in Pain, Ictal, and Affective Illness," at the 135th Annual Meeting of the American Psychiatric Association, Toronto, May, 1982

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67. Ballenger JC: The biology of depression. Presented to the Medical Staff of the Rockingham Memorial Hospital, Harrisonburg, Virginia, May 25, 1982

68. Ballenger JC, Post RM: Kindling and the alcohol withdrawal syndrome. Presented at the Visiting Professor Lecture, Naval Regional Medical Center, Portsmouth, Virginia, May 28, 1982

69. Ballenger JC, Post RM: Efficacy of carbamazepine (Tegretol) in affective illness. Presented at Grand Rounds, Department of Psychiatry, Medical College of Virginia, Richmond, Virginia, June 4, 1982

70. Ballenger JC: Use of hypnotics in clinical medicine. Presented to the Medical Staff, Allegheny Regional Medical Center, Clifton Forge, Virginia, June 9, 1982

71. Post RM, Uhde TW, Ballenger JC: The efficacy of carbamazepine in affective illness. Presented at the Proceedings of the Nobel Conference on Frontiers in Biochemical and Pharmacological Research in Depression, Skokloster, Sweden, June 18-19, 1982

72. Ballenger JC: Psychopharmacological treatment of panic anxiety, agoraphobia, and generalized anxiety. Presented at the First Annual Family Practice Update, Eastern Virginia Medical School, Williamsburg, Virginia, July 22, 1982

73. Ballenger JC: Biochemical studies of anxiety and depression in normals. Presented at a Symposium entitled "The Biochemistry of Normal and Abnormal Personality," at the American Psychological Association Annual Meeting, Washington, DC, August, 1982

74. Zuckerman M, Ballenger JC, Post RM: The biochemistry of Eysenck's dimensions of personality and sensation seeking. Presented at the American Psychological Association Annual Meeting, Washington, DC, August, 1982

75. Ballenger JC: Diagnosis and treatment of severe phobic anxiety and panic attacks. Presented at the 6th Annual Summer Retreat at Virginia Beach, Virginia, Practical Issues in Primary Care, Medical College of Virginia, Virginia Beach, August 12, 1982

76. Ballenger JC: New developments in the management of depression. Presented at a Symposium entitled "Advances in the Treatment of Anxiety and Depression," Eastern Virginia Medical School, Virginia Beach, Virginia, September 18, 1982

77. Ballenger JC: Project sleep: sleep problems in the aged. Presented at the Fifth Annual Conference on Aging and Health at the University of Virginia School of Medicine and the Veterans Administration Medical Center, Salem, Virginia, September 23-24, 1982

78. Ballenger JC: Serotonin - depression, alcoholism, suicide and aggression. Presented at the Semi-Annual Meeting of the FBI Academy-University of Virginia, Charlottesville, Virginia, September 30, 1982

79. Ballenger JC: Recent advances in depression. Presented to Washington County Medical Society, Abingdon, Virginia, October 5, 1982

80. Ballenger JC: Sleep problems in the elderly. Presented at Pennington Gap Hospital (October 6), Big Stone Gap Hospital (October 6), and Norton Virginia Hospital (October 7), Continuing Medical Education, University of Virginia, October, 1982

81. Ballenger JC, Post RM, Uhde T: Use of carbamazepine (Tegretol) in the treatment of affective

illness. Presented at Grand Rounds, Emory University, October 14, 1982

82. Ballenger JC: Recent advances in the anxiety disorders - agoraphobia, panic disorder and generalized anxiety disorder. Presented at the Tenth All Day Symposium, Maryland Psychiatric Research Center, Spring Grove Hospital Center, Catonsville, Maryland, October 20, 1982

83. Ballenger JC, Post R, Uhde T: Use of carbamazepine in affective illness. Presented at the Invited Lecturer Symposium, Pharmacology Department, University of Virginia School of Medicine, October 21, 1982

84. Ballenger JC: Sleep disorders. Presented at the Fall Lecture Series of the Eastern Panhandle Medical Society, at the Martinsburg VA Medical Center, Martinsburg, West Virginia, October 30, 1982

85. Ballenger JC: Treatment of the anxiety disorders. Presented at Southwestern State Hospital, Marion, Virginia, November 3, 1982

86. Ballenger JC, Post RM, Uhde T: Use of carbamazepine (Tegretol) in affective illness: rationale and clinical trial. Presented at Psychiatry Grand Rounds, Medical University of South Carolina, Charleston, SC, November 16, 1982

87. Ballenger JC: Common sleep disorders and their treatment. Presented at Psychiatry Forum, Hoover Auditorium, The Memorial Hospital, Danville, Virginia, December 1, 1982

88. Ballenger JC, Post RM, Uhde T: Use of carbamazepine (Tegretol) in affective illness: rationale and clinical trial. Presented at Psychiatry Grand Rounds, University of Washington, Seattle, Washington, January 4, 1983

89. Ballenger JC, Post RM, Uhde T: The use of carbamazepine (Tegretol) in affective illness: its rationale and clinical efficacy. Presented to the Richmond Psychiatric Society, Neuropsychiatric Society of Virginia, Richmond, January 19, 1983

90. Ballenger JC, Post RM, Uhde T: The efficacy of carbamazepine (Tegretol) in affective illness. Presented at the Invited Lecturer Series, Department of Neurology, University of Virginia, Charlottesvile, Virginia, January 31, 1983

91. Ballenger JC, Post RM, Uhde T: Carbamazepine (Tegretol) in affective illness: its theoretical rationale and clinical efficacy. Presented at Psychiatry Grand Rounds, Louisiana State University Medical School, New Orleans, February 8, 1983

92. Ballenger JC: Treatment of severe phobic anxiety and panic disorder. Presented at the Northern Virginia Mental Health Institute, Fairfax, Virginia, February 10, 1983

93. Ballenger JC, Post RM: Kindling as a potential model for alcohol withdrawal symptomatology. Presented at the Biomedical Topics in Psychiatry, Medical College of Virginia, Hot Springs, Virginia, February 13, 1983

94. Ballenger JC, Post RM: Treatment of severe phobic anxiety, panic disorder and agoraphobia.

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95. Ballenger JC: Use of the laboratory in diagnosis and treatment of affective disorders. Presented at the conference, "Psychological Diagnosis" held at Walter Reed Army Medical Center, Washington, DC, March 11, 1983

96. Ballenger JC: Agoraphobia and panic disorder. Presented at the Annual Meeting of the Virginia Society of Social Workers, John Marshall Hotel, Richmond, Virginia, March 30, 1983

97. Ballenger JC, Post RM, Uhde T: Carbamazepine (Tegretol) in affective illness. Presented at Grand Rounds, Dorothea Dix Hospital, Raleigh, North Carolina, April 7, 1983

98. Ballenger JC: Agoraphobia and panic disorder. Presented at Grand Rounds, Department of Psychiatry, University of North Carolina Medical School, Chapel Hill, North Carolina, April 7, 1983

99. Ballenger JC: Agoraphobia and panic disorder. Presented at the Annual Meeting of The Neuropsychiatric Society of Virginia, Richmond, April 9, 1983

100. Ballenger JC: Phobias and panic disorder. Presented at Continuing Medical Education Symposium, "Anxiety: Pharmacotherapy and Psychotherapy," St. Elizabeth's Hospital, Washington, DC, April 15, 1983

101. Ballenger JC: Sleep disorders. Presented at the Medical Society Meeting, Southside Community Hospital, Farmville, Virginia, April 18, 1983

102. Peterson GA, Ballenger JC, Cox DJ, Laraia MT, Lake CR: Peripheral catecholamines in agoraphobia. Presented at the Symposium, "Neurobiology of Panic Disorder and Agoraphobia" at the 136th Annual Meeting of the American Psychiatric Association, New York, May 1983

103. Hobbs WR, Wilkinson EC, Peterson GA, Cox DJ, Laraia MT, Ballenger JC: Psychophysiology of agoraphobia: treatment effects. Presented as part of the Symposium, "Neurobiology of Panic Disorder and Agoraphobia," at the 136th Annual Meeting of the American Psychiatric Association, New York, May 1983

104. Ballenger JC: Differential diagnosis of insomnia and use of hypnotics in clinical practice. Presented at the 77th Annual Convention of the Virginia Osteopathic Medical Association, Williamsburg, Virginia, May 12, 1983

105. Ballenger JC: Diagnosis of insomnia and use of hypnotics in clinical medicine. Presented at the Visiting Professor Series, Regional Naval Medical Center, Portsmouth, Virginia, May 27, 1983

106. Jimerson JC, Rubinow DR, Ballenger JC, Post RM, Kopin IJ: CSF norepinephrine metabolites in depressed patients: new methodologies. Presented at the 5th International Catecholamine Symposium, Goteborg, Sweden, June 12-16, 1983

107. Ballenger JC: Advancements in the management of anxiety disorders. Presented at Taylor-Manor

Hospital, Continuing Medical Education Lecture, Ellicott City, Maryland, June 15, 1983

108. Ballenger JC: Frequent misdiagnosis in medical practice of the multisymptomatic phobic/anxious patient. Presented at Grand Rounds, Suburban Hospital Association, Bethesda, Maryland, June 22, 1983

109. Uhde TW, Ballenger JC, Post RM: Acute and prophylactic efficacy of carbamazepine in affective disorders. Presented at the Symposium "Use of Anticonvulsants in Affective Illness" at the VII World Congress of Psychiatry, Vienna, July 22, 1983

110. Ballenger JC: Treatment of the patient with agoraphobia and panic disorder. Presented to the Charlotte Psychiatric Society, Charlotte, North Carolina, July 28, 1983

111. Ballenger JC, Ballenger MD: Ethical and legal review of psychiatric research. Presented to Judges Summer Seminar, University of Virginia Law School, Charlottesville, Virginia, July 29, 1983

112. Ballenger JC: Recent advances in the treatment of anxiety and panic. Presented at the conference, "Recent Advances in the Treatment of Sleep Disorders, Anxiety, and Depression," Knoxville, Tennessee, September 2, 1983

113. Ballenger JC: Recent advances in the treatment of anxiety. Presented at the Quarterly Staff Conference, Lewis Gale Hospital, Roanoke, Virginia, September 20, 1983

114. Ballenger JC: Management of sleep disturbances. Presented at the Sixth Annual Conference on Aging and Health, held at the VA Medical Center, Salem, Virginia, September 23, 1983

115. Ballenger JC: Diagnosis and treatment of agoraphobia and panic disorder. Presented at the Southern Psychiatric Association Annual Meeting, Lake of the Ozarks, Missouri, October 2, 1983

116. Ballenger JC: Neurological basis of anxiety and panic and management of anxiety and panic. Presented at program entitled "Recent Advances: Management of Anxiety, Panic and Phobic Disorder," The University of Alabama in Birmingham, October 7, 1983

117. Ballenger JC: Sleep and aging. Presented at the Geriatric Update Conference, Medical University of South Carolina, Charleston, South Carolina, October 14, 1983

118. Ballenger JC: The kindling/epilepsy model of manic-depressive illness and its treatment with anticonvulsants. Part of a mini symposium entitled "Peripheral Issues in Epilepsy," presented at the Thirteenth Annual Research Symposium "Epilepsy: Physiology, Pharmacology and Clinical Management," William S. Hall Psychiatric Institute, Columbia, SC, October 17, 1983

119. Ballenger JC, Sheehan DV: Diagnosis and treatment of panic-phobic disorders. Televised Psychiatry Grand Rounds, MUSC, November 29, 1983

120. Ballenger JC: Epidemiology, clinical presentations, and psychopharmacological treatment of agoraphobia and panic disorders. Presented at "Current Perspectives in the Treatment of Panic and Phobic Disorders," sponsored by the Psychiatric Institute Foundation, Washington, DC, December 8, 1983

121. Ballenger JC: Carbamazepine in alcohol withdrawal and schizophrenic syndromes: emerging data. Presented as part of panel entitled "Carbamazepine in Psychiatric Syndromes: Clinical and Neuropharmacological Perspectives" at American College of Neuropsychopharmacology Meeting, Puerto Rico, December 16, 1983

122. Ballenger JC: Diagnosis of panic-related disorders. Presented at McLean Hospital/Mexican Institute of Psychiatry. Symposium: Panic, Depression, and Psychotic Disorders: Diagnosis, Biology and Treatment, Mexico City, January 16, 1984

123. Ballenger JC: Panic disorders. Presented at Consultation Rounds, Hall Institute, Columbia, South Carolina, January 25, 1984

124. Ballenger JC: Sleep and aging. Presented at Ft. Myers Hospital Staff Dinner Meeting, Ft. Myers, Florida, January 30, 1984

125. Ballenger JC: Medical management of depression in the 80's. Presented to Psychiatry Staff, VA Hospital and Medical Center, Columbia, South Carolina, February 8, 1984

126. Ballenger JC: Panic disorders. Presented to psychiatric staff, Kinston, North Carolina, February 8, 1984

127. Ballenger JC: Chair, Anxiety-Stress symposium. Presented at American Psychosomatic Society Annual Meeting, Hilton Head, South Carolina, March 11, 1984

128. Ballenger JC: Anxiety disorders. Presented to Howard County General Hospital, Department of Psychiatry, Columbia, Maryland, April 17, 1984

129. Ballenger JC: Panic and phobic disorders. Presented at Grand Rounds, Holy Cross Hospital, Silver Springs, Maryland, April 17, 1984

130. Ballenger JC: Phobias. Presented to South Carolina Academy of Professional Psychologists, Columbia, South Carolina, April 18, 1984

131. Ballenger JC: Sleep and Aging. Presented at Symposium entitled "Geropsychiatry: Assessment and Evaluation of the Elderly Patient," VAMC, Charleston, South Carolina, May 1, 1984

132. Ballenger JC: Diagnosis and treatment of panic and phobic disorders and norepinephrine and epinephrine in agoraphobia, presented at Neurobiology of Agoraphobia Symposium, American Psychiatric Association Annual Meeting, May 8, 1984

133. Ballenger JC, Assay M: Psychiatry - cardiology interface: A clinical challenge. Presented to Anderson Memorial Hospital, Anderson, South Carolina, May 17, 1984

134. Ballenger JC: Psychopharmacology in the elderly. Presented at 10th Annual Family Medicine Update, Medical University of South Carolina, June 4, 1984

135. Ballenger JC: Update on the treatment of major depressive disorders. Grand Rounds presented at Medical College of Georgia, Augusta, and Ft. Gordan-Eisenhower Memorial Hospital, June 6,

1984

136. Ballenger JC: Depression. Presented to Bamberg County Medical Society, June 19, 1984

137. Ballenger JC: Management of the treatment resistant depressed patient. Grand Rounds presented at Highland Hospital, Asheville, North Carolina, June 20, 1984

138. Ballenger JC: Clinical presentation of biological correlates and treatment of panic disorder. Grand Rounds presented at Western State Hospital, Charlottesville, Virginia, June 29, 1984

139. Joffe RT, Post RM, Rubinow DR, Berrettini WH, Hare TA, Ballenger JC, Roy-Byrne PP: CSF GABA in manic-depressive illness. Presented at the LERS International Symposium on GABA and Mood Disorders: Animal and Clinical Studies, Paris, France, August 6-7, 1984

140. Ballenger JC: Clinical presentation of panic disorder/agoraphobia and new treatments. Grand Rounds presented at Veterans Administration Hospital, Washington, DC, August 9, 1984

141. Ballenger JC: Reasons why patients fail to respond to antidepressant treatment. Medical Lecture Consultation Series, Eli Lilly & Co., Indianapolis, Indiana, August 17, 1984

142. Ballenger JC: Panic disorders: physiologic and psychological presentation and current treatment. Presented at the Medical Surgical Conference, Self Memorial Hospital, Greenwood, South Carolina, August 27, 1984

143. Ballenger JC: Panic disorder: Clinical presentation, differential diagnosis, biological correlates; treatment issues; discussion, case presentation, questions. Presented at Symposium: Changing Colors in Psychiatry: NMR, PET, Panic Disorders. Sponsored by Marshall J. Pickens Hospital and Greenville Hospital System, Greenville, South Carolina, September 15, 1984

144. Ballenger JC: Basic and applied research: implication for service, education, and research. Presented at the workshop entitled "Inherited Mental Illness: The Family at High Risk," sponsored by the University of South Carolina School of Medicine, Hilton Head, South Carolina, September 24, 1984

145. Ballenger JC: Clinical presentation of panic disorder (agoraphobia) and its treatment. Presented to Southern Virginia Mental Health Institute at the Memorial Hospital, Danville, Virginia, September 28, 1984

146. Ballenger JC: Diagnosis and management of panic disorder. Presented at North Carolina Neuropsychiatric Association Meeting, Williamsburg, Virginia, October 12, 1984

147. Ballenger JC: The case for and against medication in the treatment of panic disorder. Presented at the 5th Annual National Phobia Conference, Washington, DC, October 14, 1984

148. Ballenger JC: Outcome in the treatment of panic. Presented at New Strategies in Anxiety Research: The Cross National Collaborative Panic Study, Kalamazoo, Michigan, October 16, 1984

149. Ballenger JC: Current perspectives on the diagnosis and management of panic disorders and sleep

and aging. Presented at the 36th Annual Meeting of the Georgia Academy of Family Physicians, Atlanta, Georgia, November 16, 1984

150. Ballenger J: Reasons for poor treatment response in affectively ill patients. Presented to South Florida State Hospital, Hollywood, Florida, November 29, 1984

151. Ballenger JC: Clinical presentation of panic disorder/agoraphobia and recent advances in treatment. Presented at Grand Rounds, University of Miami School of Medicine, February 1, 1985

152. Ballenger JC: Clinical presentation of panic disorder/agoraphobia and its treatment. Presented at West Virginia University School of Medicine, Department of Behavioral Medicine and Psychiatry, Morgantown, West Virginia, February 6, 1985

153. Ballenger JC: Clinical presentation of panic disorder/agoraphobia and its treatment. Grand Rounds presented to University of Missouri, Columbia, February 13, 1985

154. Ballenger JC: Information presentation on Tegretol and the refractory patient and Formal Grand Rounds entitled "Clinical presentation of panic disorder/agoraphobia and its treatment." Presented at the Missouri Psychiatric Institute, February 14, 1985

155. Ballenger JC: The most unrecognized anxiety disorder: why have we failed to recognize it? Presented to the Southeastern Medical Dental Association, Beech Mountain, North Carolina, February 22, 1985

156. Ballenger JC: New developments in seizure medications and their usage. Presented to Neurology Dept., Medical University of South Carolina and in-town Neurologists, Charleston, South Carolina, March 14, 1985

157. Ballenger JC: Use of carbamazepine in affective disorders. Presented to Department of Psychiatry, University of Pisa, Italy, March 20, 1985

158. Ballenger JC: Presentation entitled "When panic disorder presents as depression" and Workshop, "Use and abuse of anxiolytic agents." Psychiatry Conference, St. Vincent's Medical Center, Toledo, Ohio, April 3, 1985

159. Ballenger JC: Treatment of patients unresponsive to tricyclics. Presented to psychiatry staff, Veterans Administration Hospital, Salem, Virginia, April 11, 1985

160. Ballenger JC: Why depressed patients appear to be treatment resistant. Presented to St. Albans Hospital, Radford, Virginia, April 11, 1985

161. Ballenger JC: Clinical experiences with seizure medications. Grand Rounds presentation to Department of Psychiatry, University of Louisville, School of Medicine, April 18, 1985

162. Ballenger JC: Clinical experiences with seizure medications. Neurology Grand Rounds, University of Louisville School of Medicine, April 18, 1985

163. Ballenger JC: Treatment of resistant affective disorders. Presented to Department of Psychiatry, Veterans Administration Hospital, Miami, Florida, April 19, 1985

164. Ballenger JC: Panic anxiety and its treatment. Presented at the South Carolina Medical Association Annual Meeting, Charleston, South Carolina, April 27, 1985

165. Ballenger JC: Alprazolam in agoraphobia with panic attacks: Results of a large collaborative trial. Presented at the NCDEU meeting, Key Biscayne, Florida, April 29, 1985

166. Ballenger JC: Chaired session "Clinical/biomedical research in agoraphobia"; presented paper, "Alprazolam treatment of agoraphobia/panic disorder"; participated in course, "Anxiety disorders: Classification and treatment." Presented at American Psychiatric Association Annual Meeting, Dallas, Texas, May 20-24, 1985

167. Ballenger JC: Manic-depressive illness. Presented at Grand Rounds, Department of Psychiatry, University of Kentucky, Lexington, May 28, 1985

168. Ballenger JC: Manic-depressive illness. Presented to John Marshall Medical School Staff, Huntington, West Virginia, May 28, 1985

169. Ballenger JC: Use of carbamazepine in affective disorders. Neurology Grand Rounds, Charleston Area Medical Center, Charleston, West Virginia, May 29, 1985

170. Ballenger JC: Kindling as a potential model of the alcohol withdrawal syndrome. Presented at the International Research Society on Alcoholism Medical Scientific Conference, Isle of Palms, South Carolina, May 31, 1985

171. Ballenger JC: Sleep and aging. Presented at Spoleto Update XI: Health Care of the Geriatric Patient, Charleston, South Carolina, June 5, 1985

172. Ballenger JC: Diagnosis and treatment of the anxiety disorders. Presented to Tidewater Psychiatric Institute, Norfolk, Virginia, June 6, 1985

173. Ballenger JC: Biological research in panic disorder. Presented at National Phobia Society Meeting, Washington, DC, June 12, 1985

174. Ballenger JC: Agoraphobia update. Carolina Today TV presentation, Columbia, SC, August 5, 1985

175. Ballenger JC: Treatment of agoraphobia/panic disorder. Presented to the University of Rio de Janerio State, Brazil, August 19, 1985

176. Ballenger JC: Moderator for Panic Disorder course at II Latin American Congress of Psychosomatic Medicine, Campinas, August 31, 1985

177. Ballenger JC: Panic Disorder and Treatment of Panic Disorder presentation, II Latin American Congress of Psychosomatic Medicine, Campinas, September 1, 1985

178. Ballenger JC: Clinical Outcome. Presented at Symposium, New Directions in Anxiety Research at Vth World Congress of Biological Psychiatry, Philadelphia, PA, September 11, 1985

179. Ballenger JC: Panel member of Long Range Planning Committee, American Psychiatric Association "Trends in Academic Psychiatry," Washington, DC, September 20, 1985

180. Ballenger JC: An approach to the management of exogenous and endogenous anxiety. Presented to the Central Medical Association, Coguas, Puerto Rico, September 25, 1985

181. Ballenger JC: An approach to the management of exogenous and endogenous anxiety. Presented to San Juan Mental Health Service, Puerto Rico, September 25, 1985

182. Ballenger JC: An approach to the management of exogenous and endogenous anxiety. Presented to general physicians, San Pablo Hospital, Bayamon Puerto Rico, September 26, 1985

183. Ballenger JC: Update on panic disorder. Presented to the Puerto Rico Medical Association Annual Convention, Section of Psychiatry, Neurology, and Neurosurgery. San Juan, September 27, 1985

184. Ballenger JC: Cross National Panic Study Phase I - Efficacy. Presented as part of symposium "Developments in the Epidemiology and Treatment of Panic Disorder" at Recent Advances in Drug Treatment in Psychiatry Conference in Montreaux, Switzerland, October 7, 1985

185. Ballenger JC: Therapeutic efficacy. Presented as part of American Academy of Clinical Psychiatrists Pre-Meeting Symposium, "Update on Anxiety and Panic Disorder," San Diego, October 9, 1985

186. Ballenger JC: Clinical presentation of panic disorder as a medical/cardiac disorder. Presented at The Brain and the Heart: New Management Strategies for Stress and the Heart, sponsored by Georgetown University, Washington, DC, October 12, 1985

187. Ballenger JC: Update on panic disorder. Grand Rounds presented to Portsmouth Naval Hospital, October 18, 1985

188. Ballenger JC: A common psychiatric problem: dealing with the depressed patient. Presented at the 39th Regional Family Practice Weekend, sponsored by the Florida Academy of Family Physicians, Miami, Florida, October 25, 1985

189. Ballenger JC: Diagnosis and treatment of panic disorder/agoraphobia. Presented at Practice Psychopharmacologic Management of Anxiety Syndromes, Baltimore, Maryland, November 13, 1985

190. Ballenger JC: The relationship of panic disorder and mitral valve prolapse. Presented at The Brain and the Heart: Psychiatric Complications of Cardiovascular Disease, Duke University Medical Center, Durham, North Carolina, November 14, 1985

191. Ballenger JC: Agoraphobia update. Presented on The Health Line, Radio Station WPAL, Charleston, January 12, 1986

192. Ballenger JC: Recent advances in an ancient disorder: agoraphobia. Presented at William F. Orr Lecture in Psychiatry, Vanderbilt University, Nashville, January 23, 1986

193. Ballenger JC: The many faces of depression: neurobiologic bases, classification, and therapeutic options, and Current perspective on anxiety and panic disorder. Presented at The First McLeod Family Practice Conference on Mental Health Care, McLeod Family Practice Residency Program, Florence, SC, February 12 1986

194. Ballenger JC: General anxiety disorders. Grand Rounds presented to University of Colorado, Denver, March 10, 1986

195. Waid LR, Kahles J, Hamilton S, Lydiard RB, Laraia M, Ballenger JC: Mentation after medication: The effect of alprazolam on cognitive functioning of panic disordered patients. Presented at the Annual Meeting of the Southeastern Psychological Association, Orlando, Florida, March, 1986

196. Ballenger JC: Long-term use of benzodiazepines. Presented at Denver Psychiatric Meeting, March 10, 1986

197. Ballenger JC: General anxiety disorders. Grand Rounds presented at St. Lukes Hospital, Denver, CO, March 11, 1986

198. Ballenger JC: The clinical presentation of panic disorder as a medical/cardiac disorder. Presented at the 39th Annual Stoneburner Lecture Series, "Emotion and Cardiac Function: Scientific Basis and Clinical Applications," Richmond, Virginia, April 3, 1986

199. Ballenger JC: Psychopharmacologic treatment of panic disorder. Presented at Current Perspectives in the Treatment of Panic and Phobic Disorders, sponsored by the Psychiatric Society of Virginia, Inc., Richmond, Virginia, April 12, 1986

200. Ballenger JC: Acute fixed dose alprazolam study in panic disorder patients. Presented at the "Pharmacology/Pharmacokinetic Studies Workshop" at the Panic Disorder Biological Research Workshop, Washington, DC, April 16, 1986

201. Ballenger JC: Alcoholism and the anxiety disorders. Presented at Alcoholism 1986: Differential Diagnosis and Treatment, sponsored by Emory University School of Medicine, Atlanta, Georgia, April 18, 1986

Presented at Annual Meeting of the American Psychiatric Association, Washington, DC

202. Ballenger JC: Pathophysiological changes during acute panic anxiety. Presented at New Directions in Anxiety: Clinical Implications of Recent Research Findings, May 11, 1986

Ballenger JC: Chairperson for Clinical/Basic Research in Agoraphobia and Panic Disorders, May 12, 1986

As part of symposium presented:

203. Ballenger JC, Gibson R, Peterson GA, Laraia M: Pharmacological treatment of agoraphobia/panic disorder

204. Lydiard RB, Ballenger JC, Laraia M et al.: Noradrenergic increases in agoraphobia/panic

disorder

205. Ballenger JC, Gibson PW, Peterson GA, Laraia M: "Functional" MVP in agoraphobia/panic disorder

206. Ballenger JC: Discussant for Clinical aspects of panic disorder, May 13, 1986

207. Gold PW, Ballenger JC, Post RM, Kling MA, Calabrese JR, Robertson GL: Osmoregulation of ADH in affective disorders. Presented at Symposium entitled "Disorders of ADH and Water Balance in Psychiatry," May 13, 1986

208. Ballenger JC: Pharmacological treatment of agoraphobia/panic disorder. Presented at Panic and Agoraphobia: Complications and Treatment Symposium, May 13, 1986

209. Ballenger JC: Discussant for Respiration and Human Anxiety Symposium, May 14, 1986

210. Ballenger JC: Participant on Wrap-up Panel and Moderator, High at Work - Alcohol and Drug Abuse in the Workplace, Greenville, SC, June 6, 1986

211. Ballenger JC: New developments in panic and anxiety disorders. Presented at The Heart of the Matter: Overlap between Cardiovascular and Psychiatric Disorders, sponsored by University of Minnesota, Departments of Psychiatry and Cardiology, Minneapolis, MN, June 27, 1986

212. Ballenger JC: Agoraphobia presentation, "Good Morning America," ABC-TV, July 9, 1986

213. Ballenger JC: Co-Chair, Pharmacological Treatment of Panic Disorder and Agoraphobia with Panic Attacks, at World Psychiatric Association. Also presented as part of symposium, The Anxiety Disorders: Interplay Between Biological and Clinical Investigations, Copenhagen, August 21, 1986

214. Ballenger JC: Current Issues in Panic Disorder, presented at University of California, San Francisco, Department of Psychiatry, September 3, 1986

215. Ballenger JC: Data Analysis of Panic Study, presented at Stanford University Medical Center, Department of Psychiatry, September 3, 1986

216. Ballenger JC: Panic and Agoraphobia, presented at UC Psychiatric Colloquia, September 8, 1986

217. Ballenger JC: Panic and Agoraphobia, presented at Harbor/UCLA Psychiatry Grand Rounds, Los Angeles, September 8, 1986

218. Ballenger JC: Panic and Agoraphobia, presented to LA Psychiatric Association, September 8, 1986

219. Ballenger JC: Update on Panic and Agoraphobia, presented to Kaiser Hospital Medical Staff, Van Nuys, CA, September 9, 1986

220. Ballenger JC: Panic Disorder and Agoraphobia, presented to Olive View Medical Center

Psychiatry Staff and Residents, Los Angeles, CA, September 9, 1986

221. Ballenger JC: Current Issues in Panic Disorder, presented to University of Southern California/Los Angeles County Medical Center Psychiatric Staff, September 10, 1986

222. Ballenger JC: Panic and Agoraphobia, presented at Tri County Hospital Dinner Meeting, San Diego, September 10, 1986

223. Ballenger JC: Update on Panic Disorder and Agoraphobia, presented at Psychiatry Grand Rounds, University of California at San Diego, September 11, 1986

224. Lydiard RB, Howell EF, Malcolm R, Ballenger JC: Prevalence of Anxiety and Mood Disorders in Hospitalized Alcoholics, presented at the First International Congress on Treatment Advances in Psychiatry, San Francisco, September 19, 1986

225. Ballenger JC: Anticonvulsants in Psychiatric Practice, presented at 1986 Southern Psychiatric Association Scientific Program, Kiawah, September 28, 1986

226. Ballenger JC: Psychopharmacology for the Practicing Psychiatrist, presented at SC State Hospital Joint Workshop of Mental Health Center and State Hospital Psychiatrists, Columbia, SC, October 3, 1986

227. Ballenger JC: Overview of Current Research on Physiological Factors of Phobias, presented at The Relationship between Selected Physiological Conditions and Phobic/Panic Disorders. Symposium at the Seventh Annual National Conference on Phobias and Related Anxiety Disorders, New York City, October 18, 1986

228. Ballenger JC: Kindling as a Potential Model for Affective Illness, presented to Department of Psychiatry Grand Rounds, Hillside Hospital, New York City, October 29, 1986

229. Ballenger JC: Update on Panic Disorder, presented to Department of Psychiatry, City Hospital Center at Elmhurst, New York, October 31, 1986

presented at the American College of Neuropsychopharmacology, 25th Anniversary Meeting, Washington, DC

230. Ballenger JC, Laraia MT, Patrone V, Gibson R, Peterson G, Potter WZ, Lake CR: Poster session entitled "Mitral Valve Prolapse in Agoraphobia/Panic Disorder," December 9, 1986

231. Lydiard RB, O'Neil P, Carter B, Hamilton S, Rogers Q, Ballenger JC: Precursor Amino Acid Concentrations in Normal Weight Bulimics and Normal Controls, December 8-12, 1986

232. Ballenger JC: Pharmacological Treatments of the Panic Disorders, presented at symposium entitled, "The Anxiety Disorders: Clinical and Therapeutic Investigations," held at the Collegium Internationale Neuropsychopharmacologicum, San Juan, Puerto Rico, December 14-17, 1986

233. Ballenger JC: Mitral Valve Prolapse in Panic Disorder/Agoraphobia, presented to the Department of Psychiatry, University of Hawaii, Honolulu, February 10, 1987

234. Ballenger JC: "Panic or Hysteria" and "Why Some Depressed Patients Fail to Respond to Treatment," presented at Alcohol, Panic and Depression, Combined Program for Indian Path Hospital and Indian Path Pavilion, Johnson City, TN, March 17, 1987

235. Ballenger JC: Anxiety and Panic Disorder in the Elderly, presented at 3rd Annual Duke Aging Symposium: Common Problems in Geriatric Medicine, Charleston, SC, April 2, 1987

236. Ballenger JC: Panic Disorder, presented at Brain and the Heart: An Integrated Approach to Psychiatry and Cardiology, Johns Hopkins Hospital, April 3, 1987

237. Ballenger JC: Pharmacotherapy of Panic Disorder: Implications for Mechanisms of Action, presented at International Conference on New Directions in Affective Disorders, Jerusalem, April 6, 1987

238. Ballenger JC: Recent Advances in Panic Disorder Research, Grand Rounds presented at Massachusetts General Hospital, April 21, 1987

239. Ballenger JC: Update on Panic Disorder, presented at The Arbour's Eleventh Annual Psychiatric Conference, Jamacia Plain, MA, April 22, 1987

240. Ballenger JC: New Treatment of Bipolar Affective Disorder, presented at the Johns Hopkins University, April 30, 1987

241. Anton RF, Ballenger JC, Lydiard RB, Howell E, Laraia M: CSF PGE In Agoraphobia with Panic Anxiety. Presented at the Society of Biological Psychiatry Annual Meeting, Chicago, April 28-May 3, 1987

Presented at the 140th Annual Meeting of the American Psychiatric Association, Chicago

242. Ballenger JC: Chairperson of symposium entitled, "Cardiovascular Aspects of Anxiety." Presented at symposium "MVP in Panic Disorder Patients," May 10, 1987

243. Ballenger JC: Drug Treatment of Panic Disorder and Agoraphobia, presented at symposium "Drug Treatment of Anxiety Disorders," May 11, 1987

244. Ballenger JC, Lydiard RB, DuPont R: Treatment of Panic Disorders course, May 12, 1987

245. Ballenger JC: Discussant for paper session, "The Biology of Panic Disorder," May 13, 1987

246. Ballenger JC: Chaired symposium "Recent Clinical/Basic Research in Panic Disorder," and presented Ballenger JC, Howell EF, Laraia M, Lydiard RB: Comparison of Four Medicines in Panic Disorder, May May 14, 1987

247. Howell EF, Laraia M, Ballenger JC, Lydiard RB: Lorazepam Treatment of Panic Disorder, May 10-15, 1987

248. Ballenger JC: Panic Disorder Update, Grand Rounds presented at Medical College of Georgia - VA Psychiatry Consortium, Augusta, May 20, 1987

249. Ballenger JC: Panic Disorder and its Treatments, Annual Meeting, West Virginia Psychiatric Association, August 10, 1987

250. Ballenger JC: An Update on Anxiety and Depression in the Medical Patient. Presented at Update on Obsessive Compulsive Disorders and Other Anxiety Disorders, Destin, Florida, August 24, 1987

251. Ballenger JC: Recent Advances in Panic Disorder and Its Treatment. Grand Rounds presented at Department of Psychiatry, Cornell Medical Center, New York, September 9, 1987

252. Ballenger JC: Are 30% of Cardiology Patients Misdiagnosed? Recent Developments in Panic Disorder. Presented at the State of the Art Treatment of Cardiovascular Disease Seminar, Charlotte, North Carolina, September 10, 1987

253. Ballenger JC: Current Research Findings and Medical Treatment of Panic Disorder. Presented at Agoraphobia, Social Phobias, and Obsessive Compulsive Disorders symposium sponsored by Richland Medical Center and Phobia Centers of the Southwest, Dallas, Texas, September 11, 1987

254. Ballenger JC: Update on Panic Disorders. Presented at Sympawsium, Clemson, South Carolina, September 25, 1987

255. Ballenger JC: Diagnosis and Treatment of Panic Disorders. Presented at a conference entitled, The Problem of Anxiety in Medical and Psychiatric Practice, sponsored by the University of North Carolina School of Medicine, Department of Psychiatry, Chapel Hill, North Carolina, October 2, 1987

256. Ballenger JC: Are 30% of Cardiology Patients Misdiagnosed? Recent Developments in Panic Disorder. Presented at The Brain and The Heart, sponsored by Orangeburg-Calhoun Regional Hospital, Orangeburg, South Carolina, October 8, 1987

257. Ballenger JC: Anxiety-Affective Disorders Update. Presented at Annual Meeting and Scientific Program, The North Carolina Psychiatric Association, Charleston, South Carolina, October 17, 1987

258. Ballenger JC: Moderator of a Panel Discussion, "Forum of Medication: Issues and Answers." Presented at The Phobia Society of America's 8th Annual National Conference on Phobias and Related Anxiety Disorders, San Francisco, California, October 24, 1987

259. Ballenger JC: Carbamazepine in Affective Disorder. Presented at Carbamazepine Use in Neuropsychiatry, sponsored by the University of Washington School of Medicine, Seattle, Washington, October 30, 1987

260. Ballenger JC: The Psychobiology of Panic Anxiety. Presented at Harvard Medical School, November 21, 1987

261. Ballenger JC, Bevilacqua J: Moderator for Roundtable discussion at Institute on Schizophrenia, Charleston, South Carolina, November 22, 1987

262. Ballenger JC: Refractory Depression. Presented at the South Carolina Academy of Family Physicians, Hilton Head, South Carolina, December 5, 1987

Presented at Annual Meeting of the American College of Neuropsychopharmacology, San Juan

263. Ballenger JC, Lydiard RB, Laraia MT, Howell EH, Potter WZ, Lake CR: Recent Studies of the Neurobiology of Panic Studies, presented at Recent Advances in the Psychobiology of Stress II, December 9, 1987

264. Lydiard RB, Ballenger JC, Laraia MT, Howell EF, Prockow V, Gross J: Sleep encephalography of panic disorder patients and normal controls, December 10, 1987

265. Lydiard RB, Howell EF, Malcolm R, Ballenger JC: Prevalence of anxiety and mood disorders in hospitalized alcoholics, December 7-11, 1987

266. Ballenger JC: Alprazolam versus Placebo in the Treatment of Panic Disorder and Agoraphobia. Presented at symposium, "The Anxiety Disorders: Treatment," at Meeting of the American Society of Hispanic Psychiatrists, Rio de Janeiro, March 12, 1988

267. Ballenger JC: Anxiety Disorders; Diagnosis, Epidemiology and Prognosis. Presented at symposium, "Managing Anxiety Disorders: Progress for the 80's," sponsored by Duke University Medical Center, Durham, North Carolina, March 25, 1988

268. Ballenger JC: When Patients Do Not Respond to Conventional Antimanic and Antidepressant Treatment. Presented at Symposium, "Treatment-Refractory Affective Disorders and Schizophrenia," sponsored by St. Elizabeth Hospital, Washington, DC, April 14, 1988

269. Ballenger JC: Panic Disorder, Present Findings and Etiology, Clinical Features and Treatment. Presented at Clinical Advances in the Treatment of Disorders of Women, Sponsored by University of Florida, Gainesville, April 16, 1988

270. Ballenger JC: Recent Developments in the Causes and Treatment of Panic Disorder. Grand Rounds presented at Fair Oaks Hospital, Tennafly, New Jersey, April 27, 1988

271. Ballenger JC: Recent Developments in the Causes and Treatment of Panic Disorder. Presented at Fair Oaks Hospital, Summit, New Jersey, April 27, 1988

272. Ballenger JC: Panic and Anxiety Disorders in Women, presented at Women at Risk Symposium, Atlantic City, April 28, 1988

273. Ballenger JC: Panel Moderator for Treatment of Anxiety, presented Update on Panic Disorder, South Carolina Medical Association Annual Meeting, Charleston, April 29, 1988

Presented at the Annual Meeting of the American Psychiatric Association, Montreal

274. Ballenger JC: Mind, Brain and Psychoanalysis: The Neurobiology of Anxiety/Fear. Presented to American Psychoanalytic Association Discussion Group, May 5, 1988

275. Ballenger JC: Carbamazepine in Affective Disorders, presented at symposium, Annual Meeting, "Biological Aspects of Psychoses and Mood," May 7, 1988

276. Ballenger JC: Clinical Consultation with Series, Biological Aspects of Depression, May 9, 1988

277. Ballenger JC: Biological Findings, presented at Review of Psychiatry, Unipolar Depression Symposium, May 10, 1988

278. Ballenger JC: Chairperson of Course, Treatment of Panic Disorder and Agoraphobia, May 12, 1988

279. Ballenger JC: Chairperson of Symposium, Recent Clinical/Basic Research in Panic Disorder, presented "Are There Catecholamine Increases in Agoraphobia?," May 12, 1988

280. Lydiard RB, Howell EF, Malcolm R, Ballenger JC: Prevalence of anxiety and mood disorders in hospitalized alcoholics, May 9-13, 1988

281. Lydiard RB, Ballenger JC, Laraia MT, Howell EF, Prockow V, Gross J: Sleep encephalography of panic disorder patients and normal controls, May 9-13, 1988

282. Malcolm R, Ballenger JC, Anton RF, Lydiard RB, Sturgis E, William L: Carbamazepine treatment of alcohol withdrawal, May 9-13, 1988

283. Malcolm RJ, Ballenger JC, Anton RF: Carbamazepine Treatment of Alcohol Withdrawal, May 12, 1988

284. Ballenger JC: Update on Panic Disorder, presented to staff at Charter Northridge Hospital at Dedication of Psychiatry Wing, Raleigh, North Carolina, May 18, 1988

285. Ballenger JC: Carbamazepine in Affective Disorders, presented at Symposium at New Clinical Drug Evaluation Unit (NCDEU) Annual Meeting, Key Biscayne, May 31, 1988

286. Ballenger JC: Benzodiazepines, including Alprazolam (Treatment of Panic Disorder), presented at panel, "An Update on Treatment of Panic Disorder," New Clinical Drug Evaluation Unit (NCDEU), June 2, 1988

287. Lydiard RB, Laird LK, Morton WA, Steele TE, Kellner CH, Laraia MT, Ballenger JC: Fluvoxamine, imipramine, and placebo in depressed outpatients. Presented at NCDEU, June 1-3, 1988

288. Ballenger JC: Panic Attacks/Agoraphobia, presented at Family Medicine Symposium, "Behavioral Aspects in Family Medicine," Richland Memorial Hospital, Columbia, SC, June 17, 1988

289. Ballenger JC: Pharmacotherapy, presented at Symposium "Panic Disorders: Psychological and Pharmacological Approaches to their Understanding and Treatment," World Congress of Behavior Therapy, Edinburgh, September 7, 1988

290. Ballenger JC: Panic Disorders Update, presented at Clinical Update 1988, Southern Pines, NC, September 12, 1988

291. Ballenger JC: Panic Disorders: Evaluation and Treatment, Grand Rounds presented at The Regent Hospital, New York, September 27, 1988

292. Ballenger JC: Clinical Uses of Benzodiazepines in Panic Disorder and Agoraphobia, presented at A McLean Hospital Symposium: Benzodiazepines: Therapeutic, Biologic and Psychosocial Issues, Boston, September 30, 1988

293. Malcolm RJ, Ballenger JC, Anton R, Sturgis ET: Neural irritability in alcohol withdrawal: A comparison of carbamazepine and oxazepam. Paper presented at the International Conference on Alcohol and Seizure, Washington, DC, September, 1988

294. Ballenger JC: Phobias and Anxiety Disorders, presented at American Psychiatric Association Symposium to Commemorate National Mental Illness Awareness Week, Capitol Hill, Washington, DC, October 6, 1988

295. Fossey MD, Lydiard RB, Marsh WH, Ballenger JC: Prevalence of Psychiatric Morbidity in Irritable Bowel Syndrome, American College of Physicians, SC Chapter, Scientific Meeting, Charleston, October 8, 1988

296. Ballenger JC: Anxiety and Panic Disorders, presented as Key Note Speaker at the Annual Meeting of the Mental Health Association of Greenville County, October 26, 1988

297. Ballenger JC: Chairperson, New Research, Phobia Society of America Annual Meeting, Boston, October 28, 1988

298. Ballenger JC: Medications: Clinicians Guide to Medications, Phobia Society of America Annual Meeting, Boston, October 29, 1988

299. Ballenger JC: Treatment of Refractory Depression, Grand Rounds at Beth Israel Medical Center, New York, November 1, 1988

300. Ballenger JC: Update on Panic Disorders, Oschner Clinic, New Orleans, November 7, 1988

301. Ballenger JC: Director, Postgraduate Course, "Anxiety Disorders: Diagnosis, Epidemiology and Prognosis," 82nd Annual Scientific Assembly of the Southern Medical Association, November 7, 1988

302. Ballenger JC: Kindling and Addictive Behavior, presented at the Clinical Relevance of Kindling Symposium, Copenhagen, November 10, 1988

303. Ballenger JC: Cardiovascular Aspects of Anxiety, presented at Cardiology Symposium for the Practitioner 1988, Sarasota, FL, December 2, 1988

304. Ballenger JC: Alprazolam in Panic Disorder and Agoraphobia: Results from a Multicenter Trial, Worldwide Medical Sciences Liaison Meeting, Lisbon, December 6, 1988

305. Lydiard RB, Laird L, Morton WA, Steele TE, Kellner CH, Laraia MT, Ballenger JC: Effects of fluvoxamine and imipramine on 24-hour urinary catecholamine output in depressed outpatients, Annual Meeting of the American College of Neuropsychopharmacology, San Juan, December 14, 1988

306. Ballenger JC: Recent Progress in Panic Disorder, presented to the North Texas Psychiatric Physicians Society, Dallas, Texas, January 19, 1989

307. Ballenger JC: The Use of Anticonvulsants in Affective Illness. Grand Rounds presentation at the Southwestern Medical School, University of Texas, Dallas, January 20, 1989

308. Ballenger JC: Anticonvulsants in Psychiatry: A Major Trend, presented at workshop, "Tegretol/Trileptal in Psychiatry," Basle, January 23, 1989

309. Ballenger JC: Pharmacological Treatment of Personality Disorders, presented at Treatment Workshops, American College of Psychiatry, Monterey, California, February 2, 1989

310. Ballenger JC: Panic Disorder and Agoraphobia, presented at the 2nd Annual Sanibel Island Symposium: The Clinical Management of Anxiety Disorders, Sanibel Island, February 16, 1989

311. Fossey MD, Lydiard RB, Marsh WH, Ballenger JC: Prevalence of Psychiatric Morbidity in Irritable Bowel Syndrome. Poster presentation at American Psychosomatic Society, 46th Annual Meeting, San Francisco, March 10, 1989

312. Ballenger JC: Treatment of Panic Disorder, presented at Charter Westbrook Conference, Richmond, Virginia, April 12, 1989

313. Ballenger JC: Panic Disorder: Biology and Better Treatments, Course presented at Psychopharmacology Conference for Psychiatric Times, New Orleans, April 14, 1989

314. Ballenger JC: Psychopharmacology of Anxiety Disorders, presented at the Practical Realities of Anxiety Treatment: Translating Research into Practice, Shepherd Pratt, Baltimore, April 28, 1989

Presented at the 142nd Annual Meeting of the American Psychiatric Association, San Francisco

315. Kellner CH, Holgate R, Jolley BR, Austin L, Lydiard B, Ballenger JC: MRI in Obsessive Compulsive Disorder. New Research Poster Presentation, May 5, 1989

316. Ballenger JC: Alcohol Withdrawal Syndrome, presented at The Practical Use of Anticonvulsants in Psychiatry Symposium, May 7, 1989

317. Ballenger JC: Research in Anxiety Disorders, presented at Research Advances in Psychiatry: An Update for the Clinician Symposium, May 8, 1989

318. Ballenger JC: Chairman, Obsessive Compulsive Disorders Symposium, May 9, 1989

319. Lydiard RB, Laraia MT, Ballenger JC, Howell EF, Prockow V, Gross J: Sleep Encephalography of Panic Disorder Patients and Normal Controls. Poster Session, May 9,

1989

320. Ballenger JC: Panel, "Academic Psychiatry: A Viable Career Choice," May 10, 1989

321. Enas GG, Pope HG, Levine LR, Ballenger JC, Blinder BJ, Dixon K, Dunlop SR, Goldbloom DS, Ferguson JM, Halikas J, Herzog DB, Hsu LKG, Hudson JI, Powers PS, Reimher FW, Yates WR: Fluoxetine in bulimia nervosa: Double-blind study. New Research Poster Sessions, May 10, 1989

322. Fossey MD, Lydiard RB, Marsh WH, Ballenger JC: Psychiatric Morbidity in Irritable Bowel Syndrome. New Research Poster Session, May 10, 1989

323. Lydiard RB, Laird LK, Morton WA, Steele TE, Kellner CH, Laraia MT, Ballenger JC: Effects of fluvoxamine, imipramine and placebo on 24-hour urinary catecholamine output in major depression. New Research Poster Session, May 10, 1989

324. Lydiard RB, Morton A, Laraia MT, Zealberg J, Stuart G, Fossey M, Ballenger JC: Effect of desipramine and placebo on resting metabolic rate in nondepressed patients with panic disorder. New Research Poster Presentation, May 10, 1989

325. Roy-Byrne PP, Lydiard RB, Ballenger JC: Anxiolytic Drug Therapy: New Developments. Presented at the Anxiety Disorders in Women symposium, May 10, 1989

326. Anton RF, Potter WZ, Ballenger JC, Lydiard RB: Relationship of CSF-PGE to MHPG, HVA, 5HIAA in Panic. New Research Poster Session, May 11, 1989

327. Kahan M, Blum MH, Zitrin CM, MCDonald L, Pollack S, Ballenger JC, Swinson RP: Periodicity in Panic Disorder. New Research Poster Session, May 11, 1989

328. Ballenger JC: Antiepileptic Drugs for Psychiatric Indications, presented at Carbamazepine's Place in Anti-Epileptic Drug Therapy Conference, Tucson, Arizona, May 19, 1989

329. Ballenger JC: Biology and Pharmacotherapy of Panic Disorder and Agoraphobia. Grand Rounds presented at University of Florida, Miami, June 30, 1989

330. Ballenger JC: Patient's Right to Refuse Treatment, presented at Hall Institute, Columbia, SC, September 13, 1989

331. Ballenger JC: Facilitator/Academic Representative for Southeastern Region at Public/Academic Linkage Conference, Bethesda, MD, September 15, 1989

332. Ballenger JC: Featured Guest Speaker on Panic Disorder, sponsored by the Psychiatric Society of Virginia, Inc. part of televised series, "Mind and Body Under Stress," for broadcast throughout the Southeast. Roanoke, VA, September 28, 1989

333. Ballenger JC (Chairman): Panic Disorder from a Psychosomatic Point of View. Also presented as part of symposium "Panic attacks in the primary care setting." 10th World Congress, International

College of Psychosomatic Medicine, Madrid, Spain, October 10, 1989

334. Ballenger JC: Panic Disorder: Its Etiology and Treatment. Grand Rounds presented to Department of Psychiatry and Behavioral Sciences, George Washington University Medical Center, Washington, DC, October 18, 1989

335. Ballenger JC: Current Theories of Panic Disorder: A Modern Mind-Brain Interface, presented as part of "Freud: Impact on 20th Century Thought, A Multidisciplinary Symposium," Columbia, SC, November 3-4, 1989

336. Ballenger JC: Course Director, Anxiety Disorders: Epidemiology and Prognosis. Presented at the 83rd Annual Scientific Assembly of the Southern Medical Association, Washington, DC, November 6, 1989

337. Ballenger JC: Faculty for NIMH Workshop on Research on Specific Phobias: A New Look. Bethesda, MD, November 13-14, 1989

338. Ballenger JC: Recent Advances in the Diagnosis and Treatment of Panic Disorder. Seminar presented to Department of Psychiatry, Baylor Medical School, Houston, TX, November 30, 1989

Presented at the Annual Meeting of the American College of Neuropsychopharmacology (ACNP), Maui, Hawaii

339. Liebowitz M, Ballenger J, Davidson J, Foa E, Fyer A: Anxiety Disorders: Nosological Issues for DSM-IV. December 10, 1989

340. Brady KT, Selander J, Lydiard RB, Anton R, Adinoff B, Ballenger JC: Cocaine Abuse in Schizophrenia. December 10, 1989

341. Ballenger JC: Participant in Study Group, Anxiety Disorders: Nosological Issues for DSM IV, December 11, 1989

342. Lydiard RB, Brady KT, Ballenger JC, Laraia MT, Shook J, Fossey M: CSF Opioid Activity in Panic Disorder Patients and Normal Controls, December 10-15, 1989

343. Lydiard RB, Ballenger JC, Laraia MT, Fossey MD: Noradrenergic Dysregulation in Panic Disorder: New CSF Findings, December 12, 1989

344. Brewerton TD, Lydiard RB, Laraia MT, Shook J, Ballenger JC: CSF Beta-endorphin and Dynorphin in Bulimia Nervosa, December 12, 1989

345. Ballenger JC: Overview of the Pharmacological Treatments of Panic Disorder and Agoraphobia. Presented at Panic Disorder: Pharmacological and Psychological Approaches, Goteburg, Sweden, January 26, 1990

346. Ballenger JC: Overview of Anxiety Disorders in Man. Presented at Anxiety from Molecules to Man, 23rd Winter Conference on Brain Research, Snowmaas, Colorado, January 31, 1990

347. Ballenger JC: Update on the Use of Clomipramine. Newark, NJ, February 3, 1990

348. Adinoff BH, Randall C, Malcolm B, Brady K, Anton R, Lydiard RB, Ballenger J: Substance Abuse Fellowships at the Medical University of South Carolina. Presented at the Annual Meeting of the Southern Association for Research in Psychiatry, Chapel Hill, NC, March 2-3, 1990

349. Fossey MD, Lydiard RB, Marsh WH, Stuart GW, Morton WA, Ballenger JC: Personality Assessment in Female Patients with Irritable Bowel Syndrome and Anxiety Disorders. Presented at the Annual Meeting of the Southern Association for Research in Psychiatry, Chapel Hill, NC, 3/2/90

350. Ballenger JC: Diagnostic Overlap and Comorbidity in Affective and Anxiety Disorders. Presented at "Overlaps in Diagnosis and Treatment of Anxiety and Affective Disorders," Banff, Canada, March 8, 1990

351. Fossey MD, Lydiard RB, Marsh WH, Stuart G, Morton A, Ballenger JC: Personality Assessment in Female Patients with Irritable Bowel Syndrome and Anxiety Disorders. Presented at the Annual Meeting of the American Psychosomatic Society, Boston, March 22-24, 1990

352. Ballenger JC: Recent Advances in the Diagnosis and Treatment of Panic Disorder. Grand Rounds, The University of Texas Health Science Center, San Antonio, March 27, 1990

353. Ballenger JC: Testified at the Oversight Hearing on Medical Research to the Senate Subcommittee on Labor, Health and Human Services, and Education. Washington, DC, March 28, 1990

354. Ballenger JC: OCD and Panic Disorder. Grand Rounds at University of Arkansas for Medical Sciences, Little Rock, April 6, 1990

355. Ballenger JC: Psychiatric Uses for Carbamazepine. Presented at "Carbamazepine's Place in Antiepileptic Drug Therapy," Ft. Lauderdale, FL, April 20, 1990

356. Ballenger JC: Update on the Place of Benzodiazepines in Psychiatric Medicine, presented at the 142nd Annual Meeting and Scientific Assembly of the SC Medical Association, Charleston, SC, April 27, 1990

357. Brewerton TD, Lydiard RB, Herzog D, Richards S, O'Neil P, Ballenger J: Comorbidity of psychiatric disorders in bulimia nervosa. Presented at the Fourth International Conference on Eating Disorders, Bronx, New York, April 27-29, 1990

358. Brewerton TD, Lydiard RB, Laraia MT, Shook J, Ballenger JC: CSF Beta-endorphin and Dynorphin in Bulimia Nervosa. Presented at the Fourth International Conference on Eating Disorders, New York, April 27-29, 1990

Presented at the Annual Meeting of the Society of Biological Psychiatry, New York

359. Brewerton TD, Lydiard RB, Laraia MT, Shook J, Ballenger JC: CSF Beta-endorphin and Dynorphin in Bulimia, May 9-12, 1990

360. Fossey MD, Lydiard RB, Laraia MT, Nemeroff CB, Bissette G, Ballenger JC: CSF Corticotropin Releasing Factor (CRF) in Patients with Anxiety, May 9-12, 1990

361. Fossey MD, Lydiard RB, Laraia MT, Bissette G, Nemeroff CB, Ballenger JC: CSF Thyrotropin-releasing Hormone (TRH) in Patients with Anxiety Disorders, May 9-12, 1990

362. Ballenger JC: The Use of Carbamazepine in Alcoholism and Alcohol Withdrawal, Anticonvulsants in Psychiatry - New Issues," May 12, 1990

363. Brewerton TD, Lydiard RB, Laraia MT, Shook J, Ballenger JC: CSF beta-endorphin and dynorphin in bulimia, May 12, 1990

364. Ballenger JC: Drug Treatment Strategies: Dosage and Duration. Presented at "Panic Disorder: Strategies for Long-Term Treatment," May 13, 1990

365. Ballenger JC: Chairman and Moderator, "A Practical Approach to the Treatment of Obsessive Compulsive Disorder," May 13, 1990

366. Ballenger JC: Update: Anxiety Disorders for DSM-IV Workshop, May 14, 1990

367. Brewerton TD, Lydiard RB, Laraia MT, Shook J, Ballenger JC: CSF Opioid Activity in Bulimia Nervosa. Paper Session, May 14, 1990

368. Jolley RR, Lydiard RB, Assey ME, Fossey MD, Ballenger JC: Cardiac Status of Panic Patients: With and Without Cardiac Symptoms, May 14, 1990

369. Melvin JA, Lydiard RB, Laraia MT, Fossey MD, Ballenger JC: Effect of Alprazolam on Mood in Panic Disorder, May 14, 1990

370. Villeponteaux VA, Lydiard RB, Laraia MT, Stuart GN, Ballenger JC: Effect of pregnancy on pre-existing panic disorder, May 14, 1990

371. Austin LS, Lydiard RB, Fossey MD, Laraia MT, Ballenger JC: Comorbidity of Anxiety Disorders in Obsessive Compulsive Disorder Patients, May 15, 1990

372. Ballenger JC: Getting Started in Academic Psychiatry Workshop, May 15, 1990

373. Fossey MD, Lydiard RB, Laraia MT, Bissette G, Nemeroff CB, Ballenger JC: CRF and TRH in the CSF of Panic Patients, May 15, 1990

374. Lydiard RB, Ballenger JC, Ellinwood EH, Laraia MT, Austin LS, Fossey MD: CSF Monoamine Metabolites in Obsessive Compulsive Disorder, May 15, 1990

375. Lydiard RB, Ballenger JC, Laraia MT, Fossey MD: Noradrenergic Function in Panic: New CSF Findings, May 15, 1990

376. Lydiard RB, Brady KT, Ballenger JC, Laraia MT, Shook J, Fossey MD: CSF Opioid Activity in Panic Patients and Controls, May 15, 1990

Disorder," at the Second Meeting of the Research and Education Advisory Board for Valproate in Psychiatry, St. Thomas, December 15, 1990

392. Ballenger JC: Summary of Pharmacological Treatment of Panic Disorder, presented at the Scientific Advisory Committee, Panic Disorder Prevention and Public Education Program, National Institute of Mental Health, Rockville, MD, December 17, 1990

393. Ballenger JC: Co-Morbidity of Panic Disorder and Depression, presented at Co-Morbidity and Treatment Overlap in Anxiety and Affective Disorders Symposium, Banff, Canada, January 11, 1991

394. Ballenger JC: Medication Therapy I - Practical Overview of Medication Strategies and Medication Therapy II - Results of the Cross National Studies of Panic Disorder. Also served as panelist for "Optimal Treatment Strategies" at Panic Disorder and Generalized Anxiety New Research and Clinical Implications Symposium, Bal Harbour, FL, February 2, 1991

395. Lydiard RB, Ballenger JC, Laraia MT, Fossey M: Catecholamine function in panic disorder. Presented at the Annual Meeting of the Psychiatric Research Society, Park City, Utah, February 13-16, 1991

396. Ballenger JC: Chairman and Moderator, Current Developments in Substance Abuse Diagnosis and Treatment, Institute of Psychiatry, Charleston, SC, February 15, 1991

397. Ballenger JC: Current Issues in the Use of Triplicate Prescriptions, presented to NC Legislature, Raleigh, NC, February 19, 1991

398. Ballenger JC: Update on Panic Disorder, presented to the Research Colloquia, University of Pennsylvania, February 28, 1991

399. Ballenger JC: Update on Panic Disorder: Current Developments in Diagnosis and Treatment, presented at Psychiatry Grand Rounds, Medical College of Virginia, Richmond, March 1, 1991

400. Ballenger JC: Panic Disorder: Strategies for Long-Term Treatment, presented at the Fifth Annual Symposium on Psychiatric Medicine, "Current Issues in Psychopharmacology," Gainesville, FL, March 2, 1991

401. Ballenger JC: Update on Panic Disorder, presented at Sixth Annual Coral Ridge Psychiatric Symposium -- Psychiatry for the 90's Update 91, Ft. Lauderdale, FL, March 7-10, 1991

402. Ballenger JC: Pharmacy Update 91: Current Developments in Panic Disorder. Charleston, SC, March 12, 1991

403. Fossey MD, Jarrell MP, Bene CR, O'Neil PM, Ballenger JC: Predictors of Early Placebo Response in Women Treated for Obesity. Presented at 1991 Annual Meeting of the American Psychosomatic Society, Santa Fe, NM, March 14, 1991

404. Lydiard RB, Fossey M, Marsh W, Ballenger JC, Laraia MT, Stuart G, Morton WA, Zealberg J: Gastrointestinal symptoms in panic disorder. Presented at the 11th Annual Meeting of the American Anxiety Disorders Association, Chicago, IL, April 3-5, 1991

377. Ballenger JC (Discussant): Treatment Issues in Anxiety Disorders, May 16, 1990

378. Brady KT, Selander J, Lydiard RB, Anton RF, Adinoff BH, Ballenger JC: Cocaine Abuse in Schizophrenia, Paper Session, May 16, 1990

379. Lydiard RB, Fossey MD, Zealberg JJ, Laraia MT, Morton A, Ballenger JC: Panic Depression: Clinical Features. Presented at "Comorbidity of Major Depression and Panic Disorder," May 16, 1990

380. Ballenger JC, McDonald S, Noyes R, Rickels K, Singer J, Sussman N. Woods S: A Double-Blind Evaluation of the Safety and Efficacy of ZK 112-119 (Abecarnil) In Multiple Doses for 21 Days in Outpatients with Generalized Anxiety Disorder. NCDEU Meeting, Key Biscayne, FL, June 1, 1990

381. Ballenger JC: Drug Treatment of Panic Disorder. Presented at "Panic and Anxiety A Decade of Progress," Geneva, Switzerland, June 21, 1990

382. Ballenger JC: Co-Morbidity of Panic Disorder and Depression. Presented at "Co-Morbidity and Treatment Overlaps in Anxiety and Affective Disorders," Vancouver, June 28, 1990

383. Fossey MD, Jarrell MP, Bene CR, O'Neil PM, Ballenger JC: Physical and Psychological Predictors of Early Weight Loss. Accepted for presentation at the 6th International Congress of Obesity, Japan, October 1990 and International J Obesity 14(2):146, 1990, abstract

384. O'Neil PM, Bene CR, Jarrell MP, Fossey MD, Ballenger JC: RMR and Eating-Related Psychological Measures. Accepted for presentation at the 6th International Congress of Obesity in Japan, October 1990 and International J Obesity 14(238), 1990, abstract

385. Ballenger JC: Course Director, "Practical Treatment of Obsessive Compulsive Disorders, Southern Medical Association Annual Meeting, Nashville, TN, October 15, 1990

386. Ballenger JC: Co-Morbidity and Treatment Overlap in Anxiety and Affective Disorders, Tucson, AZ, November 1, 1990

387. Ballenger JC: Chairman, Panic Awareness for the Clinician Symposium, and Presenter, Overview of Drug Treatment of Panic Disorder" Carlsbad, CA, November 28-29, 1990

388. Lydiard RB, Ballenger JC, Laraia MT, Fossey MD, Beinfeld MC: Cerebrospinal cholecystokinin octapeptide concentrations in panic disorder patients and normal controls. Presented at American College of Neuropsychopharmacology Annual Meeting, San Juan, PR, December 12, 1990

389. Lydiard RB, Ballenger JC, Ellinwood E, Laraia MT, Austin LS, Fossey MD: CSF monoamine metabolites in obsessive compulsive disorder, ACNP, December 9-14, 1990

390. Ballenger JC: Expert Faculty for Videoconference, "Clinical Perspectives for Panic Disorder in the Nineties," Princeton, NJ, December 14, 1990

391. Ballenger JC: Discussion Leader, "A Paradigm for Anticonvulsants in the Treatment of Bipolar

405. Ballenger JC: Panel Member on "Exploring Solutions to Complex Anxiety Problems" at 11th National Conference on Anxiety Disorders, Chicago, IL, April 4, 1991

406. Ballenger JC: Chairman and Moderator: Update on Diagnosis and Treatment of Obsessive Compulsive Disorder, Institute of Psychiatry, MUSC, April 11, 1991

407. Ballenger JC: Clinical Aspects of Anxiety Disorders, presented as consultant to CNS group, Merck, Sharpe, & Dohme, Philadelphia, April 15, 1991

408. Ballenger JC: Panic Disorder and Phobias, presented at Kentucky Psychiatry Challenges and Choices, Covington, Kentucky, April 20, 1991

409. Ballenger JC: Chairman and Moderator: Our Impaired Society, presented at the Annual Meeting of the South Carolina Medical Association, Charleston, SC, April 26, 1991

410. Ballenger JC: Chairman and Moderator: Anxiety and Co-Existing Substance Abuse Disorders, presented at the Annual Meeting of the South Carolina Medical Association, Charleston, SC, April 26, 1991

411. Ballenger JC, Moderator: Current Research Supporting the Use of Anticonvulsants for Bipolar Disorder; Algorithm for Patient Management; Panel member, Side Effects of Valproate and Carbamazepine. Managing the Depressive Component in Bipolar Disorder; Long-term Issues: The Challenge of Patient Management and Future Directions. Presented at Practical Clinical Guidelines for the Management of Bipolar Disorder: Bipolar Faculty Update meeting, Scottsdale, AZ, April 27, 1991

412. Ballenger JC: The Evolution and Use of the Kindling Model in Clinical Psychiatry, presented at the Ole J. Rafaelsen Lecture, Dept. of Psychiatry, Righshopsitalet Univ Hosp, Copenhagen, Sunday, May 5, 1991

Presented at the 144th Annual Meeting of the American Psychiatric Association, New Orleans

413. Ballenger JC: Consequences of Medication Discontinuation in Panic Disorder. Presented at "Current Perspectives on Panic Disorder and Major Depression," May 12, 1991

414. Ballenger JC: Pharmacological Treatment of Panic Disorder. Presented and chaired "A Practical Approach to the Treatment of Panic Disorder," May 12, 1991

415. Lydiard RB, Fossey MD, Marsh WH, Ballenger JC: Comorbidity of Anxiety and Mood Disorders in Irritable Bowel Syndrome. Presented at "Irritable Bowel: Medical, Psychiatric, or What?" May 13, 1991

416. Payeur R, Lydiard RB, Ballenger JC, Laraia MT, Fossey MD, Zealberg JJ: CSF Diazepam-Binding Inhibitor Concentrations in Panic Patients, May 13, 1991

417. Ballenger JC, Lydiard RB, Laraia MT, Fossey MD, Zealberg JJ: Use of Carbamazepine in Alprazolam Discontinuation. Presented at "Benzodiazepine Discontinuation," May 14, 1991

418. Fossey MD, Lydiard RB, Laraia MT, Bissette G, Nemeroff CB, Ballenger JC: Sex

differences in CSF levels of CRF and TRH, May 14, 1991

419. Emmanuel NP, Lydiard RB, Melvin JA, Villeponteaux V, Jolley R, Ballenger JC: Personality disorder in panic disorder, May 13-17, 1991

420. Austin LS, Lydiard RB, Ballenger JC, Fossey MD, Zealberg JJ, Laraia MT: Comorbidity of OCD and bipolar affective disorder, May 13-17, 1991

421. Zealberg JJ, Lydiard RB, Ballenger JC, Laraia MT, Ghanbari H: Phenylacetic Acid in Panic Disorder and Depression, May 16, 1991

422. Ballenger JC: Panic and Anxiety Disorders: The Most Common Mental Illnesses. Presented at the Project Mental Ill-Literacy National Mental Health Teleconference, Tallahassee, FL, May 23, 1991

423. Lydiard RB, Austin LS, Ballenger JC, Cohen BM, Ellinwood E: Dopamine-blocking Activity of Clomipramine in Patients with OCD, presented at NCDEU Annual Meeting, Key Biscayne, FL, May 28-31, 1991

424. Ballenger JC: Benzodiazepine Receptor Partial Agonist in GAD, presented at "Sleep, Anxiety, Epilepsy: Benzodiazepines vs Non-Benzodiazepine GABA-ergic Drugs" at the 7th Annual Sardinia Conference on Neuroscience, Cagliari, Italy, June 7, 1991

Presented at the 5th World Congress of Biological Psychiatry, Florence, Italy, June 9-14, 1991

425. Ballenger JC, Chairman: Biologic and Therapeutic Considerations in the Long-Term Treatment of Panic Disorder, and presenter of Overview of Drug Treatment of Panic Disorder, June 10, 1991

426. Ballenger JC: Biological Aspects of Panic Disorder, presented at "Benzodiazepines and the Multiple Forms of GABA Receptors," June 12, 1991

427. Ballenger JC: Kindling, Seizures, and Alcohol Withdrawal, presented at "Kindling, Psychiatry, and Anticonvulsant Drugs," June 12, 1991

428. Ballenger JC, Chair: "Beta-Carbolines: New Trends in the Treatment of Anxiety Disorders," June 13, 1991

429. Ballenger JC: Anxiety Disorders in DSM-IV, presented at DSM-IV Symposium, June 13, 1991

430. Fossey MD, Lydiard RB, Ballenger JC: Placebo Response in Panic Disorder, Poster Presentation, June 10, 1991: Biol Psychiatry 29:4305, 1991, abstract

431. Fossey MD, Lydiard RB, Laraia M, Bissette G, Nemeroff GB, Ballenger JC: Sex Differences in CSF Levels of CRF and TRH, Poster Presentation, June 12, 1991, Biol Psychiatry29:4305, 1991

432. Laraia MT, Stuart GW, Lydiard RB, Ballenger JC: Childhood environment of women with panic

disorder. Presented at the Institute on Hospital and Community Psychiatry, Los Angeles, October 20-24, 1991

433. Faulkner L, Ballenger JC: Psychiatry in South Carolina: Where Do We Go From Here?, presented at South Carolina Psychiatric Association Meeting, February 2, 1992

434. Ballenger JC: The Use of Anticonvulsants in the Treatment of Bipolar Disorder, presented at Strategies in Continuity of Care, South Carolina Department of Mental Health, Greenville, SC, February 6, 1992

435. Emmanuel NP, Mintzer O, Lydiard RB, Payeur R, Roberts J, Johnson M, Ballenger JC: Personality disorders in panic disorder. Diagnostic and treatment issues. Presented at the Bristol-Myers Faculty Program, Tucson, AZ, February 2, 1992

436. Johnson M, Lydiard RB, Ballenger JC, Laraia MT, Fossey MD, Zealberg JJ: CSF Beta-endorphin in patients with panic disorder and social phobia. Diagnostic and Treatment Issues. Presented at the Bristol-Myers Faculty Program, Tucson, February 2, 1992

437. Mintzer O, Emmanuel ND, Lydiard RB, Payeur, R, Johnson M, Roberts J, Ballenger JC: Psychiatric comorbidity in generalized anxiety disorder. Presented at the Bristol-Myers Faculty Program, Tucson, February 2, 1992

438. Lydiard RB, Greenwald S, Weissman MM, Johnson J, Drossman D, Ballenger JC: Gastrointestinal symptoms in patients and community samples. Presented at the Annual Meeting of the Psychiatric Research Society, Park City, Utah, February 12-15, 1992

439. Ballenger JC: Chair, The Use of Anticonvulsants in Psychiatry, 1-day Symposium, Institute of Psychiatry, Charleston, SC, February 14, 1992

440. Ballenger JC: Anxiety, presented at the Oklahoma Institute for Mental Health Education and Training, Department of Mental Health and Substance Abuse Series, Griffin Memorial Hospital, Oklahoma City, February 21, 1992

441. Ballenger JC: Termination of Therapy Issues, presented at the Anxiety Disorders Association of America Annual Meeting, Houston, TX, April 1992

442. Emmanuel NP, Mintzer OB, Lydiard RB, Payeur R, Roberts J, Johnson M, Ballenger JC. Prevalence of personality disorders in general anxiety disorder. Presented at the 12th National Conference of the Anxiety Disorders Association of America, Houston, Texas, April 9-12, 1992

443. Mintzer OB, Emmanuel NP, Lydiard RB, Payeur R, Johnson M, Roberts J, Ballenger JC. Psychiatric comorbidity in generalized anxiety disorder. Presented at the 12th National Conference of the Anxiety Disorders Association of America, Houston, Texas, April 9-12, 1992

444. Lydiard RB, Ballenger JC, Laraia MT, Fossey MD, Beinfeld MC: CCK-8 Concentrations in Panic Disorder and Normal Controls, presented at the Anxiety Disorders Association of America Annual Meeting, Houston, TX, April 1992

445. Johnson M, Lydiard R, Ballenger JC, Laraia MT, Fossey MD, Zealberg JJ: CSF β-endorphin in

Panic Disorder and Social Phobia, presented at the Anxiety Disorders Association of America Annual Meeting, Houston, TX, April 1992

446. Brewerton TD, Lydiard RB, Stuart GW, Ballenger JC: CSF cholecystokinin concentrations in patients with bulimia nervosa and normal controls. Presented at the Fifth International Conference on Eating Disorders, April 24-26, 1992

Presented at the 145th Annual Meeting of the American Psychiatric Association, Washington, DC

447. Brewerton TD, Ballenger JC: Seasonal Variation of Obsessive Compulsive Disorder

448. Brewerton TD, Lydiard RB, Beinfeld MC, Laraia M, Stuart G, Ballenger JC: CSF Cholecystokinin in Bulimia Nervosa, Paper Session, May 4, 1992

449. Emmanuel NP, Mintzer O, Lydiard RB, Payeur R, Johnson M, Morton WA, Ballenger JC: Personality disorders in generalized anxiety disorder, May 2-7, 1992

450. Emmanuel NP, Lydiard RB, Morton WA, Laraia MT, Zealberg JJ, Stuart GW, Ballenger JC: Effects of desipramine on resting metabolic rate, May 2-7, 1992

451. Payeur R, Lydiard RB, Brady KT, Zealberg JJ, Ballenger JC: CSF CCK and beta-endorphin in panic disorder, May 2-7, 1992

452. Johnson MP, Lydiard RB, Ballenger JC, Laraia MT, Fossey MD, Zealberg JJ: CSF beta endorphin in panic disorder and social phobia, May 2-7, 1992

453. Lydiard RB, Ballenger JC, Laraia MT, Payeur R, Beinfeld MC: CCK-8 Concentrations in Panic and Normal Controls, May 2-7, 1992

454. Ballenger JC: Recommendations from the Consensus Development Conference on the Treatment of Panic Disorder. Presented at Panic Disorder: Consensus for the 90's, May 3, 1992

455. Ballenger JC: Anxiety Disorders. Participant in Research Advances in Psychiatry: An Update for the Clinician, May 4, 1992

456. Fyer AJ, Ballenger JC, Brandon S, Hollfied M, Katon WJ, Swinson RP. DSM-IV Panic and Agoraphobia Field Trial. Presented at DSM-IV Field Trials: OCD, PTSD, Mixed Anxiety/Depression, Panic and Agoraphobia Symposium, May 4, 1992

457. Lydiard RB, Ballenger JC, Laraia MT, Payeur R, Beinfeld MC: Cholecystokinin-Octapeptide Concentrations in Panic and Normal Controls. Presented at the Cholecystokinin Hypothesis of Panic Disorders Symposium, May 7, 1992

458. Lydiard RB, Morton WA, Laraia MT, Zealberg JJ, Stuart GW, Ballenger JC: Desipramine in panic disorder: Clinical and metabolic effects. Presented at the 145th Annual NCDEU Meeting, Boca Raton, FL, May 26-29, 1992

459. Ballenger JC: Chaired Fifth Annual Update in Psychiatry, Institute of Psychiatry, Charleston, SC,

460. Brewerton TD, Ballenger JC. Seasonal variation of OCD and its response to placebo. Presented at 5th International Conference of Chronopharmacology and Chronotherapeutics, Amelia Island, FL, July 12-16, 1992

461. Ballenger JC: Chaired National Mental Health Association Annual Scientific Meeting, Charleston, SC, August 9-11, 1992

462. Fossey MD, Lydiard RB, Laraia MT, Beinfeld MC, Ballenger JC: Correlation of body mass index with cerebrospinal fluid concentration of CCK-8 in women with panic disorder, bulimia and controls. Presented at Annual Meeting, North American Association for the Study of Obesity, Atlanta, Georgia, September 2-5, 1992

463. O'Neil PM, Fossey MD, Ballenger JC, Currey HC, Cochrane CE, Jones CR, Jarrell MP. Fluoxetine and resting metabolic rate during weight loss treatment. Paper presented at the meeting of the North American Association for the Study of Obesity, Atlanta, September 2-5, 1992

464. Pellegrin K, O'Neil P, Stellefson E, Fossey M, Ballenger J, Cochrane C, Currey H. Nutrient intake and mood among obese women, presented at the North American Society for the Study of Obesity Annual Meeting, Atlanta, GA, September 2-5, 1992

465. Ballenger JC: Departmental Research Projects, presented at "The Academic Community," at Mental Health Research Connection 1992, a project of the SC Public-Academic Mental Health Consortium, Columbia, SC, September 25, 1992

466. Ballenger JC: Presented "Diagnosis and Pharmacological Treatment of Panic Disorder" and served as panel discussant, at Medical Update Conference, Mental Health Association in Aiken County, Augusta, Georgia, October 8, 1992

467. Ballenger JC: Update on Panic Disorder, presented at Current Psychiatric Concepts, the Eighteenth Annual Hilton Head Symposium, Hilton Head Island, SC, October 10-11, 1992

468. Ballenger JC: Pharmacotherapy, presented in section on "Empirical Basis for Treatment" at Memorial Symposium for Gerald L. Klerman, MD, The New York Hospital-Cornell Medical Center, New York, NY, October 13, 1992

469. Ballenger JC, Malcolm R: To Sleep or Not to Sleep, presented on "What's On Your Mind?" educational radio talk show, October 16, 1992

470. Ballenger JC. Workshop participant on Standardization of Assessment in Panic Research, sponsored by the Mood, Anxiety and Personaltiy Disorders Research Branch, NIMH, Washington, DC, October 29-30, 1992

471. Ballenger JC. Neurobiology, management and diagnosis of panic disorder. presented at Mercer University Dept. of Psychiatry and Behavioral Sciences, Grand Rounds, Macon, Georgia, December 9, 1992

472. Lydiard RB, Zealberg JJ, Fossey MD, Beinfeld M, Ballenger JC: CSF cholecystokinin octapeptide

in OCD and normals. Presented at Annual Meeting of American College of Neuropsychopharmacology, San Juan, Puerto Rico, December 14-18, 1992

473. Medical Expert lecturing on Selective Serotonin Reuptake Inhibitors in Depression, Kohler, Wisconsin, January 9, 1993

474. Ballenger JC. Selective serotonin reuptake inhibitors (SSRIs) in the treatment of depression. Presented to psychiatrists, other mental health professionals, and family practitioners at Marina Del Ray, CA, January 12, 1993

475. Ballenger JC. Selective serotonin reuptake inhibitors (SSRIs) in the treatment of depression. Presented to psychiatrists, other mental health professionals, and family practitioners, Nashville, TN, January 14, 1993

476. Ballenger JC. Selective serotonin reuptake inhibitors (SSRIs) in the treatment of depression. Presented to psychiatrists, other mental health professionals, and family practitioners, Stowe, VT, January 19, 1993

477. Ballenger JC. Panic disorder, presented at Session III of Implications for Clinical Practice at the 1993 American College of Psychiatrists Annual Meeting, Naples, Florida, February 19, 1993

478. Ballenger JC. Depression and Chronic/Fatigue Syndrome. Presented to psychiatrists and family practitioners in evening program, Knoxville, TN, February 24, 1993

479. Ballenger JC. Update on the treatment of depression. Grand Rounds, Halifax Medical Center, Atlanta, GA, February 26, 1993

480. Ballenger JC. An update on depression. Presented to psychiatrists in Daytona, FL, February 25, 1993

481. Ballenger JC. An update on panic disorder. Presented at Grand Rounds, Halifax Medical Center, to family practitioners and internists, Daytona, FL, February 26, 1993

482. Ballenger JC. Clinical depression and current therapy. Presented at Fayetteville Diagnostic Clinic Ltd., AR, March 9, 1993

483. Ballenger JC. Mitral valve prolapse and panic disorder and Issues in the long-term pharmacological treatment of panic disorder and discontinuation of treatment, presented as part of "Panic Disorder Program" at the annual meeting of the American Psychosomatic Society, Charleston, March 4, 1993

484. Ballenger JC. Selective serotonin reuptake inhibitors: How they differ, presented as panel participant on "New Directions in Antidepressant Therapy," sponsored by Geriatrics, Philadelphia, March 6, 1993

485. Ballenger JC. Chairman, closed symposium, "Issues in the Clinical Use of Alprazolam." Presented "Medication discontinuation in panic disorder." Sponsored by Physicians Postgraduate Press, inc., Washington, DC, March 13, 1993

486. Emmanuel NP, Mintzer O, Johnson MR, Morton A, Lydiard RB, Ballenger JC. Personality disorders in social phobia. Presented at the 13th National Conference of the Anxiety Disorders Association of America, Charleston, SC, March 18-21, 1993

487. Mintzer OB, Emmanuel NP, Lydiard RB, Payeur R, Johnson M, Roberts J, Ballenger JC. Symptom distribution in comorbid and uncomplicated GAD. Presented at the 13th National Conference of the Anxiety Disorders Association of America, Charleston, SC, March 18-21, 1993

488. Ballenger JC. Diagnosis and treatment of depression, presented to internists and family practitioners, Hartford, CT, May 19, 1993

489. Emmanuel NP, Mintzer OB, Johnson MR, Morton A, Lydiard RB, Ballenger JC. Personality disorders in social phobia. Presented at 13th National Conference of Anxiety Disorders Association of America, Charleston, SC, March 20, 1993

490. Ballenger JC. An update on the diagnosis and treatment of panic disorder, presented at Grand Rounds, Portsmouth Naval Hospital, and Overview of treatment of depression and SSRIs, at dinner meeting, Tidewater Academy of Psychiatrists, Norfolk, VA, March 25, 1993

491. Ballenger JC. Guidelines for the length of depression therapy, presented at program "Further Insights in the Management of Depression" New York, March 27, 1993

492. Ballenger JC. Depression and comorbid panic, presentation and workshop, presented at Depression Management Conference, Marina del Ray, CA, April 2-3, 1993

493. Ballenger JC. The economics of depression, presented at the National Managed Health Care Congress, in the pharmacists track, attended by pharmacists, psychiatrists, and other mental health professionals, Washington, DC, April 13, 1993

494. Ballenger JC. Recent advances in the treatment of depression: The role of the SSRIs, presented to psychiatry and medicine faculty and residents and pharmacists at University of South Florida and Haley VA Hospital, Tampa, FL, April 22, 1993

495. Ballenger JC. A review of research issues in panic disorder, presented to basic and clinical sciences researchers, Institute of Psychiatric Research and An update on the diagnosis and treatment of panic disorder, presented at Dept. of Psychiatry Grand Rounds, Indiana University, May 6-7, 1993

496. Ballenger JC. Guidelines for length of depression therapy, presented at program "Further Insights in the Management of Depression," Miami, FL, May 10, 1993

497. Ballenger JC. Update on clinical presentation, diagnosis, and treatment issues in panic disorder, presented to Mecklenberg County physicians, Charlotte, NC, May 12, 1993

498. Ballenger JC. Guidelines for length of depression therapy, presented at program "Further Insights in the Management of Depression," Houston, May 13, 1993

499. Ballenger JC. Guidelines for length of depression therapy, presented at program, "Further Insights in the Management of Depression," Los Angeles, May 15, 1993

presented at Annual Meeting of the American Psychiatric Association, San Francisco

500. Ballenger JC. Panic disorder and depression, presented at symposium "Management of Difficult Depressed Patients," May 23, 1993

501. Ballenger JC. Comorbidity: Bipolar disorder and substance abuse. Presented as part of symposium "The Management of Bipolar Disorder: Issues for the '90's," May 25, 1993

502. Johnson MR, Lydiard RB, Ballenger JC, Zealberg JJ, Fossey MD. Low CSF HVA levels in patients with panic disorder and social phobia, May 24, 1993

503. Walsh MD, Johnson MR, Lydiard RB, Ballenger JC, Fossey MD, Zealberg JJ. CSF monoamines and core symptoms in panic disorder, May 24, 1993

504. Brawman-Mintzer O, Emmanuel N, Lydiard RB, Payeur R, Johnson M, Roberts J, Ballenger JC. Validity of generalized anxiety disorder as a diagnostic entity, May 22-27, 1993

505. Ballenger JC. Pharmacotherapy of panic disorder, presented as part of World Psychiatric Association Presidential Panel on Panic Disorder, Rio de Janeiro, June 8, 1993

506. Ballenger JC. Advances in depression research and comorbidity, presented to psychiatrists and psychiatry residents from Walter Reed Army Hospital, Andrews Air Force Base and Bethesda Naval Center, Crofton, MD, June 16, 1993

507. Ballenger JC. Paroxetine: A pharmacological and clinical overview. Presented at conference, "Update: Depression, SSRIs, and the Release of Paroxetine," Taubman Conference Center, Cambridge, MA, June 30, 1993

508. Ballenger JC. Paroxetine: A pharmacological and clinical overview. presented to area psychiatrists, Ft. Smith, Arkansas, July 16, 1993

509. Fossey M, Lydiard B, Laraia M, Beinfeld M, Ballenger J. Correlation of CSF CCK-8 with body mass index in bulimia and non-bulimic women. Presented at 11th International Conference on the Physiology of Food and Fluid Intake, University of Oxford, Dept.of Experimental Psychology, July 28-30, 1993

510. Ballenger JC. Problems, controversies and progress in the pharmacotherapy of anxiety. presented at Cornell/Payne Whitney Psychiatry Grand Rounds, New York City, September 15, 1993

511. Ballenger JC. Advances in the treatment of depression, the SSRIs, and the use of paroxetine, presented to Psychiatry Residents, Cornell Medical School, Columbus, Ohio, September 16, 1993

512. Ballenger JC. Overview of panic disorder. Presented to the Psychiatric Society of Central Ohio, Columbus, Ohio, September 16, 1993

513. Ballenger JC. How do we take care of affectively ill patients better (and at less cost) in a reformed health care system? Presented at Stanford Psychiatry Grand Rounds, Palo Alto, CA, October 7,

514. Ballenger JC. New research on panic and other anxiety disorders, presented at Robert Wood Johnson Medical School, Psychiatry Grand Rounds, Piscataway, New Jersey, October 14, 1993

515. Ballenger JC. Update on the Etiology and Treatment of Panic Disorder. Presented at Center Hospital, University of Laval, Quebec City, October 20, 1993; St. Mary's Hospital, Douglas Hospital, and to psychiatrists from Charles-Lemoyne and Pierre-Boucher Hospitals, October 21, 1993; Montreal General Hospital, October 22, 1993 Montreal

516. Ballenger JC. Overview of panic disorder. Presented at One Hundred Sixth Meeting of the American Clinical and Climatological Association, The Cloisters, Sea Island, Georgia, October 25, 1993

517. Ballenger JC. An overview of panic disorder. Presented to Psychiatry Alumni Group, George Ham Society, University of North Carolina, Chapel Hill, November 14, 1993

518. Ballenger JC. The use of anticonvulsants in the treatment of serious affective illness. Presented as part of the symposium entitled, "Affective and Anxiety Disorders," at the Sixth Annual New York State Office of Mental Health Research Conference, Albany, New York, December 6, 1993

519. Ballenger JC. Recent advances in the diagnosis and treatment of anxiety disorders. Presented at State University of New York Health Science Center's Grand Rounds, Brooklyn, January 12, 1994

520. Ballenger JC. Epidemiology, underdiagnosis and economic impact of depression, and Treating mental disorders in the managed care setting, both part of a symposium entitled "A Primary Care Guide to Recognizing and Treating Depression," presented to Departments of Psychiatry and Family Medicine, Medical University of South Carolina, at Isle of Palms, SC, January 15, 1994

521. Ballenger JC. Update on the diagnosis and treatment of panic disorder. Presented at Denver General Hospital Grand Rounds, Denver, Co, January 26, 1994

522. Ballenger JC. How do we take care of affectively ill patients better (and at less cost) in a reformed health care system? Presented at University of Colorado Grand Rounds, Denver, CO, January 26, 1994

523. Ballenger JC. How do we take care of affectively ill patients better (and at less cost) in a reformed health care system? Presented to psychiatrists in Little Rock, AR, January 27, 1994

524. Ballenger JC. Managed care and its impact on different mental health care systems. Presented at the South Carolina Psychiatric Association Coastal Chapter Symposium, Charleston, SC, February 26, 1994

525. Ballenger JC. Psychopharmacology Review '94. Advances in the treatment of depression and Update on panic disorder. Presented at Our Lady of the Lake Hospital, Baton Rouge, LA, March 5, 1994

presented at the 14th Annual National Conference of the Anxiety Disorders Association of America, Santa Monica, CA, March 17-20, 1994

526. Czepowicz VD, Johnson M, Lydiard RB, Emmanuel NP, Ware M, Mintzer OB, Walsh M, Ballenger JC. Sertraline in social phobia, March 17-20, 1994

527. Emmanuel NP, Ware M, Lydiard RB, Ballenger JC, Brawman-Mintzer O, Czepowicz V, Walsh M, Villareal G. Clinical psychopharmacologic trials: Cost of patient recruitment in clinical trials, March 17-20, 1994

528. Johnson M, Lydiard RB, Mintzer OB, Emmanuel NP, Ware M, Morton A, Crawford M, Walsh M, Czepowicz V, Villareal G, Amundsen C, Ballenger JC. Prevalence of irritable bowel syndrome in anxiety disorders, March 17-20, 1994

529. Mintzer OB, Lydiard RB, Emmanuel N, Czepowicz V, Villareal G, Johnson M, Walsh M, Ballenger JC. Prevalence of body dysmorphic disorder in different anxiety disorders, March 17-20, 1994

530. Villareal G, Johnson M, Emmanuel N, Czepowicz V, Walsh M, Mintzer OB, Ware M, Crawford-Harrison M, Kapp R, Lydiard RB, Ballenger JC. Attributional style in social phobia, March 17-20, 1994

531. Ballenger JC. Recent advances in the diagnosis and treatment of depression. Presented at Chattahoochee State Mental Institute, Chattahoochee, FL, April 13, 1994

Presented at the 147th Annual Meeting of the American Psychiatric Association, Philadelphia

532. Ballenger JC. Anxiety disorders: issues in clinical management--Management of panic and comorbid depression, May 21, 1994

533. Ballenger JC. The SSRIs: When they work and when they do not--The SSRIs in anxiety disorders, May 23, 1994

534. Czepowicz VD, Johnson M, Lydiard RB, Emmanuel NP, Ware M, Mintzer OB, Walsh M, Ballenger JC. Sertraline in social phobia, May 21-26, 1994

535. Emmanuel NP, Ware M, Lydiard RB, Ballenger JC, Brawman-Mintzer O, Czepowicz V, Walsh M, Villareal G. Clinical psychopharmacologic trials: Cost of patient recruitment, May 21-26, 1994

536. Johnson M, Lydiard RB, Mintzer OB, Emmanuel NP, Ware M, Morton A, Crawford M, Walsh M, Czepowicz V, Villareal G, Amundsen C, Ballenger JC. Prevalence of irritable bowel syndrome in anxiety disorders, May 21-26, 1994

537. Mintzer OB, Lydiard RB, Morton Z, Czepowicz V, Emmanuel N, Villareal G, Johnson M, Walsh M, Ballenger JC. Body dysmorphic disorder: comorbidity study, May 21-26, 1994

538. Villareal G, Johnson M, Emmanuel N, Czepowicz V, Walsh M, Mintzer OB, Ware M, Crawford-Harrison M, Kapp R, Lydiard RB, Ballenger JC. Attributional style in social phobia, May 21, 1994

539. Ballenger JC. Anxiety: progress in epidemiology, diagnosis, course and limitations of current therapy. Presented at XIXth Collegium Internationale NeuroPsychopharmacologicum Congress, Washington, DC, June 28, 1994

540. Ballenger JC. Recent pharmacological advances in the treatment of anxiety, presented at XIXth Collegium Internationale Neuro-Psychopharmacologicum Congress, Washington, DC, June 28, 1994

541. Ballenger JC. Roundtable Discussion on "Cost of depression," September 21-22, and Swinson RC, Ballenger JC, Liebowitz M, Panic disorders, social phobia, and depression: The clinical interface. Presented at the Canadian Psychiatric Association, Ottawa, September 21, 1994

542. Ballenger JC. Recent advances in the diagnosis and treatment of depression, Grand Rounds presented at Mercy Hospital, Charlotte, NC, September 30, 1994

543. Ballenger JC. Biological bases of anxiety and obsessive-compulsive disorders. Presented at the 7th Congress of the Italian Society of Biological Psychiatry at Forte Village, October 5-7, 1994, Cagliari, Italy

544. Ballenger JC. The current state of pharmacotherapy of panic disorder. Presented at the World Congress on Depressive Disorders, Mendoza, Argentina, October 12, 1994

545. Ballenger JC. New management options in bipolar disorder, SCP Communications, Greenville, SC, October 18, 1994

546. Ballenger JC. Management of depression, presented at Hall Institute and Management of depression, Visiting Professor Program, Faculty House, University of South Carolina, Columbia, November 14, 1994

547. Ballenger JC. New Management options in bipolar disorder, Grand Rounds, Baylor College of Medicine, November 16, 1994 and New management options in bipolar disorder, Mental Sciences Institute, Houston, Texas, November 17, 1994

548. Ballenger JC, Changing perspectives in clinical evaluation. Presented with Glazer WM, and Kahn A. Presented at The Clinical Management of Major Depression: Changing Perspectives of Clinical Evaluation, interactive video symposium, Dallas, Texas, December 7, 1994

549. Ballenger JC. The benefits and limitations of pharmacological treatment of panic disorder. Presented as part of "Treatment of Schizophrenia, Affective, and Anxiety Disorders: Achievements, Challenges, and Opportunities," Symposium at American College of Neuropsychopharmacology, San Juan, Puerto Rico, December 13, 1994

550. Ballenger JC. Venlafaxine: A unique pharmacologic profile. Presented as part of "Therapeutic strategies" session of "Interdisciplinary conference: Venlafaxine in primary care practice", Turnberry Isle, Aventura, FL, January 21, 1995

551. Ballenger JC. SSRI Paroxetine. Presented as part of "New Treatments of Depression" section of the "Psychopharmacology Lecture Series" at Massachusetts Mental Health Center, Boston, MA, February 24, 1995

552. Ballenger JC. Anxiety and depression as comorbid conditions. Presented as part of Department of Psychiatry Guest Lecture Series at the New England Medical Center, Boston, MA, March 6, 1995

presented at the 15th Annual National Conference of the Anxiety Disorders Association of America in Pittsburgh, PA, April 5-9, 1995

553. Ballenger JC. Pharmacotherapy: 1995 Treatment update for primary care physicians. Presented as part of care physicians. Presented as part of "Primary care clinical workshop," April 8, 1995

554. Ballenger JC. Non-physician's guide to medications for panic disorder, April 8, 1995

555. Ballenger JC. Panic disorder: The clinical challenge, April 9, 1995.

556. Ballenger JC. The relationship between psychiatry and primary care. Presented as part of the "SC Psychiatric Association Scientific Session" during the South Carolina Medical Association Annual during the South Carolina Medical Association Annual Meeting, Charleston, SC, April 21, 1995

557. Ballenger JC. Modern and more cost effective treatment of depression. Grand Rounds at the Department of Psychiatry and Human Behavior of Jefferson Medical College, Philadelphia, PA, May 10, 1995

presented at the 148th Annual Meeting of the American Psychiatric Association Meeting in Miami,FL, May 20-25, 1995

558. Ballenger JC. What's New in Interdisciplinary State/University Collaboration, participant in workshop chaired by John A. Talbott

559. Ballenger JC. Long-Term Pharmacological Treatment of Panic, presented as part of symposium entitled "Panic Disorder Update: Nature and Treatments" chaired by Arnold Cooper

560. Ballenger JC. The Role of the Psychiatrists in the Treatment of Panic Disorder, presented as part workshop entitled "Panic Disorder: A Comprehensive Treatment Workshop" in Chicago, June 16, 1995

561. Ballenger JC. Treating Depression in the Primary Care Setting, presented as part of the 1995 Festival of Flowers Medical Conference, Greenwood, SC, June 23, 1995

562. Ballenger JC. Pharmacotherapy and Psychotherapy of Panic Disorder, presented as part of the American Psychiatric Association's conference entitled "Treatments of Psychiatric Disorders", San Francisco, CA, June 30, 1995

563. Ballenger JC. Modern and More Cost Effective Treatment of Depression, presented at the annual meeting of the Florida Academy of Family Physicians, Palm Beach, FL, July 7, 1995

564. Ballenger JC. Modern and More Cost Effective Treatment of Depression, presented at the Annual Virginia Beach Update in Neuroscience, Virginia Beach, VA, July 19, 1995

565. Ballenger JC. Real World Difficulties in the Treatment of the Depressed Patient, presented at the conference "Major Affective Disorders: State-of-the Art Update", Hospital of Saint Raphael, New New Haven, CT, July 20, 1995.

566. Ballenger JC. Modern and More Cost Effective Treatment of Depression, visiting professor program, Asheville, NC and Greenville, SC, July 27, 1995

567. Ballenger JC. Pharmacotherapy and Psychotherapy of Panic Disorder, presented as part of the American Psychiatric Association's conference entitled "Treatment of Psychiatric Disorders", Washington, DC, September 8, 1995

568. Ballenger JC. Pharmacotherapy and Psychotherapy of Panic Disorder, Grand Rounds, St. Joseph Center for Mental Health, Omaha, NE, September 19, 1995

569. Ballenger JC. Practical and Real World Issues in the Modern Effective Treatment of Depression, presented at the monthly meeting of the Nebraska Psychiatric Society, September 19, 1995

570. Ballenger JC. Social Phobia and Obsessive Compulsive Disorder, presented as part of the symposium "The Optimal Therapeutical Area for SSRIs" held during the European College of 8th Annual Congress, Venice, Italy, October 1, 1995.

571. Ballenger JC. Pharmacotherapy and Psychotherapy of Panic Disorder, presented as part of the presented as part of the Visiting Professor Program at St. Francis Medical Center in Pittsburgh, PA, October 23, 1995.

572. Ballenger JC. Practical and Real World Issues in the Modern Effective Treatment of Depression, presented at the monthly meeting of the Pittsburgh Psychiatric Society, October 23, 1995

573. Ballenger JC. The Role of the Psychiatrist in the Treatment of Panic Disorder, presented as part of "Panic Disorder: A Comprehensive Treatment Workshop", held in Boston, MA, November 10, 1995

574. Ballenger JC. The Role of the Psychiatrist in the Treatment of Panic Disorder, presented as part of "Panic Disorder: A Comprehensive Treatment Workshop", held in Los Angeles, December 1, 1995

575. Ballenger JC. What Does Psychiatry Actually Have to do to Treat Depression in the Real World? Grand Rounds presentation, Institute of Psychiatry, Medical University of South Carolina, Charleston, SC, January 23, 1996

576. Ballenger JC. Key Issues for the Psychiatrist in 1996, presented as part of "Panic Disorder: A Comprehensive Treatment Workshop", New York, January 26, 1996

577. Ballenger JC. Chairperson of Conference entitled "Panic: European Forum 1996", Geneva, March 1, 1996

578. Ballenger JC. Chairperson and presenter, "Panic: European Forum 1996", London, March 15, 1996

579. Ballenger JC. A Guide to Medications in Anxiety Disorder Recovery, presented at the annual meeting of the Anxiety Disorders Association of America, Orlando, FL, March 29, 1996

580. Ballenger JC. Real World Issues in the Treatment of Depression, Grand Rounds presentation, Wake Mental Health Center, Raleigh, NC, April 2, 1996

581. Ballenger JC. Real World Issues in the Treatment of Depression, presented at the 9th Annual Update in Psychiatry Meeting, Institute of Psychiatry, Charleston, SC, June 1, 1996

582. Ballenger JC. New treatments for panic, presented as part of the symposium "Panic and Depression: Not all SSRIs are the same" co-chaired by James C. Ballenger and Graham D. Burrows, College of International Neuropsychopharmacology Congress, Melbourne, Australia, June 25, 1996

583. Ballenger JC. The U.S. experience with a beta-carboline: Results of a pivotal study, presented as part of the symposium "A new concept in the treatment of anxiety" co-chaired by Karl Rickels and R. Bruce Lydiard, College of International Neuropsychopharmacology Congress, Melbourne, Australia, June 25, 1996

584. Ballenger JC. New treatments for panic, presented as part of the symposium "Panic and Depression: Not all SSRIs are the same" co-chaired by james C. Ballenger and David S. Baldwin, 8th Congress of the Association of European Psychiatrists, London, England, July 11, 1996

585. Ballenger JC. The Role of the Psychiatrist in the Treatment of Panic Disorder, presented as part of "Panic Disorder: A Comprehensive Treatment Workshop", held in Philadelphia, PA, September 28, 1996

586. Ballenger JC. Optimal Treatment of Depression: A Model for Effective Integration of Psychiatric and Primary Care, presented at the annual meeting of the North Carolina Psychiatric Association, Asheville, NC, October 11, 1996

587. Ballenger JC. The role of the psychiatrist in the treatment of panic disorder, presented as part of "Panic Disorder: A Comprehensive Treatment Workshop", held in Detroit, MI, October 19, 1996

588. Ballenger JC. Treatment resistant depression, presented to the Grand Strand Psychiatry Association, Myrtle Beach, SC, October 30, 1996

589. Ballenger JC. What we have learned about the modern treatment of depression, presented as part of the Seroxat Symposium, held at the meeting of the Taiwan Society of Psychiatry ROC, Taipei,Taiwan, November 23, 1996

590. Ballenger JC. What does psychiatry have to do to treat depression in the real world? Presentation at Chippenham Medical Center, Richmond, VA, December 3, 1996

591. Ballenger JC. What does psychiatry actually need to do to treat our depressed patients: It's not

what we've been doing, Grand Rounds presentation at Hillside Hospital, Glen Oaks, NY, December 4, 1996

592. Ballenger JC. Discussant for symposium "Gut Feelings: Brain-Gut Interactions in Psychiatric Disorders" held at the annual meeting of the American College of Neuropsychopharmacology, San Juan, Puerto Rico, December 12, 1996

593. Ballenger JC. Update on the treatment of panic, presented at the annual meeting of the American Society of Clinical Psychopharmacology, St. Philip, Barbados, February 14, 1997

594. Ballenger JC. New research data-double blind placebo controlled research trials of paroxetine in panic disorder and social phobia (United States and Europe), presented as part of symposium "New research of paroxetine's efficacy in panic disorder and social phobia" chaired by JC Ballenger, annual meeting of the Anxiety Disorders Association of America, New Orleans, LA, March 23, 1997

595. Ballenger JC. Overview of panic disorder, Grand rounds presentation at Montgomery Internal Medicine Residency Program, University of Alabama School of Medicine, Montgomery, AL, April 18, 1997

596. Ballenger JC. Update on panic disorder, Grand rounds presentation at the Madigan Army Medical Center, Tacoma, WA, April 29, 1997

597. Ballenger JC. Overview of panic disorder, Grand rounds presentation at the American Lake VAMC, Tacoma, WA, April 29, 1997

598. Ballenger JC. Modern and more cost effective treatment of depression, presented at a meeting of area psychiatrists, internists and family practitioners, Tacoma, WA, April 30, 1997

599. Ballenger JC. The psychiatric evaluation in brain injury claims, presented as part of "The Defense and Evaluation of Brain Damage Claims" conference sponsored by the Defense Research Institute, Inc., Seattle, WA, May 1, 1997

600. Ballenger JC. Practical and real world issues in modern treatment of depression, grand rounds presentation at the Minneapolis VAMC, Minneapolis, MN, May 2, 1997

601. Ballenger JC. Practical and real world issues in modern treatment of depression, grand rounds presentation at the Hennepin County Medical Center, Minneapolis, MN, May 2, 1997

presented at the annual meeting of the American Psychiatric Association meeting held in San Diego, CA

602. Ballenger JC. Treating panic disorder in different populations, presented as part of the symposium "Panic Disorder: Different Clinical Populations" chaired by W. Walter Menninger, May 18, 1997

603. Ballenger JC. Psychopharmacology of the chronic patient, presented as part of the symposium "Panic Disorder: The Challenge of Chronicity" chaired by James C. Ballenger, May 18, 1997

604. Ballenger JC. Early recognition of patient sybtypes: implications for management, presented as part of symposium "Panic and depression: Practical consequences for healthcare" chaired by James C. Ballenger, held during the World Congress of Biological Psychiatry, Nice, France, June 22, 1997

605. Ballenger JC. Comorbid mood/substance abuse, presented as part of the conference "Advances in Mood Disorders and Schizophrenia: Diagnoses, Biology and Treatment, A Symposium for Psychiatry Residents, sponsored by Palm Beach, FL, September 5, 1997

606. Ballenger JC. Epidemiology/costs of bipolar disorder, presented as part of the "Bipolar Disorder Minifellowship" sponsored by the Medical University of South Carolina, chaired by Kathleen T. Brady and Susan C. Sonne, Charleston, SC, October 24, 1997

607. Ballenger JC. Anticonvulsants in psychiatry, presented as part of the conference "Psychopharmacology Training Program" sponsored by the Bureau of Psychiatric Services of the New York State Office of Mental Health, Schenectady, NY, October 28, 1997

608. Ballenger JC. Panel discussant for PBS television program, "Fear, Stress and Anxiety" as part of the series, "Exploring Your Brain" sponsored by WETA, Washington, DC, December 17, 1997

609. Ballenger JC. Psychopharmacology of anxiety disorders, presented as part of the annual meeting of the annual meeting of the American College of Psychiatrists, San Juan, Puerto Rico, February 20, 1998

610. Ballenger JC. Practical and real world issues in the modern treatment of depression, grand rounds presentation at Emory University, Atlanta, GA, March 11, 1998

Presented at the annual meeting of the Anxiety Disorders Association of America held in Boston, MA

611. Ballenger JC. Research - The companion to practice: what we know - where do we go? Keynote panel presentation, March 27, 1998

612. Ballenger JC. Comparison of paroxetine to other pharmacological and cognitive/behavioral treatments of social phobia, March 28, 1998

613. Ballenger JC and Otto M. Clinical consultation forum, chaired by Sally Winston, March 29, 1998

614. Ballenger JC. Practical and real world issues in the modern treatment of depression, presented to the Cleveland Psychiatric Society, Cleveland, OH, April 1, 1998

615. Ballenger JC. Practical and real world issues in the modern treatment of depression, grand rounds presentation at the Cleveland Clinical Foundation, Cleveland, OH, April 2, 1998

616. Ballenger JC. Panic disorder: behavioral and biological treatments, presented as part of the "Anxiety Symposium - 98," New Orleans, LA, July 11, 1998

617. Ballenger JC. Managing the spectrum of depressed patients: CoMorbid anxiety, social phobia and

adolescents, speaker at a symposium during the annual meeting of the Canadian Psychiatric Association, Nova Scotia, September 16, 1998

618. Ballenger JC. Panic disorder, speaker at the annual meeting of the Central Neuropsychiatric Association, Savannah, GA, October 17, 1998

619. Ballenger JC. Real world issues in the treatment of depression for 1998 and beyond, grand rounds presentation at the Behavioral Health Center, CMC-Randolph, Charlotte, NC, November 3, 1998

620. Ballenger JC. An update on mixed anxiety and depression, presented at the CME conference entitled Modern Clinical Psychiatry: A Practical Update, sponsored by the *Psychiatric Times*, Lake Tahoe, Nevada, March 11, 1999

621. Ballenger JC. A practical update on GAD, panic and other anxiety disorders, presented at the CME conference entitled Modern Clinical Psychiatry: A Practical Update, sponsored by the *Psychiatric Times*, Lake Tahoe, Nevada, March 11, 1999

622. Ballenger JC. Epidemiology, clinical course and pharmacotherapy of panic disorder and social phobia, invited speaker at the 21st Annual Winter Psychiatry Conference, sponsored by the Menninger Clinic, Park City, Utah, March 14, 1999

623. Ballenger JC, Psychotherapeutic management and cognitive behavioral therapy of panic disorder and social phobia patients, invited speaker at the 21st Annual Winter Psychiatry Conference, sponsored by the Menninger Clinic, Park City, Utah, March 14, 1999

624. Ballenger JC, Treatment of anxiety disorders in adults, presented as part of the satellite conference of the annual meeting of the Anxiety Disorders Association of America, San Diego, CA, March 25, 1999

625. Ballenger JC, Anticonvulsants in psychiatry: Historical perspectives and new therapeutic directions, grand rounds at Yale University, New Haven, CT, April 16, 1999

626. Ballenger JC, Treatment of difficult anxiety disorders, presented as part of the conference "The New Millenium of Psychiatry – Treating the Difficult Patient" sponsored by the University of Colorado Health Sciences Center, Denver, CO, April 17, 1999

627. Ballenger JC, Treatment of panic disorder and social phobia, invited presentation at the Fundacion Castilla del Pino Meeting, Cordoba, Spain, April 23, 1999

628. Ballenger JC, SSRIs in panic disorder, invited keynote speaker at the 40th Congress of Japanese Society of Psychosomatic Medicine, Aomori, Japan, June 3, 1999

629. Ballenger JC, The diagnosis and management of social phobia, presentation at the AMPQ meeting, Chateau Cartier, Quebec, June 17-18, 1999

630. Ballenger JC, Advances in Anticonvulsant Therapy, morning rounds, Duke University Hospital, Durham, NC, July 15, 1999

631. Ballenger JC, Advances in Anticonvulsant Therapy, grand rounds, John Ulmstead, Durham, NC,

July 15, 1999

632. Ballenger JC, Depression and Anxiety, symposium chair and speaker, ECNP meeting, London, UK, September 20-22, 1999

633. Ballenger JC, Social Phobia, presented as part of symposium entitled Psychiatric disorders: Identifying the critical challenges, Montreal, Canada, October 3, 1999

634. Ballenger, JC, Recent Advances in Anxiety Disorders, invited speaker at the Beijing Psychiatric Roundtable Discussion, Beijing, China, January 24, 2000

635. Ballenger JC, Comorbid depression and anxiety disorders, invited speaker to area psychiatrists, Hong Kong, January 26, 2000

636. Ballenger, JC, Comorbid depression and anxiety disorders, grand rounds at Queen Mary Hospital, Hong Kong, January 27, 2000

637. Ballenger JC, Treatment of depression in primary care, invited speaker to area psychiatrists, Manilla, Phillipines, January 28, 2000

638. Ballenger JC, The many faces of social anxiety disorder, invited speaker to area psychiatrists, Iloilo City, Phillipines, January 29, 2000

639. Ballenger JC, invited speaker at the Mood Disorders Symposium, Johns Hopkins University, Baltimore, MD, Baltimore, MD, April 25, 2000

640. Ballenger JC, invited speaker at the annual meeting of the CINP, Brussels, Belgium, July 9, 2000

641. Ballenger JC, Helping Depressed Patients Become Well, invited speaker at the conference "Better Treatment Strategies for Common Psychiatric Disorders", Baltimore, MD, October 14, 2000

642. Ballenger JC, invited speaker to teach an educational course on anxiety in Uruguay, November 15-16, 2000

643. Ballenger JC, invited speaker to teach an educational course on anxiety in Buenos Aires, November 21, 2000

644. Ballenger JC, New Findings in the Pathophysiology, Clinical Course and Treatment of PTSD, invited speaker at the Upstate Psychiatry Meeting, Greenville, SC, February 8, 2001

645. Ballenger JC, Current Concepts in Treating Depression, Grand Rounds at Greenville Memorial Hospital, February 9, 2001

646. Ballenger JC, invited speaker at the annual meeting of the SC Psychological Association, Myrtle Beach, SC, April 6, 2001

647. Ballenger JC, Updated Issues on Diagnosis and Management of Depression, invited speaker at Department of Psychiatry, University of California, LAC-USC Medical Center, Hastings Auditorium, Los Angeles, CA, June 5, 2001

648. Ballenger JC, Chair and speaker at the satellite symposium "The Spectrum of Depression and Anxiety Disorders: Management Implications", during the WCBP, Berlin, Germany, July 1, 2001.

649. Ballenger JC, Depression and Neurologic pathologies: Comorbidity as a Fact, featured speaker at a national symposium for neurologists and psychiatrists in Brussels, Belgium, November 17, 2001.

650. Ballenger JC, chair of symposium "Transcultural Aspects of Depression and Anxiety Disorders" during WCP in Yokohoma, Japan, August 25, 2002.

651. Ballenger, JC, Comorbidity of Depression and Anxiety Disorders, at "Meet the Expert" symposium during WCP in Yokohoma, Japan, August 26, 2002.

652. Ballenger, JC, Proposed Algorithm for Improving Treatment of Depression and Anxiety Disorders in Primary Care: the West, satellite symposium during the WCP in Yokohoma, Japan, August 27, 2002.

653. Ballenger, JC, Nahas, Z, invited speakers on New Standards and New Treatment for Clinical Remission in Persons with Serious Mental Illness, as part of the Behavioral Healthcare & Informatics Tomorrow Conference, Washington, DC, September 24, 2002

654. Ballenger, JC, Advances in the Treatment of Schizophrenia: Expert Consensus Panel Recommendations, invited speaker for the Meet the Mental Health Caucus Track of the Behavioral Healthcare & Informatics Tomorrow Conference, Washington, DC, September 25, 2002

655. Ballenger, JC, invited speaker at the Royal College of Psychiatrists of Thailand, Useful Tips for Treatment of Anxiety and Depression, October 26, 2002

656. Ballenger, JC, invited speaker at conference in Thailand, Role of SSRIs in Anxiety and Depressive Disorders, October 27, 2002

657. Ballenger, JC, grand rounds speaker at Wayne State University, Detroit, MI, "Treatment of Depression in the Real World", May 12, 2004

658. Ballenger, JC, invited speaker to general practitioners, Recent Advances in the Recognition and Treatment of Depression and Anxiety in General Medicine and Psychiatry, Hong Kong, September 14, 2004

659. Ballenger, JC, invited speaker to area psychiatrists, Recent Advances in the Recognition and Treatment of Depression and the Anxiety Disorders, Hong Kong, September 15, 2004

660. Ballenger, JC, invited speaker to general practitioners, Advances in SSRI Therapy, Singapore, September 16, 2004

661. Ballenger, JC, Grand Rounds speaker, Advances in SSRI Therapy, Institute of Mental Health, Singapore, September 17, 2004

662. Ballenger, JC, invited speaker to area psychiatrists, Recent Advances in the Recognition and Treatment of Depression and the Anxiety Disorders, Kuala Lumpur, September 17, 2004

663. Ballenger, JC, invited speaker at the roundtable meeting entitled "Emerging Treatment Options for Bipolar Disorder", Chicago, IL, December 9, 2004

664. Ballenger, JC, invited speaker at the roundtable meeting entitled "Emerging Treatment Options for Bipolar Disorder", Santa Monica, CA February 25, 2005

665. Ballenger, JC, invited speaker at the Lundbeck Institute's Anxiety seminar, The Unrecognized Impact of the Anxiety Disorders, Skodsborg, Denmark, July 7, 2005

666. Ballenger, JC, invited speaker on "Panic Disorder" at the Donald Klein Festschrift at Columbia University, New York, NY, October 20, 2006

667. Ballenger, JC, invited speaker on "Substance Abuse Issues in Attorneys" at the Annual Free CLE Ethics Seminar of the Richland County Bar Association, November 1, 2013

668. Ballenger, JC, invited speaker to area psychiatrists and other physicians on "Bipolar Depression: Presentation, Diagnosis, and Treatment in the Outpatient Psychiatry Practice Setting," Myrtle Beach, SC, January 22, 2014

669. Ballenger, JC, invited speaker to Charleston Area Mental Health Center staff on "Bipolar Depression: Presentation,, Diagnosis, and Treatment in the Outpatient Psychiatry Practice Setting," Charleston, SC, February 26, 2014

670. Ballenger, JC, invited speaker on "Substance Abuse Issues in Attorneys," at the Elder Law CLE Luncheon, SC Bar Association, Columbia, SC, May 9, 2014

671. Ballenger, JC, invited speaker to area psychiatrists and other physicians on "Bipolar Depression: Presentation, Diagnosis, and Treatment in the Outpatient Psychiatry Practice Setting," Sumter, SC, May 15, 2014

South Lewis

From: Don Smith <attorneydonaldsmith@gmail.com>
Sent: Sunday, March 2, 2014 7:45 PM
To: South Lewis
Subject: Re: FW: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, Inc.

South:

I'm not sure what I did other than ask questions that seemingly would be akin to what was asked of me. I'm sorry that either of you took offense to my questions. I will do my best to refrain from doing so in the future. I will say that the employer in this matter has hurt my client with the delays in treatment. I hope that it is addressed properly. Have a good evening.

don

On Sun, Mar 2, 2014 at 7:25 PM, South Lewis <jslewis@wjlaw.net> wrote:

Don, please don't treat my staff like this. Elizabeth is doing her job and following up on this release. I think everyone here treats you and your staff with respect and I would appreciate the same from your end.

Please call me directly if there are issues you need to discuss about his treatment and such.

Thanks,

J. South Lewis, II
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
Direct Dial: (864) 527-3284
Fax: (864) 235-6015
Email: jslewis@wjlaw.net
Website: www.wjcblaw.net

From: Elizabeth S. Coleman
Sent: Saturday, March 01, 2014 1:24 PM
To: South Lewis
Cc: Zach M. Smith
Subject: RE: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, Inc.

See below.

Elizabeth S. Coleman
Paralegal to Jeffrey S. Jones,

Harold J. Willson, Jr., and Zachary M. Smith

Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607
Phone: (864) 272-2665
Fax: (864) 235-6015

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From: Don [mailto:attorneydonaldsmith@gmail.com]
Sent: Friday, February 28, 2014 4:17 PM

To: Elizabeth S. Coleman
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, Inc.

Have you gotten me the records that I requested? Have you set up the surgery to repair his shoulder (pursuant to the treating physician's statement that the current issue is directly related to the on-the-job injury which the Commission found as compensable)? I'm comfortable with the belief that you will recognize the answer.

Sent from my iPhone

On Feb 28, 2014, at 1:03 PM, "Elizabeth S. Coleman" <escoleman@wjlaw.net> wrote:

Mr. Smith -

I wanted to follow up and see if you have been able to have your client sign the attached medical releases.

Thank you,

Elizabeth S. Coleman
Paralegal to Jeffrey S. Jones,
Harold J. Willson, Jr., and Zachary M. Smith

Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
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From: Don [mailto:attorneydonaldsmith@gmail.com]
Sent: Tuesday, January 07, 2014 2:45 PM
To: Elizabeth S. Coleman
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, Inc.

I'll be happy to provide them with the accompanying records from ky.

Sent from my iPhone

On Jan 7, 2014, at 2:01 PM, "Elizabeth S. Coleman" <escoleman@wjlaw.net> wrote:

Mr. Smith -

Pursuant to South's email below, attached please find the medical releases that we ask Mr. Provins to sign.

Thank you,

Elizabeth S. Coleman
Paralegal to Jeffrey S. Jones,
Harold J. Willson, Jr., and Zachary M. Smith

Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607
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From: Don [mailto:attorneydonaldsmith@gmail.com]
Sent: Tuesday, January 07, 2014 12:27 PM
To: South Lewis
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, Inc.

Forward any and records that you have as well regarding the good doctor's treatment. Thank you.

Sent from my iPhone

On Jan 7, 2014, at 12:17 PM, South Lewis <jslewis@wjlaw.net> wrote:

My understanding from Zach is that Dr. Bonnarens said without evidence of anything such as an intervening incident, it would be related. But that it was possible that some of his alcohol-related DTs, etc could have caused spasm which could contribute. Thus, my clients want to get the local hospital records, etc to make sure there is no indication of an intervening event. We will be submitting releases for him to execute in that regard. I would think if nothing shows up, then the treatment would be authorized.

Elizabeth, let's please go ahead and forward these to Mr. Smith's office.

I have also cc'd Zach Smith, who attended the phone conference.

Thanks, South

J. South Lewis, II
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
Direct Dial: (864) 527-3284
Fax: (864) 235-6015
Email: jslewis@wjlaw.net
Website: www.wjcblaw.net

From: Don Smith [mailto:attorneydonaldsmith@gmail.com]
Sent: Tuesday, January 07, 2014 12:14 PM
To: South Lewis
Subject: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, Inc.

South:

The treating orthopaedic physician in the above-referenced matter was very clear that the re-injury that Mr. Provins had was directly related to the initial injury. In addition to that, he has no idea what could have been an alternative cause. Thus, when will Mr. Provins be able to get the necessary treatment for his injury? I look forward to your response.

don

South Lewis

From: Don Smith <attorneydonaldsmith@gmail.com>
Sent: Monday, April 6, 2015 1:39 PM
To: South Lewis
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, WCC: 1200349

Thank you for reminding me. I will amend the pleading and get it out in the next day or so.

On Mon, Apr 6, 2015 at 1:11 PM, South Lewis <jslewis@wjlaw.net> wrote:

Don,

Can you clarify your pleading? It appears you are pleading permanent and total disability, but I did not understand that being the allegation. I would prefer not to spend time at mediation if it is based upon a pleading error.

Thanks, South

J. South Lewis, II

Willson Jones Carter & Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, South Carolina 29607

Direct Dial: (864) 527-3284

Fax: (864) 235-6015

Email: jslewis@wjlaw.net

Website: www.wjcblaw.net

From: Mediation, WCC [mailto:mediation@wcc.sc.gov]
Sent: Thursday, April 2, 2015 3:40 PM
To: South Lewis; Mediation, WCC; ATTORNEYDONALDSMITH@GMAIL.COM; Julie E. Harris

Subject: RE: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, WCC: 1200349

The Form 50 has total marked in number 9 which would make it mandatory mediation.

Amanda Young
SC Workers' Compensation Commission
Judicial Department
Office: (803)737-5747

Fax: (803)737-1281

Ayoung@wcc.sc.gov

From: South Lewis [mailto:jslewis@wjlaw.net]
Sent: Wednesday, April 01, 2015 2:54 PM
To: Mediation, WCC; ATTORNEYDONALDSMITH@GMAIL.COM; Julie E. Harris
Subject: RE: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, WCC: 1200349

Good afternoon!

Regarding the mediation directive, this is an admitted injury to the right shoulder. No death claim is being made. Claimant did pass away, but the issue for hearing is whether there is any permanency owed. I could not determine that this fit under one of the categories in the regulation, but I could be misinterpreting. Could someone please provide clarification on the basis for mediation being ordered?

Thanks, South

J. South Lewis, II

Willson Jones Carter & Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, South Carolina 29607

Direct Dial: (864) 527-3284

Fax: (864) 235-6015

Email: jslewis@wjlaw.net

Website: www.wjcblaw.net

From: Mediation@wcc.sc.gov [mailto:Mediation@wcc.sc.gov]
Sent: Tuesday, March 31, 2015 3:51 PM
To: MEDIATION@WCC.SC.GOV; ATTORNEYDONALDSMITH@GMAIL.COM; Julie E. Harris; South Lewis
Subject: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins v. Spirit Construction, WCC: 1200349

MEDIATION PROCEDURE

The review of the pleadings by the Judicial Department in this matter indicates this case is subject to mediation either by the order of the Commission pursuant to Reg. 67-1801, mandatory mediation pursuant to Reg. 67-1802, or by agreement of the Parties pursuant to Reg. 67-1803.

Please advise the Judicial Department at mediation@wcc.sc.gov of the name of the mediator and the date of mediation pursuant to Reg. 67-1804 within ten (10) days of receipt of this email.

--
Donald L. Smith
Attorney Office of Donald Smith
122 N. Main St.
Anderson SC 29621
Telephone: (864) 642-9284
Facsimile: (864) 642-9285
attorneydonaldsmith@gmail.com

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From: attorneydonaldsmith@gmail.com

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South Lewis

From: Don <attorneydonaldsmith@gmail.com>
Sent: Monday, June 1, 2015 4:09 PM
To: South Lewis
Cc: bthomson@spiritconstruction.com; bruce.keeble@aon.com; sharon_west@gbtpa.com; John Griffith
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01:

South:

It's ironic that use the word frivolous. If it wasn't for the frivolous (bad faith, witness tampering, intimidation of a witness, etc.) defense tactics, my client would be alive today. I'll have the necessary evidence to meet my burden. Please recall that Mr. Provins was working without limitations when the injury occurred, though I'm not currently looking at the file. Thank you for putting me on notice.

Sincerely,
Don

Sent from my iPhone

On Jun 1, 2015, at 11:24 AM, South Lewis <jslewis@wjlaw.net> wrote:

> Don,
>
> The SCWCC has ordered a mediation in this case based upon your pleadings (March Form 50 and April Amended Form 50) of a permanent and total disability allegation. Prior to that pleading, you had not indicated that this was your position in this matter. Then, when we asked for clarification on your pleading so that a mediation would not be mandated, you followed up with a Form 52 death claim.
>
> Please allow this email to serve as a formal request for you to provide me any evidence that you have that Mr. Provins' death was connected to his work-related shoulder injury. As I am sure you are aware, the Death Certificate does not support this. Rather, the Death Certificate indicates that the cause of death was "acute respiratory failure" and "septic shock." Furthermore, the other "significant conditions contributing to death" were listed as pneumonia, acute renal failure, and alcohol abuse. Nothing on that Death Certificate suggests that Mr. Provins passed as a result of his work-related injury or subsequent related treatment.
>
> I think we can agree that the initial basis of the hearing was to determine whether Mr. Provins' dependent(s) would be entitled to any permanent partial disability benefits to his shoulder. The key question was whether he had reached MMI and/or whether he had sustained an impairment prior to his death. Certainly, when the case was pre-tried before Commissioner Barden (01/22/2015), a death claim was not an issue. Thus, unless you have evidence to present supporting your position, I would request that you withdraw your death claim.

You are placed on notice that my clients consider a death claim pleading to be frivolous and without merit. To the extent that a death claim continues to be pursued, my clients have instructed me to move for attorney's fees and costs in this matter.

I look forward to hearing back from you with your present position.

J. South Lewis, II
Willson Jones Carter & Baxley, PA
872 S. Pleasantburg Drive
Greenville, SC 29607

T: 864-527-3284
F: 864-235-6015
Email: jslewis@wjlaw.net

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From: attorneydonaldsmith@gmail.com

You received this message because the sender is on your allow list.

From: Don Smith <attorneydonaldsmith@gmail.com>
To: Forensicnet <forensicnet@aol.com>
Subject: Provins
Date: Tue, May 19, 2015 4:31 pm
Attachments: PROVINS, JAMES-WC-PT RECORDS FROM KENTUCKY.pdf (26290K)

Dr. Price:

I can barely read this garbage. On top of that, one of the fine physical therapists who was paid by the insurance company talked about how there was ETOH. I believe the individual fails to mention that the physical therapy that was performed by this group reinjured his shoulder, or perhaps exacerbated the failed surgery of the orthopaedist. There are notes involving difficulty sleeping, a lack of trust in those chosen to provide him with care, etc. I am hopeful that what you find supplements what you have already learned.

Sincerely,
Don

—
Donald L. Smith
Attorney Office of Donald Smith
122 N. Main St.
Anderson SC 29621
Telephone: (864) 642-9284
Facsimile: (864) 642-9285
attorneydonaldsmith@gmail.com

From: Don <attorneydonaldsmith@gmail.com>
To: David <forensicnet@aol.com>
Subject: Provins
Date: Tue, May 26, 2015 7:54 am

Dr. Price:

We do not have a hearing date at this point. However, I believe it will be the first week of July. Your report will be necessary fifteen (15) days prior to the hearing pursuant to the rules.

I have a hearing to compel U.P.S. to give me discovery in the Mitchell case. We are not currently on the docket. When discovery has been completed, which I believe will include emails illustrating a conspiracy to force him out of work, I will request a hearing. I will then send you the documentation as well as payment.

I am sorry for the delay. I will do my best to be more prompt.

Don

Sent from my iPhone

South Lewis

From: South Lewis
Sent: Wednesday, June 8, 2016 10:13 AM
To: 'Don Smith'
Cc: Julie E. Harris; Amanda E. Pittman
Subject: RE: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins vs. Spirit Construction Services, Inc.

Don,

Now that we have a hearing set for July 26, I am again following on the subpoena sent to your office on February 1st requesting any and all medical records, medical evidence, evaluations, causation reports, opinions, etc. obtained since the hearing on October 21, 2015. Please allow this to serve as a continuation/extension of that request. Please provide any such evidence you intend to present at hearing on July 26, so that I can evaluate same.

Thanks, South

J. South Lewis II, Attorney
jslewis@wjlaw.net
872 S. Pleasantburg Dr.
Greenville, South Carolina 29607
Phone: (864) 527-3284
Fax: (864) 235-6015
wjcblaw.net

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From: Don Smith [mailto:attorneydonaldsmith@gmail.com]
Sent: Wednesday, February 17, 2016 11:25 AM
To: Julie E. Harris <jeharris@wjlaw.net>
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins vs. Spirit Construction Services, Inc.

I do not possess that which I will be submitting at this juncture. I am still trying to get things together.

On Wed, Feb 17, 2016 at 11:00 AM, Julie E. Harris <jeharris@wjlaw.net> wrote:

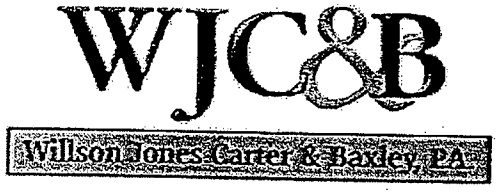
Good Morning,

I am following up on the status of the subpoena sent to your office on February 1st requesting any and all medical records, medical evidence, evaluations, causation reports, opinions, etc. obtained since the hearing on October 21, 2015. Please advise regarding the status of the responsive documents.

Also, can you please advise regarding the status of the statement forwarded for Ms. Provins' signature? Jewish Hospital will not release Mr. Provins' records without the executed statement.

Thank you!

Julie



Julie E. Harris, Paralegal to J. South Lewis, II
jeharris@wjlaw.net
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
Phone: (864) 527-3293
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122 N. Main St

Anderson SC 29621
Telephone: (864) 642-9284
Facsimile: (864) 642-9285
attorneydonaldsmith@gmail.com

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South Lewis

From: South Lewis
Sent: Thursday, May 12, 2016 8:15 AM
To: attorneydonaldsmith@gmail.com; Julie E. Harris
Subject: RE: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins vs. Spirit Construction Services, Inc.

Importance: High

Don,

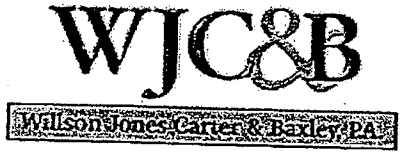
Good morning, hope things are well on your end.

Following up on this correspondence from February. Please provide any updated records, opinions, etc., as well as the release for Jewish Hospital. I would expect a hearing request to be issued shortly, and don't want to delay things any more than necessary. Much thanks,

Good Morning,

I am following up on the status of the subpoena sent to your office on February 1st requesting any and all medical records, medical evidence, evaluations, causation reports, opinions, etc. obtained since the hearing on October 21, 2015. Please advise regarding the status of the responsive documents.

Also, can you please advise regarding the status of the statement forwarded for Ms. Provins' signature? Jewish Hospital will not release Mr. Provins' records without the executed statement.



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From: Don Smith [mailto:attorneydonaldsmith@gmail.com]
Sent: Wednesday, February 17, 2016 11:25 AM
To: Julie E. Harris <jeharris@wjlaw.net>
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins vs. Spirit Construction Services, Inc.

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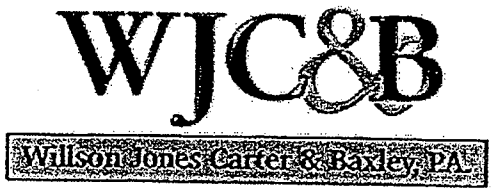
Thank you!

Julie



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South Lewis

From: Don Smith <attorneydonaldsmith@gmail.com>
Sent: Wednesday, February 17, 2016 11:25 AM
To: Julie E. Harris
Subject: Re: James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01: James Provins vs. Spirit Construction Services, Inc.

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Also, can you please advise regarding the status of the statement forwarded for Ms. Provins' signature? Jewish Hospital will not release Mr. Provins' records without the executed statement.

Thank you!

Julie

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Joy Grimsley

To: jslewis@wjlaw.net
Subject: Provins records

Mr. Lewis I received your letter and subpoena today, September 6, 2016. I have documents in my file 45 pages that Dr. Martin produced including emails from Mr. Smith and a copy of our statement. The cost for these documents at the rate of 30 pages @ .65, 15 pages @.50, clerical $15 and Postage $6.48 would be $48.48. The other documents we have were not produced by Dr. Martin and would be about 550 more pages that I am sure you already have and would not like to pay for. I can put these copies in the mail today if you agree upon the cost of this transaction.

We do not reproduce the work products of other professionals but am happy to send you the emails, Dr. Martins hand written notes from his review of those records along with his CV, the Affidavit he provided to Mr. Smith as well as our statement of charges for this review.

Please let me know if this is sufficient for your needs and I will proceed with it.

Joy Grimsley

Martin Psychiatric Services, P.C.
Thomas V. M.D.& Julie M.L. Martin, Ph.D.
1330 Richland Street
Columbia, SC 29201

(803) 771-7521
FEIN - 56-2210829

Please make checks payable to: Martin Psychiatric Services, P.C.

For Professional Services of:
Thomas V. Martin, M.D.
License #020703 DEA BM5878206

James Deceased Provins
C/O Donald Smith, Esq.,
122 N. Main St.
Anderson, SC

Statement Date: 09/06/16

01/01/16 09/06/16

ICD Code: $0.00

5/31/2016		Payment			
6/14/2016	TVM24	Provins , James D. - Review Records	$1,800.00	$2,500.00	$-2,500.00
6/15/2016	TVM17	Provins , James D. - Phone Consult w/Attorney	$200.00		$-700.00
6/15/2016	TVM34	Provins , James D. - Professional Services	$500.00		$-500.00
					$0.00

Affidavit

ver 90 Days .....$0.00 61-90 Days .....$0.00 31-60 Days .....$0.00 0-30 Days $0.00 $0.00

Joy Grimsley

From: Thomas V. Martin, M.D.
Sent: Wednesday, May 18, 2016 11:01 PM
To: Joy Grimsley
Subject: FW: James Provins
Attachments: Linder, Jacobus, Price.pdf; PROVINS, JAMES-WC-AFFIDAVITS OF ALICE AND DEBRA.pdf; PROVINS, JAMES-WC-BRIEF SYNOPSIS.docx; DEATH CERTIFICATE-WAIVERS0001.PDF; PROVINS, JAMES-WC-INMED.pdf; PROVINS, JAMES-WC-HIGH FIELD AND OPEN MRI.pdf

Sent from my Windows Phone

From: Don Smith
Sent: 5/18/2016 10:59 PM
To: Thomas V. Martin, M.D.
Subject: James Provins

Dr. Martin:

It is by chance that I found you and it could be a monumental twist of fate. I have a workers' comp case in which my guy tore his rotator cuff, and then tied two years later. I am attempting to tie them together. I'm confident that he would be here today, but for the needless, unnecessary dilatory actions by the insurance company. The Commissioner told me that my neuro-psych report wasn't sufficient. I need to bridge the gap between the rotator cuff and the his death. I am providing you with three documents that will enable you to see whether you can help me, or not. If you could send me in the right direction, that would be great as well. However, I believe that you can help me. I am sending a brief synopsis, the neuro-psych report and the death certificate. There is more, but I don't wish for you to waste time. It is my contention that, but for the on-the-job accident, I would not have sent you this email. Time is of the essence. I pray that you can help.

Thank you for considering it!

Don

--

Donald L. Smith
Attorney Office of Donald Smith
122 N. Main St.
Anderson SC 29621
Telephone: (864) 642-9284
Facsimile: (864) 642-9285
attorneydonaldsmith@gmail.com

Call @ 1pm 5/24
864-921-9726

5/23 - left msg w/ Tyler to have Mr Smith call back

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Joy Grimsley

From: Joy Grimsley
Sent: Thursday, May 26, 2016 1:40 PM
To: 'Don Smith'
Subject: RE: James Provins

No, I know your situation and have tried to include all possible time of Dr. Martin to get this done for you. He is only agreeing to do this as he thinks he can be helpful, otherwise he would have said no to start with. None of us gets guarantees in all of this but I know Dr. Martin will do his very best to help with this and have something defensible. Joy

From: Don Smith [mailto:attorneydonaldsmith@gmail.com]
Sent: Wednesday, May 25, 2016 4:34 PM
To: Joy Grimsley <Joy@martinpsycsvs.com>
Subject: Re: James Provins

Joy:

I'm used to IMEs being $750.00. You aren't expecting more than $2500.00, are you? This is a denied claim. There is absolutely no certainty that we will recover anything more. This is a gamble by me. I can live with the $2500.00, barely. However, the possibility of something that is out of our control affecting the outcome, the commissioner, makes it impossible for me to throw any more than the $2500.00 at something in which I may not see a return on my investment.

On Wed, May 25, 2016 at 11:54 AM, Joy Grimsley <Joy@martinpsycsvs.com> wrote:

Okay we have all these records downloaded. We plan to have Dr. Martin start the review on June 23rd. I will need a Retainer of $2500.00 three weeks prior to that to keep it on the calendar. if we have that and we get a cancellation I can get it started before then. Thanks Joy

From: Don Smith [mailto:attorneydonaldsmith@gmail.com]
Sent: Wednesday, May 25, 2016 12:18 AM
To: Joy Grimsley <Joy@martinpsycsvs.com>
Subject: James Provins

PROVINS, JAMES-WC-RECORDS-LAST HOSP ADMISSION.pdf

PROVINS, JAMES-WC-REDICARE.pdf

PROVINS, JAMES-WC-SCANNED PHYSICAL THERAPY NOTE...

PROVINS, JAMES-WC-SCANNED PRE-HEARING BRIEF.pdf

PROVINS, JAMES-WC-APA'S-2.pdf

PROVINS, JAMES-WC-APA'S.pdf

PROVINS, JAMES-WC-BAPTIST HEALTH LOUISVILLE.pdf

PROVINS, JAMES-WC-BRENN WATSON'S DEFENSE-FORM 5...

Joy:

I don't want there to be anything left to chance. I don't want Dr. Martin to be shorted on the records so that if he is deposed, which he will be, he is not left like a deer in the headlights.:) You can pick and choose what you deem to be important. Thus, here is everything record wise that I have. Please note that the majority of them relate to his last visit to the hospital which stretched from April 10 to April 14 at which time he suffered his demise. If you have any questions, please contact me post haste.

I will be responsible for the retainer.

--

Donald L. Smith

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--

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Appellants' Additional Submissions
APA pages 548-696

Gmail

Don Smith <attorneydonaldsmith@gmail.com>

James Provins v. Spirit Construction, Inc.

1 message

Don Smith <attorneydonaldsmith@gmail.com> Tue, Jan 7, 2014 at 12:13 PM
To: South Lewis <jslewis@wjlaw.net>

South:

The treating orthopaedic physician in the above-referenced matter was very clear that the re-injury that Mr. Provins had was directly related to the initial injury. In addition to that, he has no idea what could have been an alternative cause. Thus, when will Mr. Provins be able to get the necessary treatment for his injury? I look forward to your response.

don

Gmail

Don Smith <attorneydonaldsmith@gmail.com>

James Provins v. Spirit

3 messages

Don Smith <attorneydonaldsmith@gmail.com> Wed, Jan 8, 2014 at 6:30 PM
To: South Lewis <jslewis@wjlaw.net>

South:

I have given the deposition of the treating doctor some thought and realize that all that it did was confirm that the new injury is directly related to the on-the-job accident from which this claim arose. The idea of raising the red herring that I shall call the DTs, is humorous at best. He stated that without a doubt he could not give an alternative cause for the need to redo the surgery. More importantly, he did not have a clue as to the cause which is a far cry from reasonable degree of medical certainty. He stated that on average 30% of the rotator cuff surgeries need to be done again.

I find this delay to be in bad faith. I also believe that the bad faith delay that began this claim has caused a greater injury to Mr. Provins. I will file for a hearing to force the surgical issue. I'm not going to wait around while you go on a wild goose chase.

I'm certain that you understand my position.

don

South Lewis <jslewis@wjlaw.net> Wed, Jan 8, 2014 at 6:37 PM
To: Don Smith <attorneydonaldsmith@gmail.com>

Sorry you feel that way, but do what you deem necessary. Thanks. JSL

Sent from my iPhone
[Quoted text hidden]

Don Smith <attorneydonaldsmith@gmail.com> Wed, Jan 8, 2014 at 6:42 PM
To: South Lewis <jslewis@wjlaw.net>

Very good.
[Quoted text hidden]

Gmail **Don Smith <attorneydonaldsmith@gmail.com>**

James Provins vs. Spirit Construction Services, Inc. 003186-000589-wc-01:

2 messages

Elizabeth S. Coleman <escoleman@wjlaw.net> Thu, Feb 6, 2014 at 12:43 PM
To: "attorneydonaldsmith@gmail.com" <attorneydonaldsmith@gmail.com>

Mr. Smith -

Someone from your office called inquiring about the court reporter used on 12/30 in the above matter. My email was sent back undeliverable. Please be advised that the conference with the doctor on 12/30 was just a telephone conference so no court reporter was used.

Thanks,

Elizabeth S. Coleman,
Paralegal to Jeffrey S. Jones,
Harold J. Willson, Jr., and Zachary M. Smith

Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607
Phone: (864) 272-2665
Fax: (864) 235-6015

Don <attorneydonaldsmith@gmail.com> Thu, Feb 6, 2014 at 12:53 PM
To: "Elizabeth S. Coleman" <escoleman@wjlaw.net>

How convenient.

Sent from my iPhone
[Quoted text hidden]

1 BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
2

3 JAMES PROVINS,
Employee,
4 vs. WCC NO. 1200349

5 SPIRIT CONSTRUCTION SERVICES, INC.,
Employer,
6

and
7

INSURANCE COMPANY OF THE STATE
8 OF PENNSYLVANIA,
Insurer.
9

10 DEPOSITION OF: JAMES C. BALLENGER, MD

11

12 DATE: September 23, 2016

13 TIME: 4:07 PM

14 LOCATION: Offices of James Ballenger, MD
192 East Bay Street, Suite 204
15 Charleston, SC

16 TAKEN BY: Counsel for the Employee

17 REPORTED BY: PRISCILLA NAY,
Certified Shorthand Reporter
18

19

A. WILLIAM ROBERTS, JR., & ASSOCIATES
20

Fast, Accurate & Friendly
21

Charleston, SC	Hilton Head, SC	Myrtle Beach, SC
22 (843) 722-8414	(843) 785-3263	(843) 839-3376
23		
Columbia, SC	Greenville, SC	Charlotte, NC
24 (803) 731-5224	(864) 234-7030	(704) 573-3919

25

1 APPEARANCES OF COUNSEL:

2 ATTORNEYS FOR JAMES PROVINS:

3 DONALD L. SMITH
BY: DONALD L. SMITH
4 122 North Main Street
Anderson, SC 29621
5 (864) 585-3241
attorneydonaldsmith@gmail.com
6

7 ATTORNEYS FOR SPIRIT CONSTRUCTION SERVICES,
INC. AND INSURANCE COMPANY OF THE
8 STATE:

9 WILLSON, JONES, CARTER & BAXLEY, LLC
BY: TIMOTHY B. KILLEN
10 421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
11 (843) 284-0831
tbkillen@wjlaw.net
12

13 ALSO PRESENT:

14 Kirsten Nanton
15

16 (INDEX AT REAR OF TRANSCRIPT)

17

18

19

20

21

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25

1 WILLIAM C. BALLENGER, MD
2 being first duly sworn, testified as follows:
3 EXAMINATION
4 BY MR. SMITH:
5 Q. Dr. Ballenger, my name is Don Smith.
6 I represented James Provins and now I represent
7 his wife for a workers' comp claim that arose in
8 January of 2012. In the interim, of course,
9 Mr. Provins passed away and this action is for that
10 purpose to see if there's causation between the
11 death and the injury.
12 I'm going to ask you questions, of
13 course, relating to your experience and your
14 handling of this case and others. If I ask you a
15 question that you don't understand, please ask me
16 to rephrase it. If I speak too fast or mumble,
17 which I often do, please ask me to restate it.
18 I'll be happy to do that.
19 If you answer my questions then I'll
20 believe you understood what I was asking and that
21 you answered it appropriately, at least according
22 to my standard. We want to be as verbal as
23 possible so that we can get a clean record. With
24 regard to any acknowledgment or something of that
25 nature, a head nod is not going to work.

1 If you need a break please tell me
2 that, too. State your name for the record, please.
3 A. James C. Ballenger, MD.
4 Q. How old are you?
5 A. I'm 72.
6 Q. All right. Can you tell me about your
7 education from higher education school on.
8 A. I went to the University of North
9 Carolina in Chapel Hill and received a BS in
10 Psychology with minors in Chemistry, English,
11 Philosophy. I went to medical school at Duke
12 University. I graduated in 1970.
13 I stayed at Duke and did an internship
14 in internal medicine for a year and then I went to
15 Harvard and did my psychiatry residency at the
16 Massachusetts General Hospital, finishing there in
17 1974.
18 I then spent two years in the Navy as a
19 staff psychiatrist and then three more years at the
20 National Institute of Mental Health where I
21 received further training actually.
22 Q. Is there something in particular that
23 you received the further training in?
24 A. For a good while the NIMH gave
25 residency -- psychiatry residency credit. So they

1 had a whole curriculum and supervisors in general
2 adult psychiatry, but my work at the National
3 Institute of Mental Health was primarily in bipolar
4 disorder -- we called it manic depressive illness
5 back then -- and depression.
6 Q. When was that?
7 A. I was at the National Institute of
8 Mental Health from '76 to '79.
9 Q. So bipolar, was that when it was just
10 getting started?
11 A. Well, manic depressive illness has been
12 here since man began.
13 Q. Yes, sir.
14 A. No. I mean, the illness had been
15 around. We have been studying it and diagnosing it
16 and treating it for many years. The change to the
17 different name, bipolar disorder, was actually
18 after that.
19 Q. Can you tell me about work since 2000.
20 A. Well, from 2000 to 2002 I was at the
21 Medical University of South Carolina where I have
22 been since 1983. I was Chairman and Professor
23 until 2000. I stepped down and retired as chair
24 and stayed on as a tenured professor for a couple
25 of years and then I left.

1 I was Senior Vice President for
2 development for a company called Comprehensive
3 Neuroscience. It is the largest --
4 Q. She's with me.
5 A. I'm sorry?
6 Q. She's with me.
7 A. Okay. Would you like to come in?
8 There's a chair over there.
9 I flew to New York two times a week and
10 didn't like that. After that I started a private
11 practice here and was able to spend more time doing
12 forensic work. Since 2003 or '04 I have been about
13 two-thirds in seeing patients in this office and
14 one-third doing forensic psychiatry work.
15 Q. Who do you do the majority of your work
16 for?
17 A. Well, I'm hired by attorneys who call
18 me. I do about 20 percent now, 10 to 20 percent
19 criminal work. That's becoming less common. So
20 for the 80 or 90 percent I am retained by
21 attorneys. At this point it's about 60 percent
22 defense attorneys and 40 percent plaintiff
23 attorneys.
24 Q. And you base that on just your thoughts
25 or do you keep a running tab, if you will?

1 A. I have a running tab. It is changing
2 in the sense that its has gone from 70 percent
3 defense/30 percent plaintiff. Plaintiff lawyers
4 call me more and more recently. So it's sort of in
5 progress, but it's sort of shifted from a 60/40.
6 Q. Yes, sir. What all did you have to
7 review and write your report?
8 A. It is listed in my report on the second
9 page.
10 Q. And you used all of this?
11 A. Yes, and today I got one other report
12 that I don't know how I didn't have it. That is
13 the testimony of Mr. Provins at his hearing in
14 2012, but otherwise these are the records that I
15 reviewed.
16 Q. And the testimony that you have just
17 located, what is it about?
18 A. It's what he testified at the workers'
19 comp hearing.
20 Q. I understood. Since I haven't read it,
21 could you tell me what it's about?
22 Is there a specific part or just his
23 whole testimony?
24 A. It's my impression it was his whole
25 testimony, but I haven't had a chance to study it

1 more than five or ten minutes. I'm going to do
2 that and write an addendum to my report.
3 Q. I see.
4 A. The importance that I took from it is
5 that he testified at that point in 2012 that he had
6 been drinking daily since he began his employment
7 at Spirit and that was in June of 2011.
8 Q. Share with me why that's relevant. I
9 mean, some people drink wine every day, right?
10 A. Yeah. About 95 percent of the public
11 drinks maybe not daily but regularly and does not
12 get into trouble.
13 Q. Right.
14 A. He got into serious trouble. He's in
15 the five percent who became alcoholic and had been
16 for many years. The relevance of this particular
17 piece of information is that sometimes -- there is
18 a claim in this lawsuit that he did not drink from
19 2009 until his injury when, in fact, he testified
20 that he had been drinking daily at least by
21 6/26/11.
22 Q. Okay. Could you show me where it says
23 that he hadn't drank since 2009.
24 A. Well, it is in Dr. Martin's report.
25 Thomas Martin is the expert that you retained

1 in this case.
2 Q. All right. So you'd have to show me
3 because I know he hadn't been in trouble and
4 clearly hasn't had issues with it, but --
5 MR. KILLEN: Objection to the form of
6 the question.
7 BY MR. SMITH:
8 Q. I appreciate it, but you can't show me?
9 A. If you'd like for me to.
10 Q. Here it is.
11 A. You would like me to show it to you?
12 Q. I've got the draft right here, sir.
13 A. All right. Well, it is on Page 2 of
14 Dr. Martin's report.
15 In his fourth point he said toward the
16 end subsequent to his hospital release in 2009:
17 There was no record or evidence provided to suggest
18 that Mr. Provins suffered from ongoing alcohol or
19 mood related issues. He returned to the workforce,
20 reunited with his family, and reportedly
21 reintegrated into the community unfettered by his
22 2009 bout with alcohol and depression.
23 Q. So is that the complete statement that
24 you're telling me that says he stopped drinking?
25 A. That is one of the pieces of evidence

1 that I used for that comment in my report. There
2 may be more, but that's the one I found.
3 Q. But it doesn't say he stopped drinking,
4 does it?
5 A. Yes. It does say that.
6 Q. Where?
7 A. Well, it says he was not provided with
8 any evidence.
9 Q. No. No. No.
10 A. There's no record or evidence provided
11 to suggest that Mr. Provins suffered from ongoing
12 alcohol or mood-related issues and at the end of
13 the next sentence he reintegrated with his family
14 and the community unfettered by his 2009 bout with
15 alcohol.
16 Q. Right, which means he recovered and
17 kept on moving. Right?
18 Does that mean he stopped drinking
19 alcohol? It said that he wasn't getting in
20 trouble. Isn't that your perception?
21 A. No.
22 Q. Which record in there tells us he said
23 he stopped drinking?
24 A. Well, the totality of the evidence in
25 those two sentences tells me that. Dr. Martin's a

1 psychiatrist and he knows that Mr. Provins was a
2 longstanding severe alcoholic. So these sentences
3 convey clearly to me that he was saying that he was
4 not having any trouble with alcohol and he's really
5 implying he was not drinking.
6 Q. Okay. So you're reading into that?
7 A. Yeah. That's an expert --
8 MR. KILLEN: Objection.
9 THE WITNESS: -- meaning of this.
10 BY MR. SMITH:
11 Q. So we're playing with the meaning of
12 the words?
13 MR. KILLEN: Objection to form.
14 THE WITNESS: No. We're going to use
15 the expert meaning of words.
16 BY MR. SMITH:
17 Q. Right. Thank you, sir. He suffered
18 from syncope?
19 A. Syncope.
20 Q. Syncope. What is that?
21 A. Yes, sir, in 2001.
22 Q. Yes, sir. What is that?
23 A. Passing out.
24 Q. And that's related to what?
25 A. The doctor then thought it was related

1 to alcohol.
2 Q. But isn't it like a seizure?
3 A. No. It's passing out. The doctor
4 wanted him to see a neurologist to work it up, but
5 Mr. Provins thought about it and said, no, I don't
6 want to see a neurologist.
7 Q. And so where does it say that he's just
8 passing out?
9 A. That's what the word syncope -- he had
10 three syncope episodes. That's what that means.
11 He also that you talked a lot about how Mr. Provins
12 was drinking and that he thought these things were
13 related to his alcohol consumption.
14 Again, a doctor and an expert reading
15 this concludes that the most likely cause of the
16 passing out spells is alcohol, not the unlikely
17 cause of seizures because Mr. Provins never had
18 another thing that looked like a seizure even
19 though he never got it worked up.
20 Q. I believe that would be in the notes.
21 Is that right?
22 A. I don't remember the doctor's notes.
23 Q. If you could show that to me, please.
24 A. This is 2012, not 2001. This is 2009.
25 MR. KILLEN: Identify what record

1 you're showing to the witness, please. What
2 records?
3 THE WITNESS: For visits and --
4 MR. KILLEN: What is the date on the
5 records? Can I see them as well?
6 MR. SMITH: Certainly.
7 THE WITNESS: The first encounter was
8 4/3/12. The next one is 10/22/09.
9 BY MR. SMITH:
10 Q. If you go back to it, they're
11 chronologically -- there's a set for everybody. I
12 guess what we'll do is go back to the 2001, right?
13 A. Yes, and I'm sure you've read my
14 report. That's where I -- sorry. On 7/30/01
15 the doctor's note says: The patient comes in
16 saying he's passed out five times, drinks a fair
17 amount of beer. This does not usually occur when
18 he drinks heavier.
19 People tell them him that his eyes roll
20 back and he's out for one two minutes, but he
21 doesn't recall what happens. He has a family
22 history of sugar -- or diabetes -- and his
23 assessment is that he's having syncope episodes,
24 possibly two seizures. He refers to a neurologist.
25 Q. Now is that alcohol related?

1 A. Almost certainly.
2 Q. He just passes out and then comes back
3 seconds later?
4 A. No. One to two minutes later.
5 Alcoholics pass out almost every day. They're
6 called blackouts or passing out. That's going to
7 sleep.
8 Now, his first line says that he comes
9 in saying he's passed out five times, drinks a fair
10 amount of beer in these two sentences.
11 So reading it even then, much less
12 knowing what I know later -- even reading this it
13 makes me extremely suspicious that the passing out
14 spells are alcohol-related because he doesn't have
15 any -- again, he doesn't have any subsequent issues
16 with seizures or neurological things anywhere in
17 the record anyway.
18 Q. Is it anywhere in the record?
19 A. If you have seizures it almost always
20 ends up in an emergency room visit and so forth.
21 Q. Can you tell me what this note here is?
22 Is this in the doctor's record as well where --
23 MR. KILLEN: What is that? What date?
24 BY MR. SMITH:
25 Q. September 30, 2001. At the bottom what

1 does that say?
2 A. This is the one we're just talking --
3 just reading was 7/30/01. This is the handwritten
4 note and the same thing. He actually adds more
5 information and he says: He coughed so hard he
6 gets dizzy and passes out. His eyes roll back in
7 his head. He drinks mostly beer and hard liquor at
8 times.
9 Q. So the cough --
10 A. Oh, here's where I got the three
11 blackouts. He has three blackouts. He calls them
12 blackouts. That's an alcoholic blackout. We use
13 the word blackout to mean what happens to
14 alcoholics.
15 Now, he could have called it passing
16 out. He could have used other words, but he chose
17 to use blackout which tells me that he thinks
18 they're alcoholic.
19 Q. Between those bottom lines there what
20 does that say?
21 A. Three spells. Drinks beer. States
22 that his eyes roll back in his head. Refer to --
23 at the bottom it says he diagnosed syncope episode,
24 possible seizure disorder.
25 Q. It doesn't say anything about alcohol,

1 does it?
2 A. No. I mean, in the other note it
3 says syncope episodes, rule out seizures. Now,
4 this is what doctors do even though in my
5 reading -- again, I'm an addiction doctor. When
6 I read "passing out three to five times" and "stays
7 down for a minute or two" and then I use the word
8 "blackout spells" it's most likely alcohol-related.
9 It could be seizures for one reason,
10 one, because it could just be plain old seizures.
11 Two, alcoholics have seizures because of withdrawal
12 issues. It doesn't say except it does say -- to me
13 it says it. If you want to be technical the doctor
14 doesn't say he thinks these are related to alcohol.
15 He has said it by using the words "blackout
16 spells."
17 Q. Isn't the passing out, though,
18 proceeded by coughing where he's not being able to
19 breathe?
20 A. Sometimes. Sometimes. I mean, that's
21 in that handwritten note.
22 Q. What I'm showing you now is --
23 A. You wouldn't call them blackout spells
24 from coughing from passing out from coughing.
25 Q. No?

1 A. You would call them --
2 Q. Do you know him?
3 A. No. I'm just saying, the average
4 competent doctor wouldn't do that.
5 Q. So he would be incompetent from passing
6 out from a --
7 MR. KILLEN: Objection.
8 THE WITNESS: I didn't say that. I'm
9 saying he's probably competent because he calls
10 them blackouts.
11 BY MR. SMITH:
12 Q. Let me show you what's marked as March
13 21st, 2009. Is there anything in there related to
14 alcohol?
15 A. No. Coughing up phlegm, chest is
16 congested. Has a fever. Spitting up mucus. Can't
17 get any sleep. Maybe from the coughing. He has
18 hypertension for four years, does dip. He doesn't
19 smoke cigarettes.
20 Back on March 21st, 2009 he does not
21 mention alcohol, but, again, it's consistent
22 with -- doesn't prove it. It's consistent with --
23 what happens to alcoholics is they get a lot of
24 infectious diseases, particularly lung diseases,
25 and it's consistent with that.

1 Q. Isn't that consistent with COPD?
2 A. Yeah, it is.
3 Q. How much do you get paid for your
4 services?
5 A. I'm paid $680 an hour in this case and
6 in other cases.
7 Q. So how much does it add up to?
8 A. Actually, I don't know. I don't think
9 I've been paid except your retainer.
10 Q. Yes, sir. This visit here is September
11 25th, 2001. Does it talk about alcohol?
12 A. This is the same one we talked about
13 before. It's the 7/30/01 one.
14 Q. It looks like 9/25, I thought?
15 MR. KILLEN: Both dates are on there.
16 THE WITNESS: Yeah. The first one says
17 on 9/25 he does not want to see a neurologist.
18 He refused. That's actually from the nurse, I
19 think. The one below that is the one we talked
20 about before.
21 BY MR. SMITH:
22 Q. Is there anything about his sugar in
23 there? That's from Dr. Mines.
24 MR. KILLEN: What date is that?
25 Can we have an identifier of some sort

1 on that?
2 THE WITNESS: His blood was collected
3 on 7/31/01 and his --
4 MR. KILLEN: I don't have that here.
5 THE WITNESS: His glucose was 76, which
6 was normal.
7 BY MR. SMITH:
8 Q. All right. So he had normal sugar or
9 the glucose?
10 A. Yes.
11 Q. All right. Was there anything about
12 drinking?
13 A. In the lab? No. Labs would never
14 refer to drinking. It's just the labs.
15 Q. All right. So you examined the
16 testimony of one of these coworkers, right?
17 A. Yes.
18 Q. And what did you take from that?
19 A. Again, Dr. Martin and it's my
20 understanding the family had allegedly testified
21 that he had not drunk from 2009 until his accident
22 in '12.
23 His roommate, Mr. Azusenis testified
24 that, in fact, he drank every day every day at
25 night, bourbon generally, when he was a roommate

1 and that he would also take bourbon in a container
2 to work with him many days.
3 Q. Now, do you know if he was ever written
4 up for drinking alcohol on the job?
5 A. It is my understanding that he
6 testified that he had been fired in 2009. I'll
7 have to check the date, but that he had been fired
8 for suspicion of drinking on the job.
9 Q. Really, Doctor, we're talking about his
10 work and a witness. So do you know of any issues
11 he had with alcohol while in the employ of Spirit
12 Construction?
13 A. I just learned the dates of his
14 employment today and there's this evidence from his
15 roommate that in the previous year and a half that
16 he had been employed by Spirit.
17 So we have the evidence of his roommate
18 and his own testimony that he had been drinking
19 daily since he began working -- at least since he
20 began working for Spirit from 6/26/11 in his
21 workers' comp hearing.
22 So there's the principal evidence,
23 but then when he showed up for his visit with
24 Dr. Bonnarens on April of '13 he testified that he
25 had been drinking daily, but he didn't specify in

1 that statement how far back it went.
2 Q. With regard to the drinking we're
3 discussing here, I mean, in what context was he
4 drinking?
5 A. It's my understanding he was drinking
6 every night and -- well, his roommate testified
7 that he was drinking on the way to work or at work.
8 It appears on the way to and potentially at work
9 and again after he came home at night.
10 MR. SMITH: This is the order from the
11 workers' comp hearing. We'll make this Plaintiff's
12 Exhibit 1.
13 (PLF. EXH. 1, Order from Workers'
14 Compensation Commission, was marked for
15 identification.)
16 BY MR. SMITH:
17 Q. What I'm asking you to look at is the
18 facts as evidenced in the case -- the fact here --
19 Number 4. All right.
20 A. On what page?
21 Q. Number 4 on Page 5. Now, my point in
22 showing you this is the claimant was found to be
23 credible, but I'll tell you -- you can read it
24 yourself, but there's nothing in here that talks
25 about the credibility of their witnesses.

1 All right. As a psychiatrist and so
2 forth do you think people sometimes try to protect
3 their job with, in this case, testimony?
4 MR. KILLEN: Objection to form.
5 THE WITNESS: Sometimes.
6 BY MR. SMITH:
7 Q. We have no evidence whatsoever of him
8 having any write-ups or anything related to
9 alcohol, specifically alcohol, but I don't think
10 there was any evidence of any -- in fact, the
11 witness you were talking about said he was a great
12 worker, right?
13 A. I saw that. What I take away from that
14 was that he was credible about describing his
15 injury, too, except there's evidence in the record
16 of how he got hurt. He described how he got hurt
17 or was injured with a torn rotator cuff.
18 But if he's credible here he's also
19 credible, is he not, when he said he's -- credible
20 that he says he was drinking every day since he
21 started working. We can't cherry-pick.
22 Q. Right. Absolutely. He's over 21 and
23 so forth. I'm just trying to find out where this
24 came into play. I mean, he wasn't missing work. I
25 mean, he wasn't drinking and driving at least to

1 our knowledge?
2 MR. KILLEN: Objection.
3 THE WITNESS: Okay. See, I don't have
4 any opinions about drinking interfering with his
5 work. My import of this and the information that
6 he kind of drinks every day and actually by his own
7 report prodigious amounts or in his own words what
8 were huge amounts of alcohol goes to -- to the
9 opinion that I do have that he's a longstanding
10 alcoholic from the ages of 16 to his death.
11 That's what I'm opining about, not
12 really that he was drinking and therefore did
13 the -- I don't have an opinion about whether or not
14 drinking had to do with his accident.
15 BY MR. SMITH:
16 Q. You're a doctor. When someone comes to
17 you after injuring their shoulder and they can't
18 lift their arm over their shoulder, I mean, you
19 would believe that's probably a rotator cuff,
20 right?
21 A. I mean, you're describing classic
22 rotator cuff symptoms.
23 Q. Yes, sir. So when you see that you can
24 let that person have a week to see if it kind of
25 recede a little bit, but if it comes back as the

1 same thing you would get him to an MRI, right, to
2 so we can find out for sure?
3 A. No. I'd get him to an orthopedist to
4 see what the orthopedist would do.
5 Q. But you think the orthopedist might do
6 that based on the symptomology he's talking about?
7 MR. KILLEN: Objection. Form.
8 THE WITNESS: I don't know. Maybe
9 when he got to the orthopedist the story changed or
10 his exam wasn't consistent with a torn rotator
11 cuff. Obviously, I wasn't the doctor there.
12 By MR. SMITH:
13 Q. So if a doctor orders a MRI, though,
14 seemingly that's what the doctor found, right, or
15 that's what they believe?
16 A. No. Ordering it just means it's
17 something he wants to rule in or rule out.
18 Q. Right. But you read the records and
19 the initial treating doctor said that he needed an
20 MRI, right? You know that?
21 A. I'm not sure of that. You mean the
22 absolute first doctor he saw?
23 Q. Yes, the work doctor he saw after the
24 injury.
25 A. I'm not sure about that.

Q. I'll get that for you. The fact that the surgery didn't take place for 15 months following the injury, how does that affect a torn rotator cuff?

MR. KILLEN: Objection to the form.

THE WITNESS: Affect the --

BY MR. SMITH:

Q. Torn rotator cuff injury.

A. A torn rotator cuff?

Q. Yes, sir.

A. Well, it doesn't make it any better. Mostly it just sits there and then it doesn't get better and it doesn't get worse to my knowledge. I'm not an orthopedist, but it might get worse in some ways.

Q. Like atrophy maybe?

A. It's possible.

Q. So 15 months. So I think we can agree then that it couldn't be better by not doing the surgery, right, in the beginning?

A. No. I wouldn't speculate about that.

Q. Well, the notes that you have from his physical therapist, can you find me one visit where he didn't have pain?

A. Yes. On 9/23/13 he reported that at

1 rest he had zero out of ten pain, which is no pain,
2 but that the pain increased with movement. Also --
3 Q. Are you looking at a physical therapy
4 note? Are you looking at your report?
5 A. Yes. Here's another one. On 6/7/13
6 that he had zero pain at rest.
7 Q. I'll look at these notes, I guess.
8 A. On 9/21/13 he said he was not having
9 any pain unless he lifted his arm.
10 Q. So if he moved his arm he was in pain?
11 A. Right, if he lifted his arm. That's
12 right. What my report chronicles is that during
13 that period on the dates I mentioned at rest he had
14 no pain. If he tried to lift his arm above his
15 shoulder he had pain.
16 (PLF. EXH. 2, Baptistworx physical
17 therapy records, was marked for identification.)
18 BY MR. SMITH:
19 Q. If we're looking at the words
20 themselves, if his arm is at rest and not moving,
21 he didn't have pain?
22 A. Yes.
23 Q. But is that reality?
24 You can move your arm not working? You
25 can't not move your arm on a constant basis unless

1 you're sleeping.
2 A. It is definitely a reality. All it
3 says is that at rest he doesn't have any pain.
4 Moving his arm he had pain, voluntarily moving his
5 arm.
6 Q. So he wasn't pain-free then?
7 A. No, except at rest.
8 Q. Okay. And as he we know you're not at
9 rest, are you?
10 MR. KILLEN: Objection.
11 BY MR. SMITH:
12 Q. I mean, what percentage of the day --
13 how often would --
14 MR. KILLEN: Again, objection to the
15 form.
16 BY MR. SMITH:
17 Q. I'm asking for a percentage.
18 A. Let me answer in a slightly different
19 way. Life involves generally moving at work. In
20 that context he needed to move his arm above his
21 head, which is what my report says.
22 (PLF. EXH. 3, Redi Care medical record,
23 dated 1/24/12, was marked for identification.)
24 BY MR. SMITH:
25 Q. I've marked this Plaintiff's Exhibit 3.

1 This is the initial doctor and Redi Care.
2 MR. KILLEN: Can I get a copy of that?
3 Let me know.
4 MR. SMITH: Redi Care.
5 MR. KILLEN: Did you mark all of these
6 three pages as exhibits?
7 MR. SMITH: They need to be stapled.
8 BY MR. SMITH:
9 Q. So on the first page, which is the 24th
10 of January, what were the issues?
11 A. He presented with a complaint of
12 shoulder pain. Right shoulder pain. Anteriorly
13 radiates down the arm. Unable to lift the arm. He
14 complains of direct trauma from lifting of a piece
15 that was long, about 150 pounds, when someone
16 dropped one end of it.
17 His end snapped out of his hand causing
18 his right arm to fall. He heard a snapping
19 sensation and had immediate pain and complaint of
20 weakness.
21 Q. And so the doctor conservatively said
22 to come back in a week and see what the progress
23 is, right?
24 A. Yes. His assessment was a sprain of
25 the shoulder.

1 Q. All right. And then the second visit?
2 A. The X-ray showed no dislocation as
3 confirmed by Dr. Purcell. He was sent back to
4 light duty at work with no heavy lifting to follow
5 up in a week.
6 Q. All right. So Dr. Linder is the doctor
7 there, right?
8 A. I'm not sure if he's a doctor.
9 Q. Is she a PA?
10 A. Yeah. She's a physician assistant.
11 Q. All right. So you know what the
12 finding was the next week? What did she say the
13 next week?
14 A. I don't remember.
15 Q. If I told you that she recommended an
16 MRI would that surprise you?
17 A. It wouldn't surprise me. I just don't
18 know whether that's right or not until I see it.
19 (PLF. EXH. 4, Redi Care medical record,
20 dated 1/30/12, was marked for identification.)
21 BY MR. SMITH:
22 Q. Here is the second one.
23 A. Retains the diagnosis of sprain in the
24 shoulder and pain medicines pending worker comp
25 approval of MRI where it's needed. Actually, she

1 doesn't say MRI, but it appears she was trying to
2 get approval.
3 Q. So she believed he needed an MRI?
4 A. What is your question?
5 Q. She said he needed an MRI?
6 A. That's the implication here, yes.
7 Q. The tearing and inability to lift the
8 arm. So that should have been done, right?
9 A. She recommended it. I wish people did
10 everything doctors asked them to do.
11 Q. Well, the employer wouldn't let him
12 have an MRI or wouldn't pay for it.
13 MR. KILLEN: Objection to the form of
14 the question.
15 MR. SMITH: I withdraw that. I'll mark
16 this as Plaintiff's 5.
17 (PLF. EXH. 5, InMed MRI report, was
18 marked for identification.)
19 BY MR. SMITH:
20 Q. What was the finding in the MRI?
21 Have you ever had a torn rotator cuff?
22 A. No, thank goodness.
23 Q. What are the difficulties caused by a
24 torn rotator cuff?
25 A. A lot of pain and difficulty in using

1 your arm, particularly anything above the
2 horizontal.
3 Q. Now, Mr. Provins complained of not
4 being able to wipe his butt. Does that sound
5 possible?
6 A. That's possible, too.
7 Q. You made a comment in there that I
8 browbeat Dr. Linder or Ms. Linder into providing a
9 physician's statement?
10 A. I didn't say that.
11 Q. You said I threatened her.
12 A. What I said was he refused to fill out
13 the form and stated he would only fill out the
14 records. When threatened with the deposition the
15 physician did fill out the records using the
16 records but could not comment on the MRI.
17 Q. Is that --
18 A. I then said the MRI was a fairly
19 extensive tear of the supraspinatus tendon
20 involving the subscapularis tendon.
21 Q. Is taking a deposition some sort of
22 weapon?
23 A. Well, some physicians are quite leery
24 of them, yes. Apparently this doctor was. I mean,
25 it sounded -- what it sounded like is the physician

1 did not want to go and say more than he could and
2 that he was comfortable with but then went some
3 more -- some further when you brought up the issue
4 about how otherwise you'd have to have a
5 deposition. You may be surprised that some
6 physicians are afraid of lawyers.
7 Q. How did the accident occur to your
8 knowledge?
9 A. Well, to my knowledge there are two
10 different accounts. The one that sounds the most
11 credible is the one in the first doctor's thing,
12 that he and a coworker were carrying some heavy
13 thing that weighed about 150 pounds and the
14 coworker dropped his end, ripping Mr. Provins's
15 arm.
16 There's another account that he was
17 carrying corrugated steel and dropped it or
18 something. That was far less coherent of an
19 explanation.
20 Q. Do you know who said that?
21 A. No. I could find it.
22 Q. It wasn't Mr. Provins?
23 A. I don't know.
24 Q. Okay.
25 A. When he -- you know, one of the things

1 I trust in medicine and in forensic work is that
2 the testimony to the very first doctor is more
3 likely to be accurate than anything that's said
4 later. That's not always true, but it tends to be
5 true.
6 Q. Certainly. And that was what you
7 understood from that first visit, that he had
8 dropped -- when he dropped it yanked his arm,
9 right?
10 A. Yes.
11 Q. What is the percentage again?
12 You said 60/40?
13 A. Defense --
14 Q. Plaintiff --
15 A. Defense/Plaintiff work, yes.
16 Q. In 2001 it's 23 cases, 19 defendants
17 and two plaintiffs. Does that sound about right?
18 A. In 2001?
19 Q. Yes, sir.
20 A. Yes, sir. As I said, when I started
21 out the defense bar started calling me and then I
22 did all my cases by word of mouth. It took time
23 for the plaintiff bar to decide they wanted to
24 start hiring me, too.
25 Q. In 2002 it's 14 cases, 11 defendants

1 and three plaintiffs. Does that sound right?
2 A. What is this? Depositions or cases?
3 Q. Cases?
4 A. Is it really? Okay. Are you sure it's
5 not testimony?
6 MR. KILLEN: What are you asking him?
7 You asked him how many cases. You didn't ask him
8 if he issued reports in these or if he testified in
9 these. What are the specifics?
10 THE WITNESS: Yeah. My point is that
11 in the list of cases that -- you know, all cases,
12 not just the ones that got to deposition and trial.
13 BY MR. SMITH:
14 Q. Yes, sir.
15 A. In that list it's initially heavily
16 defense and then it mutates over time so that
17 recently the percentage actually maybe closer to
18 50/50.
19 Q. In 2012, 23 to 24?
20 A. 23 to --
21 Q. To --
22 A. Again, I don't know what you're
23 reading.
24 Q. This right here. (Pointing to document)
25 A. Well, is it testimony or -- can I see

1 it, please?
2 Q. Sure.
3 A. I think this may be correct.
4 MR. KILLEN: That's just his CV is what
5 you're looking at?
6 MR. SMITH: He's got it.
7 THE WITNESS: This may very well --
8 where are the recent ones? Those just run to 2005.
9 MR. KILLEN: You've only got 2001,
10 2002, and 2012 so far.
11 THE WITNESS: No. I've got 2001, '03,
12 '04 and '05.
13 BY MR. SMITH:
14 Q. This is 2011 and '14. Yeah. Actually,
15 this is not in chronological order.
16 Was he having any difficulties at all
17 at the time of the injury to your knowledge?
18 A. Yes. From my perspective he was
19 drinking a lot of alcohol. Huge amounts was his
20 description. In all of the descriptions from 2001,
21 2005, 2009, '12, '13 and '14 he describes that he's
22 drinking a quart to a half of gallon a liquor and
23 14 to 18 beers which is -- almost every alcoholic
24 underreports. So it's by chance more than that,
25 but that's a prodigious amount.

1 That's a huge problem. You're
2 destroying your liver at that point, your kidneys.
3 I don't know anybody who can walk, talk, and do a
4 good job after they've drunk a half a gallon of
5 liquor. Now, maybe this man was able to do that,
6 but I know that he had marital problems.
7 Q. In 2009. Right.
8 A. That's the most common problem with
9 alcoholics is relationship problems.
10 Q. But after 2009 the record is free of
11 any alcoholic issues, right?
12 A. No.
13 Q. No?
14 A. I mean, his roommate describes his
15 drinking every day. He describes he drank every
16 day. That's a problem.
17 Q. Why is that a problem?
18 A. Because you're destroying your liver
19 and probably -- since he didn't go to the doctor
20 there is no record. Almost certainly you're
21 describing your relationships. Almost certainly
22 you're not doing a good job at work. We know he
23 got fired for suspicion of being drunk at work.
24 Q. In 2009, right?
25 A. Yeah.

1 Q. Yeah.
2 A. It's a problem to drink a half a gallon
3 a day. It will kill you.
4 Q. Okay.
5 A. We argued what the minimum amount was
6 you can drink a day and die from. We have
7 arguments whether it's one beer or four, but it's a
8 whole lot less than a gallon of liquor.
9 Q. If he's drinking that much is he
10 drinking anything else during that day?
11 MR. KILLEN: Objection.
12 THE WITNESS: Beer.
13 BY MR. SMITH:
14 Q. I understand that he's drinking
15 excessively and perhaps that's causing him
16 difficulties, but we have no encounters with the
17 law?
18 There's no encounters with work?
19 There's nothing to illustrate a problem?
20 A. He had one DUI and three public
21 intoxication arrests. That's trouble with the law.
22 Q. That's 2009, right?
23 A. Well, that's the record we have.
24 Q. Okay. So --
25 A. We do have evidence. In 2014 he shows

1 up with no liver and dies. So it took years of
2 this kind of drinking to destroy his liver. So,
3 yeah, we can't say he had no problems just because
4 he evaded the police.
5 Q. Well, the claim wasn't accepted for
6 13 months. All right. He had no pain medication.
7 You understand that alcoholics use pain reliever,
8 right?
9 MR. KILLEN: Objection.
10 THE WITNESS: Some people drink if they
11 don't have pain medicine. I'm not sure why he
12 didn't. I've actually tried to find it, but
13 there's no records of doctor visits. Most doctors
14 won't give pain medicines for an injury like his.
15 BY MR. SMITH:
16 Q. So he didn't have a job at that point,
17 right, from the time of the accident?
18 A. He didn't work. That's right.
19 Q. Well, he had a torn rotator cuff and he
20 works iron or steel. So what is he going to do?
21 A. All I know is that he went back to work
22 and after a couple of weeks they sent him home
23 because they didn't have light duty.
24 Q. So he wasn't working?
25 No income?

1 A. That seems true.
2 Q. The claim wasn't accepted. So he
3 wasn't getting any medicinal care. He wasn't
4 getting any doctor visits, right?
5 A. I don't know what the latest numbers
6 are, but it's somewhere around 30 million Americans
7 who don't have any insurance or money and they get
8 medical care all the time. So I don't accept that
9 he couldn't get to a doctor.
10 He could go to any emergency room and
11 they can't refuse him. That is my understanding.
12 He could certainly come out of it with a pain
13 prescription.
14 Q. So he should have gone pill hunting?
15 MR. KILLEN: Objection.
16 THE WITNESS: No. He should have gone
17 treatment hunting. I mean, however much difficulty
18 that would be making the decision to drink a quart
19 of vodka or bourbon instead is a terrible decision.
20 A quart of that a day kills you.
21 Searching for pain medicine is a
22 problem, an effort. It's unpleasant, but it's not
23 a decision to do something that killed him.
24 BY MR. SMITH:
25 Q. What other alternative did he have?

1 A. Well, I mentioned one. He could go see
2 Bonnarens again. If he's still practicing he would
3 almost certainly see him and prescribe something.
4 If he's working he could go to the emergency room
5 or free clinic.
6 Q. He didn't have any money.
7 MR. KILLEN: Objection.
8 THE WITNESS: That's why I said the
9 emergency room and the doctor would probably see
10 him at least once and not charge him.
11 BY MR. SMITH:
12 Q. You're speculating.
13 A. I am speculating, but you asked me what
14 he could have done. These are all things he could
15 have done that are reasonable.
16 Q. Do you know how much debt he incurred
17 as a result of not having a job --
18 MR. KILLEN: Objection.
19 BY MR. SMITH:
20 Q. -- and losing his house?
21 A. I do not know.
22 Q. What did you learn prior to your
23 investigation or your report and so forth?
24 What all were you told?
25 MR. KILLEN: Objection. By whom?

1 THE WITNESS: I was told --
2 BY MR. SMITH:
3 Q. By defense counsel.
4 A. I was told that they would like me to
5 read the records and to make sure I didn't have any
6 conflicts and they sent me the records.
7 They described that it was a workers'
8 comp case and they wanted my opinion as an expert
9 in alcoholism to develop opinions about whether he
10 did or did not have alcoholism and develop opinions
11 that would be pertinent to this case and then they
12 would send me the records.
13 Q. You're not trying to say that the
14 injury didn't have anything to do with his death,
15 are you?
16 A. I'm going to answer it in two ways.
17 Yes, I am saying that, and, no, it was in a minor
18 way part of his life and the end of his life.
19 Did it have anything to do with his
20 death and was it the proximate cause? It is in my
21 opinion and in my report which I'm sure you've read
22 that it did not. It was not a proximate cause and
23 he would have died had he never injured his -- he
24 would have died from his alcoholism. In my opinion
25 he would have died had he never injured his

1 shoulder because he had been drinking for 35,
2 40 years and at a rate that I'm astounded he lived
3 as long as he did into his early 50s.
4 Q. How many times did they mention alcohol
5 in his physical therapy records?
6 Did you ever see it?
7 A. They mentioned at the beginning that he
8 was obviously intoxicated, that he was disheveled
9 and he was disorganized in his work with the
10 physical therapist. They said he was obviously
11 intoxicated.
12 Q. Please show that to me because I don't
13 recall reading he was obviously intoxicated,
14 whether --
15 A. Well, I'll tell you what the date is
16 and then we'll go looking for it if you want me to.
17 His initial evaluations were 6/7/13 and 6/11/13.
18 At that point he was described as a vague historian
19 who was reluctant to communicate.
20 He was described as dishevelled and
21 shaken, very erratic with his technique, has
22 increased redness in his face. The assessment at
23 that point was there was obvious signs of alcohol
24 intoxication with yellowed eyes and erratic
25 behavior.

1 Q. Okay.
2 A. That's on 6/7/13 and 6/11/13.
3 Q. So that's the insurance company's
4 observation, right?
5 MR. KILLEN: Objection.
6 BY MR. SMITH:
7 Q. Is that the way you greet a patient or
8 begin your session in the beginning that just
9 comes up and -- it's not something that's related
10 to the therapy, right?
11 A. No. It's terribly related to what
12 they're doing. She was saying that one of the
13 issues -- and she should have written it down and I
14 would write it down. She was reporting the whole
15 evaluation which included that she thought he was
16 drunk when he came in for treatment.
17 Q. What date is that?
18 A. I told you. It's 6/7/13 or 6/11/13,
19 his initial evaluation at Baptistworx Physical
20 Therapy. I don't know who paid for this.
21 Q. Yes, sir. Signs of ETOH. After this
22 date is there any other mention about alcohol?
23 A. Not in his PT notes to my knowledge.
24 Q. I mean he went to physical therapy a
25 lot.

1 A. Yes, like 22 times or more.
2 Q. Okay. So one time out of 22 is, is
3 that -- what does that mean according to you?
4 A. Well, it means that he was drinking as
5 he reported before he came to see Dr. Bonnarens in
6 April and that he was still drinking in June when
7 he got that physical therapy. It seems like he was
8 drinking less as his physical therapy went along or
9 at least was not drinking when he came to physical
10 therapy.
11 Q. And, of course, the idea that he was
12 going to physical therapy and had surgery would
13 mean that he was treating with a doctor at that
14 point, right?
15 A. Yes. I mean, Dr. Bonnarens had sent
16 him to physical therapy and he continued to follow
17 him.
18 Q. So he's medicated now and not as much
19 need for alcohol?
20 A. That's true.
21 Q. Did you read Dr. Price's analysis?
22 A. I did.
23 Q. And what did you fault in that?
24 A. I didn't fault anything.
25 Q. You thought it was adequately written

1 and spoke the truth?
2 A. Well, I'm sorry. I do disagree, as I
3 said in my report, with one piece that he echoed
4 what Dr. Price said in describing that Mr. Provins
5 was drinking to self-medicate. I disagree with
6 that. To make it clear, I'm clearly disagreeing in
7 my report.
8 There's no evidence that he was
9 self-medicating for depression, which is what they
10 said. There's no other evidence in the record that
11 they looked at or that I looked at that says he's
12 depressed, that reports symptoms of depression,
13 that reports treatment for depression.
14 That's an assumption they're making
15 that he was self-medicating. A much more logical
16 and correct -- in my opinion -- assessment is that
17 he was continuing to drink the way he had since he
18 was 16. He just kept going.
19 Q. So you believe that Dr. Price was
20 surmising about depression?
21 He had no evidence of that?
22 A. I didn't see any evidence in his report
23 or in the medical record of active, ongoing
24 depression.
25 Q. So the interviews with his wife and his

1 sister who's a nurse, those would be considered
2 what?
3 A. Evident.
4 Q. But you didn't see that?
5 A. I'm not sure whether I did or not.
6 Q. Of course, Dr. Price's were the
7 year before Dr. Martin's. How did you assess
8 Dr. Martin's findings?
9 A. He seemed to conjecture more and his
10 comment was that -- as I commented in my report, he
11 said no evidence was presented to him that he was
12 drinking and as we went through earlier from 2009
13 to his injury and afterwards. Then he used the
14 concept again of self-medication for stress due to
15 marital discord and financial problems.
16 Q. He didn't get paid for over a year.
17 Could that cause stress?
18 A. Yes.
19 Q. The constant calls about foreclosure,
20 could that cause stress?
21 A. Yes.
22 Q. So you don't believe that someone could
23 drink because of stress?
24 A. Of course I believe that. People do
25 drink for all sorts of reasons. My point is that

1 there's no evidence that Mr. Provins drank any more
2 than he had for 30 or 40 years on a daily basis.
3 He still reported that he drank a dozen
4 beers or so and a quart to a half a gallon of vodka
5 or bourbon. There's no evidence that he drank more
6 in response to this stress.
7 Q. Dr. Linder or PAC Linder saw him on
8 March 12th or January 30th as you know. You have
9 that. Can you tell me how he was examined or what
10 he was like during his exam.
11 A. He was described as pleasant, alert,
12 nontoxic, well-hydrated and appears uncomfortable
13 but in no acute distress.
14 Q. What was his weight on that?
15 A. I don't think it's on this sheet.
16 Q. Okay. We'll go to January 24th. I
17 believe it's 196 or something.
18 MR. KILLEN: 192.5. It is on Page 4
19 which would be the preceding page.
20 BY MR. SMITH:
21 Q. So 192.5. Do you know what he was when
22 he had surgery?
23 A. In what regard?
24 Q. His weight, what his weight was.
25 A. No. If it helps you, I am aware that

1 he gained a significant amount of weight between
2 his injury and his death.
3 Q. He gained roughly 50 pounds from the
4 date of the injury to the date of the surgery.
5 What is that an indication of?
6 Depression maybe?
7 A. Much more indicative -- since we're
8 speculating, which we are, it's indicative of
9 inactivity. He was most certainly inactive and
10 drinking I don't know how many gallons a day of --
11 I don't know what a half of gallon a booze is but
12 I'm sure it's thousands of calories a day.
13 Q. If he's that much of an alcoholic isn't
14 his health going to be bad and he's going to lose
15 weight?
16 A. Yes, eventually, but at that point his
17 liver was not failing and his kidneys weren't
18 failing yet. There's no question -- you used the
19 phrase, if he's that bad of an alcoholic.
20 I'm going from the phrase that many
21 alcoholics use all the time. It's his description.
22 It's not somebody else's.
23 (PLF. EXH. 6, Letter from Oaktree
24 Orthopaedics, was marked for identification.)
25 BY MR. SMITH:

1 Q. I'm showing you what I've marked as
2 Plaintiff's Exhibit 6. It's the findings of
3 Dr. Jacobus.
4 Dr. Jacobus found that essentially
5 since he had torn his shoulder or the rotator cuff
6 once, had surgery and retore it, that he would have
7 a permanent impairment. Does that sound
8 reasonable?
9 A. It certainly is possible and
10 reasonable, yes. I have not read this report.
11 Q. Do you know if there's anything in the
12 report talking about him coming in and smelling
13 like alcohol or anything of that sort?
14 A. Like I said, I haven't read it to
15 know --
16 MR. KILLEN: Objection.
17 THE WITNESS: -- whether there is or
18 not.
19 BY MR. SMITH:
20 Q. Yes, sir. But you read all the
21 physical therapy notes and you agree that there's
22 only one alcohol notation in there?
23 A. That's right. Now that I'm reading
24 this he states that he was would give him a
25 10 percent disability rating related to his

1 shoulder. That's reported in his speech to your --
2 your comments.
3 Q. The PA in physical therapy recognized
4 there was a couple of occasions maybe that he was
5 okay at rest. But the significance of pain,
6 according to the notes did it get better?
7 A. He got some better and he even said he
8 was improving, but in terms of ability to actively
9 use his right arm, particularly anything above a
10 horizontal, he was not much better.
11 Q. From the time of the accident until his
12 death he never recovered from his rotator cuff,
13 right?
14 A. I think that's a fair summary.
15 Q. And, as we said, to your knowledge with
16 regard to the record from 2009 there is nothing
17 that said he got a DUI or nothing that said he was
18 late for work because of alcohol or nothing prior
19 to -- before 2012 anyway before the gentleman
20 testified?
21 A. Yes, but that's cherry-picking. I
22 agree with you that what you just said is accurate
23 to my knowledge, but there is evidence that he was
24 drinking heavily. Again, my opinion is that he was
25 drinking the same as he had in the last few years

1 of his life and that he had been drinking in the
2 past 30 or 35 years with little to no change.
3 Q. The records or things that were
4 provided by the defense, did they provide you with
5 any reprimands or any violations or anything of
6 that sort?
7 A. Except for the one DUI and three public
8 intoxication charges I did not see that in all the
9 records that I examined.
10 Q. The gentleman you spoke of earlier as a
11 witness -- I'm not sure how to pronounce his name.
12 A. Mr. Azusenis or something.
13 Q. Yes, sir. This is Page 70 from that
14 transcript. It is Line 19.
15 A. Yes.
16 Q. Read that for the record, please.
17 A. In response to the question above it
18 you said: He argued with whoever held his
19 mortgage. Is that right? Or something to that
20 effect.
21 Yeah. He was. He was concerned about
22 his home going into foreclosure and he was on the
23 phone. I couldn't say he was talking to the bank,
24 but from what he told me he was trying to buy
25 himself some more time with the mortgage company.

1 Q. So that transcript was prepared as
2 a result of the hearing on August 10th. So it
3 would appear that he was stressing out about that.
4 That was January, though? January when he was
5 hanging out with his roommate. So right after the
6 accident --
7 MR. KILLEN: Objection. I think he we
8 need to put that -- the witness was speaking about
9 the telephone calls, but I think there's a time
10 period or sequence in there that's important that
11 we haven't established.
12 MR. SMITH: Okay.
13 (PLF. EXH. 7, Transcript of 9/14/12
14 Commission hearing, was marked for identification.)
15 BY MR. SMITH:
16 Q. That was the cross-examination, I
17 guess?
18 A. I don't know.
19 MR. KILLEN: What page are we on?
20 MR. SMITH: Page 70.
21 MR. KILLEN: Page 70. Was he talking
22 about before the accident or after the accident?
23 MR. SMITH: That was after.
24 MR. KILLEN: I know the testimony was
25 taken after, but there are discussions in there.

1 MR. SMITH: That was --
2 MR. KILLEN: Are you asking questions
3 or --
4 MR. SMITH: I am.
5 MR. KILLEN: Page 69 line 14: So you
6 asked him: You know all about drinking? Yes, I
7 do. Then you ask him about his shoulder.
8 On Page 70 you asked him how long --
9 excuse me. I'm sorry. How long did he live at
10 your apartment? The answer was: About three
11 months give or take. Then the answer was: You
12 said that he argued with whoever held his mortgage.
13 Is that right? Or something to that effect.
14 I guess you never established in that
15 whether that was before or after the accident.
16 That's all on that.
17 (PLF. EXH. 8, Baptist physical therapy
18 record, dated 7/24/13, was marked for
19 identification.)
20 BY MR. SMITH:
21 Q. Plaintiff's Exhibit 8 is part of the
22 physical therapy record. Could you look at the
23 assessment, please. Just read that for us.
24 A. This is 7/24/13. It's physical
25 therapy. Do you want me to read the whole thing?

1 Q. No, sir. That's fine. So basically
2 they thought he either tore it or had a new injury?
3 Is that the assessment?
4 A. It says: Possible new retear.
5 Q. When you read those MRI reports, the
6 one from January 2012 or February of 2012 to
7 October of 2013, did you notice a difference in
8 them or were they similar?
9 A. I didn't compare them to be able to
10 answer that question.
11 Q. Okay. Do you believe that Mr. Provins'
12 lack of employment and lack of money and constant
13 pain in the 15 months that it took to get to
14 Dr. Bonnarens how would that effect his overall way
15 of life?
16 A. Well, I can only speculate. You know,
17 being out of work and in pain would be difficult
18 for anybody. In this particular case you add that
19 he had been a very serious alcoholic for decades
20 and it's going to make it harder for him.
21 Q. And obviously -- well, how would you --
22 he couldn't wipe his butt and he had to learn how
23 do to do that. If he finds that to be the most
24 important aspect of this whole situation what would
25 that mean to you?

1 MR. KILLEN: Objection.
2 THE WITNESS: Actually, the toilet
3 function he believed was the most important part of
4 this whole situation. Is that your question?
5 BY MR. SMITH:
6 Q. It's a hypothetical, the idea that that
7 was his biggest issue that he wouldn't wipe his
8 ass.
9 A. What was your question?
10 Q. The question was, would that be the
11 indication of depression and how that was affecting
12 him?
13 MR. KILLEN: Objection.
14 THE WITNESS: No. What I would
15 conclude from that is that that's an indication of
16 how embarrassing and difficult that is, but it's
17 not clear thinking.
18 It would seem as an outsider the most
19 important aspects are he has no income coming in
20 and he's drinking a half a gallon of liquor a day.
21 Those two facts are a whole lot more important than
22 that embarrassing, difficult situation although I
23 know it's difficult.
24 I broke my right arm and had to try to
25 learn to brush my teeth and finish up in the

1 bathroom and it was very difficult.
2 BY MR. SMITH:
3 Q. If you're the only breadwinner in the
4 home and the bank is calling every day about your
5 mortgage would that lead to depression?
6 A. It could.
7 Q. In fact, wouldn't that be a reasonable
8 conclusion that it would?
9 A. Well, you know, that's a speculation.
10 I can tell you as a practicing psychiatrist for
11 40 some years drinking a half a gallon of liquor
12 every day is much more likely to cause depression
13 than even being unemployed and trouble in the
14 bathroom. So it's just speculation, one, that it
15 would cause depression and, two, that he was really
16 depressed. We really have no evidence.
17 Most people who get seriously depressed
18 find their way to a doctor and complain of
19 depressive symptoms and yet he didn't. Now, we can
20 totally speculate that was because he was not
21 depressed or that he had a hard time dealing with
22 his problems.
23 Now, we know he didn't deal with his
24 hypertension, his obesity, and most importantly his
25 alcoholism. So there are all sorts of things that

1 we could speculate about.
2 Q. His hypertension?
3 What hypertension did he have?
4 A. I don't know. He just described
5 hypertension, hadn't been treated for four years,
6 that it still hadn't been treated.
7 Q. The idea of doing arm exercises with a
8 torn rotator cuff, is that proper medical -- would
9 that be the appropriate way of addressing it?
10 MR. KILLEN: Objection.
11 THE WITNESS: Depending on what the
12 exercises were. It's an appropriate way of
13 addressing parts of it or a way to try to prevent
14 atrophy. It's an excellent use of physical
15 therapy.
16 BY MR. SMITH:
17 Q. I just want you to review real quick
18 Page 20 of Mr. Provins' deposition down to Line 12
19 on Page 31. Just review that real quick. It
20 describes, I believe, what he was asked to do.
21 A. And your question, Mr. Smith?
22 Q. What did you take from that?
23 A. Well, that they did the typical -- you
24 try to walk your arm up the wall to where it gets
25 above the horizontal. It is a very common

1 exercise, particularly for bursitis and to help try
2 to use a joint. Now, I'm not an orthopedist
3 remember.
4 Q. Yes, sir. He was doing physical
5 therapy into September, right?
6 A. Of --
7 Q. Of 2013.
8 A. Okay.
9 Q. The note in July says it's a possible
10 retear or new tear. I mean, shouldn't they have
11 done an MRI if they thought there was a retear?
12 MR. KILLEN: Objection to the form.
13 THE WITNESS: Again, you're asking me
14 to speculate as the orthopedist that I'm not.
15 Again, it obviously depends on the person that has
16 the ability to an order an MRI. Physical
17 therapists don't.
18 If they think that -- if the
19 orthopedist -- I would think if the orthopedist
20 thought there was evidence of retear then an
21 orthopedist would order an MRI.
22 Q. You're a licensed doctor in this state,
23 right?
24 A. Yes.
25 Q. So if he has the symptomology of a

1 retear and you make note of that and there's a
2 repeat of that are you going to continue to put him
3 through physical therapy?
4 MR. KILLEN: Objection to the form.
5 THE WITNESS: Well, for instance if
6 he -- I could modify the physical therapy and have
7 him do what he can do to try to prevent atrophy,
8 for instance. If I --
9 BY MR. SMITH:
10 Q. Dr. Ballenger, would you continue with
11 physical therapy --
12 MR. KILLEN: Objection. He's not an
13 orthopedist.
14 MR. SMITH: He's a doctor.
15 BY MR. SMITH:
16 Q. Would you continue to send him to
17 physical therapy if you thought there may be a
18 tear?
19 A. You've got to be kidding with your
20 questioning about this. I practice psychiatry.
21 When somebody has a rotator cuff injury I send them
22 to an orthopedist. I don't have anything to do
23 with their care except telling them to please do
24 what your doctor says you should do. Then I treat
25 their psychiatric problems.

1 I don't practice orthopedics. It's
2 malpractice for me to practice orthopedics.
3 Q. Common sense, you know. Would you want
4 to retear it or hurt it some more?
5 A. You can't -- ask me as a doctor. Why
6 don't you get the court reporter and ask her? If
7 we're just talking about common sense and the
8 general public, I'm not a whole lot more qualified
9 than she is.
10 Q. Well, when you went to Duke what did
11 you get again? What was your degree?
12 A. Duke, an excellent medical school.
13 Q. Right. What did you get there?
14 What is that you received?
15 A. Do what?
16 Q. What did you receive from Duke
17 University?
18 A. An MD.
19 Q. What is the difference between that and
20 somebody's family doctor?
21 A. Most families doctors have been to --
22 for three or four years of training after medical
23 school in family medicine.
24 Q. Okay.
25 A. I just went to four years of medical

1 school and a year of internship and then I went
2 into psychiatry.
3 Q. So you're a doctor first and then you
4 went into psychiatry? That's where you went and
5 branched off into that, correct?
6 A. Yes.
7 MR. SMITH: Nothing further.
8 EXAMINATION
9 BY MR. KILLEN:
10 Q. Doctor, I'm Tim Killen. I represent
11 Spirit Construction Services appearing on behalf of
12 Mr. Lewis here today. You have been a psychiatrist
13 for over 40 years, correct?
14 A. Yes.
15 Q. Forty-seven?
16 A. Yes.
17 Q. And how long have you been a forensic
18 examiner?
19 A. For 25, 30 years.
20 Q. And you were the founding director of
21 the Institute of Psychiatry and you also founded
22 MUSC's substance abuse and research institute in
23 1994?
24 A. Yes, a center for drug and alcohol
25 programs. I founded and ran both of them.

1 Q. All right. You have been published on
2 numerous occasions. Is that correct?
3 A. Yes.
4 Q. Okay.
5 A. Probably between 350 and 400 in peer
6 review scientific journals.
7 Q. And you have written, edited, or
8 contributed to books?
9 A. I have written or edited 16 books.
10 Q. Okay.
11 A. I have contributed to that a whole
12 stack of books up there. You know, chapters.
13 Those are counted in the 350 or 400 articles.
14 Articles and chapters.
15 Q. And you specialize in substance abuse
16 problems or in treating them?
17 A. That's one of my specialties, yes.
18 Q. And I'm going to talk at first about
19 Dr. Price's report. Dr. Price is a psychologist.
20 Is that correct?
21 A. Yes.
22 Q. All right. In fact, Dr. Price actually
23 said in the last paragraph of his report that --
24 it's the last line and he's referring to loss of
25 use of the arm, impaired activity of daily living,

1 depression, anxiety about the future, and
2 self-medication with alcohol.
3 He says: These would appear to be
4 related to the shoulder injury of January 24th,
5 2012 as he had no history of pain, anxiety,
6 depression, or alcoholism prior to that report.
7 In the records you've reviewed have
8 you seen any history of alcoholism prior to
9 January 24th, 2012?
10 A. It is all the way through the record.
11 I can only conclude that Dr. Price didn't see the
12 medical records because anybody reading them can
13 see in his own report and the doctor's assessment
14 that he is, quote, a longstanding alcoholic.
15 Q. And just to clear up a few things in
16 syncope or syncope episodes, that's a generalized
17 term for fainting, passing out, seizure activity or
18 any of those types of activities?
19 A. Yes.
20 Q. Okay.
21 A. It's like saying a cough. A cough
22 could be TB. It could be a virus. It could be
23 innumerable things.
24 Q. I've got to get these medical records.
25 Okay. I'm going to show you an EMS record of

1 from University of Louisville Hospital. The record
2 is dated July 7th, 2009. It is Page 115 of the
3 submissions. Can you look down at the bottom of
4 that?
5 A. Yes.
6 Q. Tell me what they found.
7 A. It said: 48-year-old male sitting in
8 the chair. Patient admits to ingesting large
9 quantities of ETOH, which is alcohol. Patient is
10 having suicidal thoughts. Patient denies wanting
11 to hurt anybody else.
12 Q. So there was -- suicidal thoughts, is
13 that evidence of depression?
14 A. It is evidence of suicidal thoughts in
15 the context of someone being very drunk.
16 Q. Okay.
17 A. That causes suicidal ideation, which
18 when they sober up the next day they have no idea
19 that they were suicidal and they're not anymore.
20 So teaching -- an example that I teach students of
21 all the time.
22 Q. Thank you, Doctor. I show you a
23 record July 8th, 2009. Can you tell me what the
24 chief complaint was at that time? This is the
25 before the accident.

1 A. Chief complaint: I'm drinking myself
2 to death.
3 Q. Okay. Here is Page 127. Just
4 following that record, does that show how much
5 alcohol he was drinking at that time or admitted to
6 drinking at that time?
7 A. He reported that he was drinking half
8 a gallon of whiskey or vodka and 14 to 24 beers a
9 day.
10 Q. A day. Is it more likely than not that
11 alcoholics undereport their drinking to medical
12 providers?
13 A. Yes.
14 Q. That's significant evidence of
15 alcoholism prior to this accident. Is that
16 correct?
17 A. It's overwhelming evidence of
18 alcoholism.
19 Q. In fact, here's another record from
20 7/7/09 Page 132 of the RPA submission. Can you
21 tell me what the claimant was diagnosed with at
22 that time.
23 A. Number 1 diagnosis is alcohol
24 dependence and before that it says -- is drug
25 dependence and there's a rule-out, substance-

1 induced mood disorder.
2 Q. Does that record indicate that he was
3 willing to get help for his alcohol dependence at
4 that time?
5 A. Yes. I think that's the time where it
6 said he's willing to get treatment, but he's not
7 sure he wants to stop drinking. I don't see that
8 on here.
9 Q. I'm going to show you Page 133 of those
10 submissions. It's from July 8th, 2009. It's from
11 a discussion with a social worker. Can you tell me
12 what, if anything, is significant in that medical
13 record regarding his alcohol abuse or alcohol
14 dependence.
15 THE WITNESS: Well, in the first
16 sentence it says: 48-year-old Caucasian male, a
17 long history of drug dependence. He reported to
18 the EMS after he made a statement saying he was --
19 suicidal ideation. Under the influence of alcohol.
20 Blood alcohol level 235, which is very high.
21 Q. Had --
22 A. It says --
23 Q. I'm sorry.
24 A. -- made such statements. Too drunk.
25 He reports a loss of his job, was found drinking at

1 work. Had a friend who recently committed suicided
2 after he recently lost his job similarly.
3 Reports drinking vodka, half a gallon,
4 and 10 to 14 beers which increased recently over
5 the last 20 plus years. One year of sobriety and
6 nine months but has never been into a drug rehab
7 program.
8 Q. So that history described there of
9 20 plus years of drinking a half a gallon of vodka
10 and 10 to 14 beers a day would do significant
11 damage to the body. Is that correct?
12 A. Catastrophic damage.
13 Q. And eventually is it correct to say
14 that if alcoholics continue drinking -- well, you
15 said even one beer a day might do it, but the body
16 eventually will shut down. Is that right?
17 A. In almost all instances. All we're
18 talking about is how long and what the dose is
19 before the body begins shutting down; in particular
20 the liver but also the heart and the kidney before
21 it begins shutting down, breaking down, and not
22 functioning.
23 Q. And --
24 A. Scarring. The liver gets increasingly
25 scarred. So at the end of a long course of

1 alcoholism the liver is small and full of scars and
2 is barely functioning.
3 Q. I want to show you a certified copy of
4 the death certificate. It is included in the
5 Plaintiff's APA submissions.
6 Can you tell me what was determined to
7 be the cause of death?
8 A. Acute respiratory failure, septic
9 shock, pneumonia, acute renal failure, alcohol
10 abuse.
11 Q. With a typical patient how long does it
12 take for alcoholism to result in death?
13 A. The range -- if we're talking about --
14 I mean, there are a lot of things that kill
15 alcoholics along the way: Car wrecks, aspirating
16 in their own vomitus when they're too drunk,
17 falling downstairs, walking out in front of cars.
18 If they avoid all of those acute kind
19 of things that hasten the process the average
20 alcoholic drinking what Mr. Provins drank
21 generally takes -- again, if they avoid the acute
22 reasons to be killed it takes in general 20 to
23 40 years. They very frequently die in their
24 late 40s to early 50s.
25 Q. How old was Mr. Provins when he died?

1 A. I think he was 53 or 54.
2 Q. Now, if you're an alcoholic does that
3 mean you're going to get a DUI or does it mean that
4 your chances are greater?
5 A. The chances are greater. I mean, it
6 never ceases to amaze me the amount of people who
7 drink and don't get a DUI. It gives you pause to
8 not go out on New Year's Eve and other heavy
9 drinking times because you're taking your life in
10 your hands because there are so many drunks on the
11 road.
12 Q. Okay. But no one doubts that he was in
13 pain after his shoulder injury, I don't think?
14 A. I certainly don't.
15 Q. That's not really an issue. What we're
16 talking about is whether or not he developed
17 alcoholism after this accident which led to his
18 death and the alcoholism is related to the
19 accident. I think that's what we're here for.
20 You've issued opinions on that already.
21 We have evidence that he was drinking before he was
22 injured and after 2009 via his testimony. Is that
23 correct?
24 A. Yes.
25 Q. All right.

1 A. Repeated testimony.
2 Q. And he testified he drank every day.
3 Is that correct?
4 A. Yes, much of the time. One time under
5 oath to my knowledge.
6 Q. I have a question about drinking. Is
7 the act of drinking for an alcoholic an intentional
8 act?
9 A. Yes. The majority of alcoholics
10 actually recover with or without treatment if they
11 don't die first. So the alcoholic along the way
12 starts drinking, keeps drinking. They're the one
13 who buys the vodka. They're the one who makes the
14 is drink. They're the one who drinks it.
15 On the other hand, it leads to
16 significant problems not only with their liver but
17 with their brain. They become addicted to it. On
18 the other hand, as I said, most recover and at a
19 certain point most alcoholics put down their last
20 drink and don't pick up another one.
21 Now, that's voluntary also. Now, my
22 patients want to do that and are motivated enough
23 that they do that. I help them do that in various
24 ways, but I also insist that they go to AA every
25 day or twice a day to get support and help in doing

1 this task, to not go back to drinking.
2 Q. The demise of Mr. Provins, does that
3 fit into the pattern or mold of an alcoholic who
4 would have died with or without his shoulder
5 injury?
6 A. Yes. We have a several-decade-long
7 history before he hurt his shoulder where he was
8 drinking daily by his own report huge amounts of
9 alcohol.
10 Q. Doctor, have all the opinions you've
11 given here today been stated to a reasonable degree
12 of medical certainty?
13 A. Yes.
14 MR. KILLEN: Thank you. That's all the
15 questions I have.
16 EXAMINATION
17 BY MR. SMITH:
18 Q. I've just got a couple. In 2009 in
19 July his dad died and his wife left him and he had
20 rehab. There is nothing beyond that with regard to
21 infractions, criminal infractions, anything with
22 his job or nothing that you see. Is that right?
23 A. I've testified to that before, but yes.
24 Q. Okay. Did you interview anyone
25 regarding his depression?

1 A. No.
2 Q. So you wouldn't have any idea whether
3 that's a possibility or not, right?
4 MR. KILLEN: Objection to the form.
5 THE WITNESS: Well, it is a
6 possibility. As I've said several times, to my
7 knowledge he's not been seen by a professional
8 capable of evaluating whether he's depressed or
9 not.
10 Family members would be helpful, but it
11 is extremely hard to tease apart the mood-related
12 issues from drinking and from a depression.
13 What I teach with patients and students is that --
14 and what everybody in the field believes is that if
15 you're drinking and depressed that you have to stop
16 drinking first and then we'll see if you're still
17 depressed because most people are not still
18 depressed after they stop drinking.
19 Q. So Mr. Provins despite the fact he
20 drank all his life and now he's withdrawing which
21 he hadn't done before to your knowledge -- right?
22 He's not depressed?
23 He can't wipe his ass, can't pay for
24 anything, and he's losing his house?
25 A. What is your question?

1 Q. Is there depression there?
2 Could there be depression there?
3 A. Of course there could be. We could
4 speculate.
5 Q. Doubtful?
6 A. Well, what's doubtful is that there's
7 an independent depression, independent of his
8 drinking. My belief is that to a reasonable degree
9 of medical certainty if he stopped drinking that
10 any depression he had would probably clear up. His
11 continued drinking made his depression if it was
12 there worse.
13 Q. And if the employer would have allowed
14 him to see a doctor and he had been medicated --
15 MR. KILLEN: Object to the form of the
16 question.
17 BY MR. SMITH:
18 Q. -- and he went to surgery -- I'm not
19 done with my question.
20 MR. KILLEN: I'll wait then.
21 BY MR. SMITH:
22 Q. -- that would be an issue that
23 continued his injury and made it worse. Is that
24 right?
25 MR. KILLEN: Objection to the form of

1 the question.
2 THE WITNESS: Repeat the question if
3 you would, please.
4 BY MR. SMITH:
5 Q. I'm sorry about that. I'll withdraw
6 that.
7 If the employer provided the
8 opportunity for Mr. Provins to get help with his
9 shoulder immediately as opposed to waiting 15
10 months wouldn't it be reasonable to believe that
11 the drinking would have been curtailed, the pain
12 could would have been curtailed, and the retear
13 would have not been as likely because he would have
14 had no apathy or -- not apathy. Hold on a second.
15 Atrophy?
16 A. Again, I don't know what the question
17 is in that. Maybe in a sentence or two if his
18 employer had --
19 Q. Yes, sir. The denial of medical care
20 for his injury for 15 months, do you think that had
21 any effect on Mr. Provins' condition?
22 MR. KILLEN: Object to the form of the
23 question. Which condition?
24 MR. SMITH: His physical health.
25 THE WITNESS: It is possible -- it's

1 speculation -- that earlier surgery could have
2 reduced his shoulder pain.
3 I do not think it had any impact on his
4 eventual outcome. If his shoulder had been
5 repaired, say, two or three months later I think he
6 would have continued to drink just like he had
7 every day since he was 16 years old and he would
8 have died on the same day he did die.
9 BY MR. SMITH:
10 Q. Are you saying to a reasonable degree
11 of medical certainty that he would have died on
12 that day had he not had a torn rotator cuff for 15
13 months and atrophy? Is that what you're saying?
14 A. More or less. I'm not God. I can't
15 predict the date, but there's nothing that a
16 shoulder injury would have to do with causing
17 death.
18 Q. Well, we've already talked about the
19 fact that the pain -- there's no question about the
20 pain, right?
21 A. Pain doesn't cause death.
22 Q. But it does cause deterioration in an
23 individual, doesn't it?
24 A. That's speculation and there are plenty
25 of people who are under chronic page pain and live

1 to ripe old ages. No. I mean if you are
2 hypothesizing that the pain hastened his death I
3 don't agree with that.
4 It's the alcohol that he continued to
5 drink that hastened his death.
6 Q. So the alcohol was consistent?
7 A. Yes.
8 Q. Okay.
9 A. From when he was 16 years old.
10 Q. Well, then I guess that's not what did
11 it, right? The only thing that did it was the
12 injury, right?
13 A. Oh, goodness gracious.
14 MR. KILLEN: Objection.
15 THE WITNESS: I don't agree with that
16 logic at all. If you drank like he drank for
17 40 some years you're going to die from the drinking
18 whether you have six injured shoulders.
19 BY MR. SMITH:
20 Q. Well, he didn't go to any doctors from
21 2009 to 2012.
22 MR. KILLEN: Objection.
23 THE WITNESS: Or from 2005 to 2009 or
24 from --
25 BY MR. SMITH:

1 Q. I wouldn't say that. Didn't he go in
2 2007?
3 A. I'm not aware of that. He also didn't
4 go from October of '13 until April of '14.
5 Q. Okay.
6 A. He repeatedly didn't go to doctors. He
7 avoided doctors quite successfully.
8 Q. The alcohol wasn't causing him any
9 difficulty.
10 A. It was killing him.
11 Q. No, it wasn't.
12 A. Yes, it was.
13 MR. KILLEN: Objection. Wait.
14 THE WITNESS: See, I'm the expert here.
15 It's my expert opinion that it killed him and was
16 killing him all along. You're a lawyer here
17 testifying and so I'm going to believe me.
18 BY MR. SMITH:
19 Q. Sure. But you've never talked to
20 Mr. Provins? You have no idea?
21 MR. KILLEN: Objection.
22 THE WITNESS: I have no idea. I
23 did not talk to him nor did Dr. Price nor did
24 Dr. Martin nor did the other experts in this case.
25 BY MR. SMITH:

1 Q. Right. Would it have helped you to
2 talk to him in this case and his family?
3 A. Maybe if I had thought it was critical
4 I would have done that, but I didn't think it was
5 critical.
6 Q. Because he was a drunk, right?
7 I mean that's really the basis of your
8 testimony?
9 A. I would never use that derogatory term.
10 Q. I'm sorry.
11 A. You should bite your tongue.
12 Q. Yes, sir. I withdraw that. He just
13 drank a lot.
14 A. He drank like an alcoholic or a person
15 with alcoholism.
16 Q. Were there any issues with the family
17 or do you know in 2009?
18 A. Yeah. I understand from what I know is
19 in the record that he and his wife broke up and
20 that they were back together and they had a lot of
21 financial problems.
22 Q. Okay.
23 A. No. Beyond that I don't.
24 MR. SMITH: I have nothing further.
25 EXAMINATION

1 BY MR. KILLEN:
2 Q. Doctor, is it reasonable to say or
3 reasonable to believe that alcoholics avoid going
4 to see doctors?
5 A. They routinely do.
6 Q. You don't know of anything about the
7 denial and the defendants asserting their statutory
8 rights or the claimants or his attorney's failure
9 to sign medical releases to provide to the
10 employer, do you?
11 MR. SMITH: Two years later.
12 THE WITNESS: No. I'm not an attorney.
13 Those are not my issues.
14 BY MR. KILLEN:
15 Q. Okay. And just because we don't have
16 in the record at this point any criminal
17 infractions or job write-ups between whatever date
18 to his death or to his injury does that mean he was
19 not still drinking every day?
20 A. No. It does not mean that.
21 MR. KILLEN: Thank you. That's all.
22 THE WITNESS: I'd like to read.
23 (The witness, after having been advised
24 of his right to read and sign this transcript, does
25 not waive that right.)

1 (The deposition was concluded at 6:04
2 PM.)
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SIGNATURE OF DEPONENT

DEPONENT: JAMES C. BALLENGER, MD
DEPOSITION DATE: SEPTEMBER 23, 2016
REPORTER: PRISCILLA NAY
CASE CAPTION: JAMES PROVINS vs. SPIRIT CONSTRUCTION SERVICES, INC., ET AL.

(Please return both Signature of Deponent pages)

I, the undersigned, JAMES C. BALLENGER, MD, do hereby certify that I have read the foregoing deposition and find it to be a true and accurate transcription of my testimony, with the following corrections, if any:

PAGE	LINE	CHANGE	REASON

1 SIGNATURE OF DEPONENT (CONTINUED)

2 DEPOSITION DATE: SEPTEMBER 23, 2016
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4

5 PAGE LINE CHANGE REASON

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12 JAMES C. BALLENGER, MD Date

13 I, Priscilla Nay, Notary Public for the
State of South Carolina at Large, do hereby certify
14 that the deponent was advised of his or her right
to read and sign said deposition both verbally and
15 in writing. If the deponent fails to execute and
return foregoing Signature of Deponent pages within
16 the thirty (30) days allowed pursuant to the Rules
of Civil Procedure, the original transcript may be
17 filed with the court.

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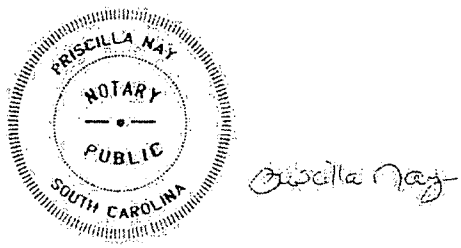


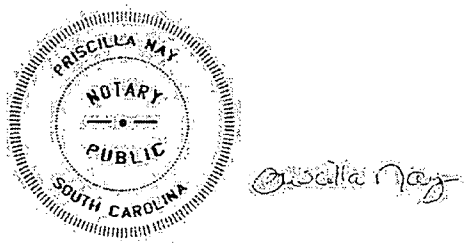
23 Priscilla Nay
Certified Shorthand Reporter
24 My Commission expires
December 2, 2021
25

CERTIFICATE OF REPORTER

I, Priscilla Nay, Court Reporter and Notary Public for the State of South Carolina, do hereby certify that the foregoing transcript is a true, accurate, and complete record.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 5th day of October, 2016 at Charleston, Charleston County, South Carolina.



Priscilla Nay,
Court Reporter
My Commission expires
December 2, 2021

1 I N D E X

2

3 Page Line

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6 EXAMINATION 3 3
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11 BY MR. SMITH
12 EXAMINATION 78 25
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17 REQUESTED INFORMATION INDEX
18 (No Information Requested)

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PAGE	LINE	CHANGE	REASON
7	5	from "shifted for" to "shifted to"	
26	5	add yes from a PT note	
31	13	change to only supply TR records	
31	18	change MRI was to MRI showed	
32	13	changing rigging to flagging	
33	22	change did to recent all my cases	
37	5	change ~~[illegible]~~ in the field we have argued or debated	
38	1	add with no working lives	
38	7	~~[illegible]~~ change to alcoholics use alcohol	
42	21	a pain clinic	
45	4	add PT – was erratic in PT technique	
		change Dr Price to Dr Martin	

SIGNATURE OF DEPONENT (CONTINUED)

DEPOSITION DATE: SEPTEMBER 23, 2016
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PAGE	LINE	CHANGE	REASON

James C Ballenger MD 10/20/16

JAMES C. BALLENGER, MD Date

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PRISCILLA NAY NOTARY PUBLIC SOUTH CAROLINA

Priscilla Nay

Priscilla Nay
Certified Shorthand Reporter
My Commission expires
December 2, 2021