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 Brown 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 Toradol 7.5 IM Now (R) Arm
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 7/1/13
Today's Date: 6/3/13 *Restrictions Void After:* 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, Squating, 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 FBonnarens MD/RC

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

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

ICM

July 9, 2013

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

+ AROM arm = weakness at 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 c abduction good dpt/int Rotators strong pendulum Retear
- Has Mr. Provins made progress in his physical therapy program? yes progressing
- Further treatment plan? And estimated length of treatment? Lestim 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 O. SORRENTINO, M.D.
DEA # AB2378532 - KY LIC# 29483
ORTHOPAEDIC ASSOCIATES

Shelbyville Medical Clinic
3529 Dade Highway, Suite 100
Louisville, Kentucky 40216
(502) 587-4376

DEA # AB2378532

Name Susan Goerns

Address _____ Date 7/26/13

Lortab 7.5
#40
1 PO q 6 prn

1-21
25-49
50-74
75-100
101-150
151 and Over

Refill: (circle) 1 2 3 4 5

M.D.

Physician's Name Printed Here Required M.D.

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE 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: James Rains D.O.B.
Today's Date: 7/29/13 *Restrictions Void After:* Aug 26, 2013
NATURE OF INJURY: The patient has problems with their (R) knee.
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 FB/lw cc: Rains MD/RR

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

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 Kyle Pruitt Date 7/24/13

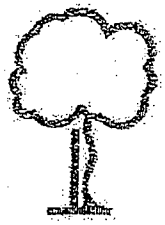
Physical Therapy

2-3x wk x 4 wks

℞ Standard

ECBelowAllowed/kr

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



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: 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

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

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 I 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"	210 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 Please only

Not used

Signature

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Phone
962-5242

FRANK O. BONNAREN, M.D.
ORTHOPAEDIC ASSOCIATES

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Louisville, KY 40202
Telephone: (502) 585-4376

Preston Medical Center
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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/U Bonnaren 3/10/14

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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3605 Northgate Circle, Suite 202
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

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: 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

Advanced ENT & Allergy

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.

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, with 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, peritonsillar 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: [redacted]
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

BAPTIST HEALTH LOUISVILLE

PROVINS, JAMES
9981174

Operative Report

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 Rivers			M

Home Address	City	State	Zip	Telephone #

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

Reason for Visit

Is this a work related injury? (Yes) No

If yes, date of injury? 1-24-13 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 Bonanno

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?

Norflex 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 Rivers
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

NO 3843 P. 67
MAY 14 2015 5:08PM

520

Time In _____

BAPTISTWORX

URGENT CARE MEDICAL & HEALTH HISTORY FORM

_____ Time Out

Name: J Ayres P Rowles Date of Birth Date _____

Social Security #: _____ F

I. HAVE YOU EVER HAD?

1. Injury, Illness or Hospitalization in past 3 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

6 ~ 5 Beers a day

Signature of Patient

Signature of Medical Examiner 4/7/13

8/99

NO 3843 P. 68

MAY. 14. 2013 5:08PM

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 PROVIS Soc Sec #: _____

Signature: James Provis 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

523

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: 7/6/13 PLACE LABEL HERE

MD: BOLARROS Age: Diagnosis: S/P RTC (DAILY MAY - PLUNKSIZE 5/15/13 PER OP REPOR ON DATE)

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 C ANY MOVEMENT
Paresthesias OCCASIONAL - USUALLY DURING/P SLEEP
Better when RX PILLS
Worse when ANY MOVEMENT

Objective:

Observation

Palpation (R) SS TENDON, LHB (GUARDED)

R.O.M. (R) SHO F 80° C SUBST (SUPINE) IR 46°
ABD 55° C SUBST ER 64°
EXT 21°

Strength

NT 2° SIGNIFICANT PAIN C ELEVATION

Sensation WFS
Reflexes WFS
Special testing NO SPECIAL TESTS 2° SX
* MODERATE 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: [signature] PT, DPT Date: 7-8-13

NO. 3843 P. 18

MAY. 12. 2015 5:01PM 189

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 Terre 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 Phoebe only

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

Refill NR 1 2 3 4 5

FO Bonnarens MD/mss

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

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PROVINS JAMES

4290-87-0 DOB:

Patient Name: James Provins
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 P.T schedule

OBJECTIVE: Observation/ Posture/ Gait:

Palpation:

AROM: Strength: Special Tests:

PROCEDURES & MODALITIES

MH: (cc) 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:

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: 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 c 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

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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 session

OBJECTIVE: Observation/ Posture/ Gait:

Palpation:

AROM: Strength: Special Tests:

PROCEDURES & MODALITIES

MH: (ice) Paraffin 97018: Vasopneumatic 97016 Rx Minutes: Location / Other:

Electrical Stimulation: (IC) Pre-Mod PES HVGS Max mAmp:
RX Minutes: Supervised 97014 X15 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 W/s/ 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
Posterior release to (R) biceps and subscapularis, posterior capsular glides in supine and (R) S/L positions, contract relax supine scapular mobs and prone scapular mobs & 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 tx

PLAN: Cont PT
Progress per Plan Of Care

Progress strengthening / stabilization / functional activity i.e.

Other:

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

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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

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: 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

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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/BA

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:

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 W/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
TM
UBE:
Bike:
See Attached Flow Sheet(s) (Exercise and Manual PT)

- GH mobs
- Scapular mobs
- posterior capsule stretch
- positional release 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 improving c treatment but remains tight. Pt posterior capsule 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	Joan Dalton, PT	Sarah Gold, PT	Phoebe Powell, PT	Craig Smith, PT	Ron Lasley, PTA	Brittney Stout, MPT
Physical Therapist	Physical Therapist	Physical Therapist	Physical Therapist	Physical Therapist	Physical Therapy Assistant	Physical Therapist
KY License #3609	KY License #1017	KY License #2834	KY License #3159	KY License #1314	KY Certification #A1013	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

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:
Patient #
Date:

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

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 W/s/ 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 _____
TM
UBE:
Bike:
See Attached Flow Sheet(s) (Exercise and Manual PT)

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

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: See MD note

Progressing to passive mobility and passive neuromuscular 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 Cox DPT 4584 / Kim Abell PT 2600 / Connie Vinton DPT 5422 / Connie Smith MPT 6141 / Sara Cox

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

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BaptistWorx

PROVINS, JAMES "JIMMY"

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

#: Insurance & Billing address: GAL. BASS

BOMMARITO 79483

any ID:

Therapy Evaluations and Re-Evaluations	CPT	Date										
		Initials	VA	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						1					1
Neuromuscular reeducation, each 15 minutes	97112		1	[redacted]	2	1	1	2	2	2	2	2
Therapeutic Exercises, each 15 minutes	97110		1	[redacted]	1	1	2	1	1	1	1	1
Community/work reintegration training, each 15 minutes	97537											
Manual therapy techniques, each 15 minutes	97140											
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						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	1
Hand Exercisers	$13 A9999	9	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	3
Cervical roll	$20 A9999	2	10	3	10	10	10	10	9	9	9	9
Tennis Elbow support/neoprene	$25 L3701	0	1	0	1	1	1	1	1	1	1	0
Electrical stimulation electrodes	$19 A4595	4	5	4	5	10	5	5	0	0	0	5
Iontophoresis electrodes	$19 A4556	10	3	2	10	1	7	9	4	3	3	0
Heel lift	$21 L3485	3	1	1	4	4	2	9	2	4	4	10
Lumbar roll	$20 A9999											
Pulley	$20 A9300											
Putty	$9 A9999											
Thicraband/Th	$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]
Company ID:

Therapy Evaluation and Re-Evaluation	CPT											
Date		7/2	7/2	7/8	7/8	7/10	7/11	7/12	7/15	7/17	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											
Procedures/Supplies												
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	4	4	4	4	
Tennis Elbow support/neoprene	$25 L3701	1	1	1	1	0	8	3	3	3	3	
Electrical stimulation electrodes	$19 A4595	3	3	7	8	8	7	3	3	3	3	
Iontophoresis electrodes	$19 A4556	0	2	9	5	4	0	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(s)	$4 A6000											

NO 3843 P 13 9/25

MAY 14 2015 5:01PM 200

535

BaptistWorx

Name:	Diagnosis:	ICD-9:	DOI:
Date:		Insurance & Billing address:	
APPLY LABEL HERE	Claim#:		
	MD:		
	Company ID:		

Therapy Evaluations and Re-Evaluations	CPT											
Date		7/24	7/26	7/28	8/2	8/4	8/7	8/11	8/12	8/13	8/16	+5
Initials		KL	KL	KL	KL	KL	KL	KL	KL	PP	KL	
Physical Therapy Evaluation	97001											
Physical Therapy Re-Evaluation	97002											
Unusual Procedure Services (use with all Evals/Re-Evals)	-22											
Special Procedures/Modalities	**CPT**	**UNITS USED**										
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											
Additional Codes												
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	5	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	4	0	1	1	1	0		5	5	
Electrical stimulation electrodes	$19 A4595	3	4	9	1	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											

Rtng
S/S/L

NO. 3843 P. 12 — MAY 14 2015 5:00PM

201

536

TREATMENT FLOW SHEET

Facility:

Physician: Brantman

Patient Name: Flowers, Phyllis

Diagnosis: (R) ACL – s/p Revision

Date of Birth: 8/3/56

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	8/23
(R) FF standing c cord		5"x10	x15	✓	x5	x15		x15		x15	5" x10	✓
wall F/R		2'1/2'	3'1/2'	3F/3R	✓	3F 3R	3F/2R	3F/3R	✓	3F 3R	2'4'	✓
ABD (scaption) c cord		5"x10	blue	✓	✓	x15		x15		x15	✓	✓
wall walk ABD FF		x5	✓	x5	[illegible]	x5		NT				
LPDs		Blue x15	✓	blue x15	✓	blue x15		Blue x15		blue x15	✓	✓
scap pull		Blue x20	✓	✓	✓	blue x15	standing x20	Blue x15		blue x15	✓	✓
shld pull		blue x20	✓	✓	✓	blue x15				blue x15	✓	✓
IR c Band		yellow x15	blue RED	✓	✓	blue x15				blue x15	✓	✓
Triceps		yellow x15	✓	✓	✓	yellow x15		yellow x15		yellow x15	Red x15	✓
ER c Band (in 1st)		yellow x15	✓	✓	✓	yellow x15					blue x15	✓
Biceps		yellow x15	✓	✓	✓	yellow x15					blue x15	✓
S/L ER (25° abduction)		1# x15	x17	✓	✓	1# x15	1# x20	1# x20		1# x20	✓	✓
Bow circles c/clock		x10	20 cm diameter	x20 BR	✓	x20		x20		x20	✓	✓
SB ABD scaption		5"x10	x20	x20 BR	✓	x20		x20		x20	—	
SB FF scaption		5"x10	↓	☆	✓	x20		x20		x20	5" x10	✓
Pulley 3 way		x20	x20	x20	✓	x20		x20	✓	x20	✓	✓
Pulley c SB c/clock		x10	x10	x10	✓	x10		x10		x10	x15	✓
Prone Row					but x10	Bilateral x10	x10	x10		x10	—	
prone t's thumbs down							x10	x10	✓	x10	x20	✓
prone W's							x10	x10	✓		x10	
prone retractions							x10	x10	✓		x20	
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]

MAY. 14. 2015 5:06PM NO. 3843 P. 51

BaptistWorx

Name:
Date:
APPLY LABEL HERE

Diagnosis: R/O Rot cuff/Impingement ICD-9: 840.4 DOI: 1/24/12
Claim#: Insurance & Billing address:
MD: LNimmons
Company ID:

Therapy Evaluations and Re-Evaluations							
Date			1/16	1/18	1/21	1/23	
Initials			SB	L	W	SB	
Physical Therapy Evaluation	97001						
Physical Therapy Re-Evaluation	97002						
Unusual Procedure Services (use with all Evals/Re-Evals)	-22						
Special Procedures/Modalities							
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	
Neuromuscular reeducation, each 15 minutes	97112						
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	$21	A9999	1	1	1	1	
Hand Exercisers	$13	A9999	9	9	9	9	
Ankle support/ascend stab	$104	L1902	9	9	9	9	
Cervical roll	$20	A9999	9	9	9	9	
Tennis Elbow support/neoprene	$25	L3701	5	5	5	5	
Electrical stimulation electrodes	$19	A4595	1	1	1	2	
Iontophoresis electrodes	$19	A4556	1	3	4	1	
Heel lift	$21	L3485	5	1	9	8	
Lumbar roll	$20	A9999					
Pulley	$20	A9300					
Putty	$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 9/6	Date 9/9	Date 9/11	Date 9/16	Date 9/18	Date 9/22	Date 9/25
Supine pinches		20	20	20	2# X15X2	2# 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	X20	20	✓	✓	✓
W's		10	X12	X12	X15	X15	X20	20	✓	✓	✓
retractions		10	X12	X12	X15	X15	X20	20	✓	✓	✓
Press		10	X12	X12	X15	X15	X20	20	✓	✓	✓
Rows		10	X12	X12	X15	X15	X20	20	✓	✓	✓
Corner stretch hold 20		X3	X3	X3	X3	X3	✓	✓	✓	✓	✓
Doorway stretch hold 20		X3	X3	X3	X3	X3	✓	✓	✓	✓	✓
IR ↔ 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	9/24 Type	Date 9/30	Date 10/2	Date 10/4	Date	Date	Date	Date	Date	Date	Date
Supine punches	2# x20	✓	✓	✓							
Sidelying ER	2# x30	✓	✓	✓							
prone I's thumbs down	x20	✓	✓	✓							
W's	20	✓	✓	✓							
Retractions	20	✓	✓	✓							
pecs	20	✓	✓	✓							
rows	20	✓	✓	✓							
Corner stretch	✓	✓	✓	✓							
doorway stretch	✓	✓	✓	✓							
IR c towel	✓	✓	✓	✓							
posterior capsule	✓	✓	✓	✓							
inferior capsule	✓	✓	✓	✓							
Supine ABD c ER	scaption x20		✓	✓							
UBE	3' 3.5	✓	✓	✓							
WAll pushups	20	✓	✓	✓							
T-Band IR/ER	red x20	✓	✓	✓							
Lat pull down	red x20	✓	✓	✓							
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

BAPTIST HEALTH

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.com

541

BAPTIST HEALTH

OCCUPATIONAL MEDICINE FAX # 502-935-9577

FACSIMILE TRANSMITTAL SHEET

TO: FROM:

COMPANY: DATE: 12.30.13

FAX NUMBER: TOTAL NO. OF PAGES, INCLUDING COVER:

PHONE NUMBER: 678.942.7392 13 pg's

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

RE: YOUR REFERENCE NUMBER:

Aug Notes for James Provins

☐ 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

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

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-@[illegible]NCHID 00438: 01 2 NO 3843 P 10 We stopped seeing him on 7-23-13

MAY. 14 2014 5:00PM Page 2 of 2

208

543

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

_____

NO. 3843 P. 8
MAY. 14. 2015 5:00PM

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: VMEdwards Date: 2/5/14

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

Access approved? (YES) NO

ROI Request F2110

210

545

Facility SMEH
Med Rec # L00042358 7
Account # M0343111738

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: [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

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

Street Address: [redacted] Telephone #: [redacted] 24

City, State, and Zip Code: [redacted]

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

Check () all that apply:

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

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: For Lawsuit

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
SIGNATURE OF INDIVIDUAL OR PERSONAL REPRESENTATIVE 2/5/16 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:

Processed by HealthPort
Rep
Date
Pages

ROI Request F2110

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: MMedina Date: 2/5/14 2/8/2016

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

546

2498

12-23127-211

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

AMI / PE / Pneumothorax / Aortic Dissection / Esophageal Rupture

TIME SEEN: 1040 ROOM: 9 EMS Arrival

HISTORIAN: patient family EMS

UNABLE TO OBTAIN HISTORY DUE TO: _____

Acct #: H034311736 MRN: U000423587
PROVIDER, JAMES SSD
52 M M
EDN
05/10/14

HPI

chief complaint: chest pain / discomfort

onset / duration: SINCE RECESS

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

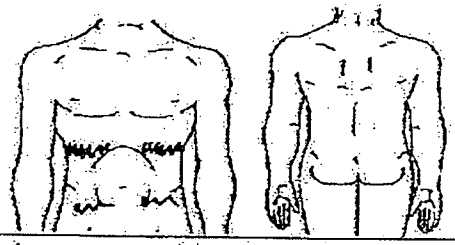
constant "waxing & waning"
intermittent episodes lasting _____
worse / persistent since _____

context: QUIT SMOKING 2 YRS AGO, OCCAS CIG
HTN (B) CP @ COSTAL MARGIN

quality:
tearing
pressure
sharp
dull

radiation:
none
arm / shoulder
back / jaw
NR

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 / feet

☐ 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 ? OSC-3YR
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 as PE
1.5 pts each: HR > 100 / immobilization or surgery past 4 weeks / prior DVT or PE
1 pt each: hemoptysis / cancer tx-treatment in the past 6 mos
LOW (0-2pts) (3.5%) 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 _____

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

SNOMED SNOMED

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 _____
RETIRED EMT SINCE 2011

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

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ER Notes F1100

Jewish Hospital & St. Mary's HealthCare

☐ JH ☐ JHS ☐ FRI ☐ VNA/NHC ☐ JHMCSW ☐ JHMC ☐ JHMCS ☐ OLOF ☐ SMEH

ADDRESSOGRAPH

Acct# M034311738 MR#:L000423587
PROVIDER: JAMES CICCUS
M M CICCUS-17
NON
04/10/14

Page 1 of 4

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. – UDSNL	
		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:	

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS# 1800776 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#:H034311738 MR#:L00042358/
PROVTRS, DANES 01CCU3
52 M H:01CCU3-17
Recvd-Lon,Angela R,M
NCN
04/10/14

Page 4 of 4

ALCOHOL WITHDRAWAL PROTOCOL ORDERS: LORAZEPAM (ATIVAN)

Transcriber 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
Robertson, Angela - 253484
TC 4/23/2012 12:31:50

Nurse signature: Angela Tunnicliffe RN
4/10/14@1610

MD Signature: _____ Date: _____ Time: _____

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORM® 1658776 AMG

Physicians Orders F1220

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 ☐ JHMC
☐ JHS ☐ JHMCS
☐ FRI ☐ OLOP
☐ VNA/NHC ☐ SMEH
☐ JHMCSW

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

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS® 1650776 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"

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

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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

Emergency Department

PATIENT TRANSFER TO AN OUTSIDE FACILITY

Acct #: M03431738 MR#: L00423567
PROVIDER: JAMES 52 M M
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: Wenrich Phone: _____

Accepting Facility Rep: Bridgette 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 Ritter 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 YOUTHFORM# 735655 (1/1)

552

Jewish Hospital & St. Mary's HealthCare

Emergency Department

PATIENT TRANSFER TO AN OUTSIDE FACILITY

Acct#: M03431173[illegible] MRN: [illegible] SSD

52 M [illegible]

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.

[illegible] _____ [illegible] 4-10-14 1400

Patient/Legally responsible individual | Relationship | Witness | Date/Time

SECTION 2 TRANSFER REQUIREMENTS (NURSE COMPLETE)

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

Receiving Facility Name: SMH

☐ 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: [illegible] 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: [illegible]

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

[illegible] [illegible]

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 JCH UFORMS® 7329055 11/11

Jewish Hospital & St. Mary's HealthCare

9

LS.

Acct#: MD34311758 MRN: 2000423587 SED

52 M M

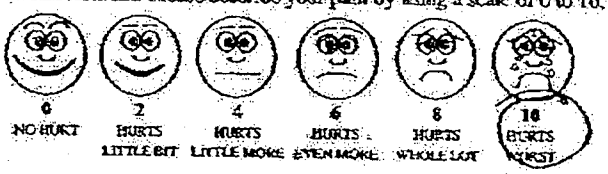
PCP: Primary Care Phy. NDX

04/10/14

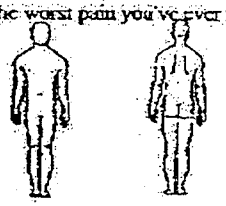
Patient History

1. Is there any possibility you may be pregnant? ____
2. Diagnostic exam: CT C/A/P ε 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: Smoker 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 ____

Radiology Worksheet F1245

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 ____

CONTENT REVIEWED / REVISED 2/12

VCELLFORMS® 7328908 2/12

Jewish Hospital & St. Mary's HealthCare

Acct#: 2016311738 Med: 1000423587
PROVIDER JONES SRD
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 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 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 physicians, surgeon(s), pathologist(s), all other medical specialties, 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 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 record 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, Student 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 in this account, understand that I am to be 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 CONDITION PATIENT

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

I acknowledge that I have received information that describes the 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 and 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 _____

DUE TO CONDITION PATIENT

☐ 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 as mentioned on with the treatment of the patient. I permit a copy of this consent to be used in place of the original for purposes of treatment. This form has been fully explained to me, and I understand its content and significance.

DUE TO CONDITION PATIENT

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: DUE TO CONDITION PATIENT

Name/relationship to patient phone# called (all calls)

1st verbal witness Date/time

2nd verbal witness Date/time

Consent Forms H140

DUE TO CONDITION PATIENT

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

Initial _____

CONTENT REVIEWED / REVISED 9/12

VOLUFORM/SE 165947(r) 2/20

Jewish Hospital & St. Mary's HealthCare

Acct#: MD34311736 MR#: LO00423587
PROVINS, JAMES
52 M K
ED
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 as set forth 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 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 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.

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 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.

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 CONDITION PATIENT

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.

DUE TO CONDITION PATIENT

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 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 of treatment. I have had this form fully explained to me, and I am signing it voluntarily and understand its content and significance.

DUE TO CONDITION PATIENT

Patient's Signature _____ Date _____

Witness Signature Lisa Robertson Date 4-10-14

Signature of Guarantor or Legal Representative _____ Relationship / Date _____

Reason patient is unable to sign: _____

Verbal permission was received by phone/telephone

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

VOLU FORMS® 1800-321-1 9/12

[illegible]	[illegible]	Creation:	[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
PROVIDER: [illegible] CICCU2
2 M M CICCU3-17
[illegible], Angela R.M.
RCN
04/10/[illegible]

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 Coronary 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

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 Angela Provin 4:40 PM 4/10/14 — 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

[signature] 4/10/14 16:44

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.

[signature]

Physician or Practitioner Signature | Date/Time: 4/10/14 1644

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 Yes (If yes, see Medical Restraint)	
No (Complete Medical Restraint Section)	
ORDER TIME LIMIT:	
X 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. Jameel Abdurrahman 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#: M03431738 MR#: L000423587
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**

daily ✓ Vancomycin
40 g S/Q Daily
Blood Cx's x 2 done SW
- Urine for Cx's done SW
Daily labs
✓ BMP, CBC, Lactic Acid
✓ ABG ✓ VBG
✓ Lipase ✓ Amylase
✓ LFT's

TORV Dr: FAXED by Date/Time:
MD Sign: Date/Time:
MD Print: Contact #:
All orders must be Signed, Dated, and Timed with Contact # Included

Amanda Mac 4/10/14 0725

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 6/10

ORDER / PROGRESS CHART

VOLUFORM SE 732840 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#: L000423587
ES 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 1600
IS TV 550
IR/R 24. PMG 1618
Frog 105°.
Neo 10
MAG in 30 min
Blood Cx x 2 done @ 1700
Meropenem 500 mg
IV 8hr
Bld Cx x 2 done @ 1700
Flu A + B test
NS @ 200 ml/hr
2D Echo
TORVA: Phenylephrine K 2 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

4/10/14
Pulm/Crit
Full Consult
685770
done

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

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED

ORDER / PROGRESS CHART

Physicians Orders F1280

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"

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 2015	**All orders must be Signed, Dated, and Timed with Contact # Included** CONSULT DR GOLDSTEIN SPOKE TO RE: PANCREATITIS Bonnie UMNO SODIUM, CREATININE, EOSINOPHILS, OSMOLALITY RENAL US SODIUM OSMOLALITY IS NOT WNL High AIC LOW DOSE SUBQ SSRE INSULIN ASA 325 g 6° PLACE A-LINE NOW VBG AT 6PM SPOKE TO CONSULT DR UMMAT RE: Bonnie FACIAL CONDIA URINE LYTES ON URINE IN UNA HIA NOW - CALL FOR Hgb<8 NEOSYNEPHRINE gtt FOR MAP > 65 A Wetherton MD
4/10/14	SIC NEO gtt 2050 START LEVO gtt TITRATE FOR MAP ≥65 CONSULT RENAL - SPOKE TO Tiffanee

ANGELA WETHERTON MD HIPS 367-3350

ELECTRONICALLY SIGNED BY TOMMEL, BRYSAE 266569 5/22/2014 12:43:40

Date/Time:

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 RRS
1950 IMPRESSION:
1. SEPSIS 2 2° UTI
2. ACUTE PANCREATITIS
3. ALCOHOL WITHDRAWAL
4. ACUTE RESP FAILURE
5. HYPOMAGNESEMIA
6. AKI
7. LACTIC
8. HYPONATREMIA
9. LEUKOCYTOSIS 2° STEROIDS
10. UTI
11. POLYSUBSTANCE ABUSE
12. FACIAL CONDIA
13. PNEUMONITIS

JOB # 1690207 A Wetherton MD

ANGELA WETHERTON MD HIPS 367-3350

ULTRASOUND

EXAM EXPLAINED AND COMPLETED

EXAM: RENAL US
DATE: 4/11/14 TECH: AMBER

Physician

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVISED 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#:MG34311735 MR#:L000423587
PROVINS,JAMES CTCCU3
52 M M CTCCU3-17
Attending:Angela R K
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**
	Wolfe Isaac R Burchard	
4/10	CXR STAT	4/10 7:10 hrs
7:10 hrs	2 line NS BSWs	Proced. note
	now	Procedure
	CBC, Comp, Lytes	① IJ central
	now	line
	Heparin	indication hypotension
		Discussed w/ family
		Risk, benefit, alternatives
		Pt placed in position
		US used to assist
		with vascular access
		② IJ line
		CXR ordered
		GW. Removed
		all instruments
		from

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

FORMS REVISED 10/10

Physicians.Orders
F1230

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

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 06/29/1961 RX#05729815 -
MEROPENEM SOOMG/S ML VIAL(MERREM)
500 MG Q VIAL IV ..ORD)50..Q 6 HOURS
PER TC AUTO-SUBSTITION:
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:None

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

NOT STOCK FORM # 732410 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
Rettiercurr,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 66/29/1951 Rx#65729611
WASTAGE()
See Comments (8 MISCELLANEOUS, NOT SPECIFIEDS) KK DME
All documentec 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

VOLUFORM3E 7358/10 10/13

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
PROVIDER: [illegible] CICU03
DOB [illegible] 52 M M CICU03-17
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~~

(1) Add 2 grams Mag Sulfate to Sch bag of Normal Saline @ 2000 c/hr x 2 hrs.

(2) I.V. ~~Kept~~ Mag sulfate to maintain Lyte at above 1.8 mmol

(3) Pant am.

(4) ID Echo Dopplers am

Arun Umhat M.D.
~~513-367-~~4500
4/10/14

Kelly Ennis RN

52 yr old F from Alms Cafe admitted c Acute pancreatitis. Found to be Hypotensive w/ Resp failure — Intubated

O: RR 16. Sedated on @ 120 mm.
- NO JVD NO leg Edema
- Lt Fourth Sounds @ base @ Otherwise clear
- Heart sounds Normal
- Bowel sounds Present but distant
- Lungs Anterior clear Posterior Bases: Stony. Lungs diminished on Rt c Effusion
- Abdomen soft c Tenderness

Dx:
- Acute pancreatitis c Shock
- (-) Lt Effusion 2° to Pancreatitis
- R/O DVT c Cardiomyopathy
- CAP

Plan: Volume Resuscitation
- Vasopressors to maintain adequate Perfusion & 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

VOT1PROMS# 753410 0/10

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

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M03431738 MR#: L00042587
PROVINS, JAMES [illegible]
DOB [illegible] M M CICCJ3-17
Wetherton,Angela 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**

4/10/14 2140 YRNS c Tc Amps Bicarb @150
DIC Advance gft
Start rate gft may titrate up to 8mg/hr
Start retrieval gft for possible
TORV Dr Jameel

ELECTRONICALLY SIGNED BY
Jameel, Sajjad - 264689
5/22/2014 12:42:36

X-RAY COMPLETED
Study [illegible]
Contrast
Date 4-11-14
Technologist

4/10/14 2140 Please put 1 gm of mag Sulfate in TPN if NPO only
Urine NA + creatinine
Serum values now
TORV Dr Gleason

FAXED

4/11/14 0150

4/10/14 2200 May Add cervical gft as second assist as needed-
TORV Dr Jameel

ELECTRONICALLY SIGNED BY
Jameel, Sajjad - 264689
5/22/2014 12:42:36

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 10/08

ORDER / PROGRESS CHART

VOLUFORM® 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:

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

Attending Physician: Angela Wetherton, M.D.

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: [redacted] 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: [redacted] 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: [redacted] 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 #: [illegible]R-14-0013791
NAME: PROVINS, JAMES DOB: [redacted] 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#: 803431173[illegible] MRN: 100042[illegible]
PROVINS, JAMES SSN
52 M M
NON
04/10/14

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

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	dB: 200	qD: 200	Dialysate: 4K 2.5 Ca 1.40 Na 135 Bath		EB	
Access: RT IJ	Heparin Bolus: 0	Heparin Drip: 0	Alarm Test: Pass		JL	
Machine Disinfect Date: 4-13-14	Machine #: 42	Bleach neg: Neg	Dsg Change Y (N)			
Cond: 14.6	pH: 7.4	Temp: 36	Chlorine/Chloramine: NEG	Date: 4-11-14		
Labs: K+ / Ca++ / Na+ 4.6 / 6.8 / 141		Hgb/Hct 11.6 / 34.3	BUN/Cr <5 / 1.2		Nephrologist: Klein	

Hep Bsty Pending 4-11-14

Acct#: M0343117316 MR#: L00042355/ CICCU3
PROVINS, JAMES
52 M M CICCU3-17
Wetherton, Angela R M
NON
04/10/14

Time	BFR	VP	AP	Hep gtt rate	A Intake: PO, IV flushes	B Removed am/ machine	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
1540	200	50	10	0	300	0	0	0	300	+300	N/A	16	CRRT Continuous
1200	200	30	10	0	704	11	0	0	+693	+993	N/A	10	Started at 1540
1800	200	30	10	0	401	13	0	0	+388	+1381	N/A	10	Lunch Machine
1900	200	30	10	0	163	7	0	0	+156	+1537	N/A	10	Safety Check Done
2000	200	50	-50	0	273	11	50	0	+212	+1749	0	10	Well Staff Notified
2100	200	50	-50	0	278	11	50	0	+217	+1966	0	10	Educated pt on CRRT 4-13-14
2200	200	50	-50	0	244	10	0	0	+254	+2220	0	10	1540
2300	200	50	-50	0	247	9	0	0	+238	+2458	0	10	4-13-14 2015- water checks done
0000	200	50	-50	0	249	10	0	0	+239	+2697	0	10	Limonite dialyzer on both ports - Shiela RN
0100	200	50	-50	0	244	10	0	0	+234	+2931	0	10	4-14-14 0045- water checks done
0200	200	50	-50	0	247	9	25	0	+213	+3144	0	10	Pt resting, Comfortable
0300	200	50	-50	0	248	10	0	0	+238	+3382	0	10	4-14-14 0145 Water checks done
0400	200	50	-50	0	545	10	25	0	+510	+3892	0	10	Pt resting, Comfortable
0500	200	40	-50	0	273	10	0	0	+263	+4155			0245 Amylase + HCT 18.5
0600	200	40	-40	0	263	10	0	0	+263	+4418			CRRT stopped per family request
0625	CRRT stopped per family request												All bld returned & disconnected

Dr. Gleason notified

579

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.C00423587 Acct# M03431C738
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
~~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

LNP:
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 — DCd 1100 DCd 1350		
		ASA 325 PO - Done	1115	
		ATIVAN 1mg IV Done	1115	
		PROTONIX 80mg IV		
	1150	ATIVAN DRIP, start @ 5 mg/hr IV - Done	1330	
		ATIVAN 2mg IV - Done	1200	
	1206	INSULIN-REGULAR 15 UNITS IV DONE	1206	
		MORPHINE 5mg IV	1225	CR
		ATIVAN 1mg IV	1225	CR
	1227	ADVOCARD 6mg IV	1230	CR
		ADVIL 12mg IV	1233	CR
		ADVOCARD 12mg IV	1240	CR
		SUCCINYLCHOLINE 100mg IV		
		CROMOSATE 20mg IV		
		NORMON 10mg IV		
		VERSED 5mg IV		

Clinical Impression: 1)
Discharge Instructions:
H.D. Signature:

P/C

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct: M03411738 MR#: 1000423587
PROV: SSD
DOB: 52 M
Rm, SV 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 1345	~~Cefotetan 2 Gm IV~~ Zosyn 3.375 mg IV - 1405 Cleghorn Vancomycin 1 gram IV - 1410 Cleghorn MD 1435 Norcuron 10 mg IV - 1435 Cleghorn MD Ativan 30 mg/hr IV - 1435 Cleghorn MD	

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

VOLUFORM 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 SBO
S2 M M
NON
04/10/14

☑ Nursing Assessment Reviewed ☑ Initial Vital Signs Reviewed ☐ Telemetry
BP 80/? HR 142 RR Temp
Pulse Ox ___% RA ___O2 interp ___nml ___hypoxic

PHYSICAL EXAM

EXAM LIMITED BY:

General Appearance
- ___appears well
- ✓alert
- ___mild / moderate / severe distress
- ___anxious / lethargic

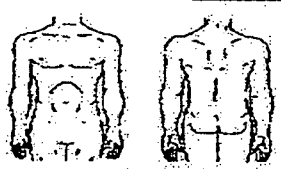
HEENT
- ✓head atraumatic
- ✓eyes nml inspection
- ✓ENT nml inspection
- ✓pharynx nml
- ___tenderness
- ___scleral icterus / pale conjunctivae
- ___EOM palsy / anisocoria
- ___pharyngeal erythema / dental decay
- ___abnml TM / hearing deficit
- ___abnml oral exam

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 movmt
- ___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., T/m = mild tenderness)



ABDOMEN / GI
- ✓non-tender
- ✓no organomegaly
- ___no distention
- ___tenderness / guarding / rebound
- ___abnml bowel sounds
- ___hepatomegaly / splenomegaly / mass
- ___bruit
- ___pulsatile mass

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, describe
- ___embolic lesions / signs of IVDA
- ___decubitus

LABS, EKG & Meds

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

CBC		Chem		Enzymes	
nml except	platelets	nml except	BNP	nml except	
WBC 22	segs 91%	Na 126	D-Dimer	Troponin (-)	
Hgb	bands	K	PT	CKMB 1.7	
Hct	lymphs	BUN 20	INR	Troponin	
	AL 20	Creat 1.7	PTT	CKMB	
Lactate (-)		Gluc 415	CO_2 19	myo 592	

Rhythm Strip Rate Rhythm NSR / PVC 7:37 / 30 / 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 S1Q3T3 RVH LAE PACs
Repeat EKG unchanged Old EKG unchanged date
10 YR 2 YR MEDICATION ERROR

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

CT ☐ V/Q Scan CTV Venous Doppler
nml / NAD ATELECTASIS / PNEUMONIA / EFFUSIONS

PROGRESS

☐ see additional template # 94 510

Time unchanged improved re-examined

ADMIT

☐ patient ambulating / mentating at pre-event baseline
Discharge VS: BP HR RR O_2 Sat
Discussed with Dr. WEINGART 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	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, pancreatitis ? PANCREATITIS

Present On Admission: decubitus / UTI w/ foley

Disposition Decision Time: 1550

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 # 4667

☐ Template Complete ☐ Written Addendum

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40494603332

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

PROVDIS, JAMES SSN

Bay

NKI

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 440 FIO_2 1.0 R 15 PS PEEP 5

Ventilator sedation: propofol drip / other ATIVAN

Additional Notes: ? Stiffness Bradycardia?

Hypoxia - Rescue ? Airway attempt

Dose ESL

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 # 4676

☐ Template Complete ☐ Written Addendum

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ER Notes F1100

30494451A31

Acc#: 3034311738 MRN: 1000423587
Pending Attest S2 M M
Primary Care Phy
RDN
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*

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

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 _____

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

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TEAM Health, Version 10.2016

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#: H0343111738 Med#: L0059423587 SSD

52 M M

No. Primary Care Phy

NKA

04/10/14

TIME SEEN: 1040 ROOM: 9 EMS Arrival

HISTORIAN: patient family EMS

UNABLE TO OBTAIN HISTORY DUE TO:

☐ Nursing Assessment Reviewed ☐ Initial Vital Signs Reviewed ☐ Telemetry

BP ____ HR ____ RR ____ Temp ____

Pulse Ox ____% ____RA ____O2 Interp ____nml ____hypoxic ____

HPI

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

onset: SEE HPI

paramedics' initial findings:

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

pre-hospital treatment:

oxygen	CPR / thumper	epinephrine ____ mg
beg-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 ____

LNMP ____ 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 defict ____
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 ____

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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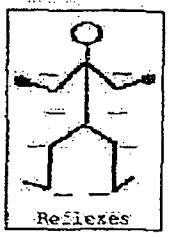
ER Notes F1100

20494305121

ACCT#: M0343117738 MRN: 1000423587
52 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 other:
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

2° DEVELOPED WHEEZING CP/ND PAIN
& HAD ↑ AGITATION, 2G MAG, LOPROSS.
2° HAD MINIMAL RESPONSE TO IV
A. IVPB. ADMITTED x 3 ZIPRASIDONE
& INITIALLY SVT. MULTIPLE EKGS
SHOWED SVT. 2° CONDITION UNSTABLE
& REQUIRED INTUBATION & ADMISSION
PATIENT & FAMILY AGREEABLE
(SEE INTUBATION NOTE)
FOLLOW INTUBATION/SEDATION 2°
POSSIBLE ET CAP (2 RESULTS?)
REPEAT EKG (2 CHECKS) SHOWS FACHY
@ 140's 150. ADMIT GET INTENSIVIST
TO TREAT DT, ITF

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, SVR, MR
HYPERTENSIVE EMERGENCY
MDDSS

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 Version 2.0 - K09

20494305122

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51a Jewish Hospital Medical Center Southwest

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EMERGENCY PROVIDER RECORD

Procedures / Critical Care Add-on

Acct#: 10034311738 MR#: L000423587

52 M

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 450 FiO_2 60 R 15 PS ___ PEEP 5

Ventilator sedation: propofol drip / other ATIVAN

Additional Notes: ? ? sitting Bradycardia

100x1. 2 doses ½ dose ATIVAN

Dilaudid

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 P1100

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

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Date: 04/10/14 Time: 1030

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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/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,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

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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/KENT: 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:
TURSDAY
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 TURSDAY
Faces Scale Used: N
Acceptable Level of Pain: 0

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MR# L000423587 Acct# M034311738
PROUTNS, JAMES
[redacted] 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 INTURATED 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.

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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	5.63 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)	%

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L Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

=> BASOPHIL %	1	APR 10	1035	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	77.6	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	3+	*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
=> 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	(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

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

=> 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	<60 (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	15 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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Age/Sex: 52 M
ER Phys: Daniel,Stanley R MD
Date: 04/10/14 Time: 1030

Summary Report

=> U TCA	1	APR 10	1340	TOC(g): *H	(NEG)	
=> ALCOHOL	1	APR 10	1035	<5(g)	(0)	mg/dL

Pending Labs:

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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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/d/f); Start Time: 1405; Therapy Duration In Mins: 60; End Time: 1505

Acct#: 8034311738 MR#: 1000423567
PROVIDER: [illegible] STD
52 M M
SEX
06/10/14

Patient ID Sticker_____

FALL RISK ASSESSMENT DOCUMENTATION

Patient assessed for fall risk (YES) NO

Fall risk initiated (YES) NO

- o History of fall within the last thirty days
  Use of:
  - o Crutches
  - o Wheelchair
  - o Cane
  - o Walker

- Y Patient appears unsteady on their feet
- o Patient reports dizziness/vertigo
- o Impaired memory or judgment
- o Weakness
- o Seizure disorder

ACTIONS TAKEN:

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

Staff Signature: Palmer RN

**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]

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

Attending Physician: Angela Wetherton, M.D.

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 98%.
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

SEX: Male AGE 52 Years DOB:

04/10/2014 @ 20:49

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: Palser,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 ☒ 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
AGD
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

LNF
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 IV3 then 250cc/hr — DONE 1100 DONE 1350		
		ASA 325 mg PO - DONE 1115		
		ATIVAN 1MG IV DONE 1115		
		PROTONIX 80MG IV DONE		
	1150	ATIVAN DRIP, START @ 5 MG/HR IV - DONE 1330		
		ATIVAN 2mg IV - DONE 1200		
	1206	INSULIN - REGULAR 15 UNITS IV ONE	1208	
		MORPHINE 5MG IV	1225	CR
		ATIVAN 1MG IV	1225	CR
	1227	ZOFRAN 4MG IV	1230	CR
		ADDITIONAL 2MG IV	1233	CR
		ZOFRAN 12 MG IV	1240	CR

Clinical Impression: 3

Discharge Instructions:
SUCCINYLCHOLINE 100MG IV
ETOMIDATE 20MG IV
NORMON 10MG IV
VERSED 5MG IV
DONE
PROPOFOL 200 TUBE & CENTRAL
D/C

R.N. Signature:

268

603

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACCT#: M034311738 MR#: 1080423587
PROVIDER: JAMES
SEX
S2 M M
Adj: Primary Care Phy
HCN
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	~~CEFTRIAXONE 2GM IV~~ ZOSYN 3.375 MG IV - 1405 Cleared VANCOMYCIN 1GRAM IV - 1440 Cleared 1435 NORCURON 10MG IV - 1435 Cleared 1 MILLIGRAM ATIVAN TO 1MG/KG IV - 1435 Cleared	

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

CONTENT REVIEWED / REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS® 122840 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
PROVIDER NAME: CICCU3
DOB: 2 Y M CICCU3-17
Wetherton,Angela R N
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 ✓ Consult Dr. Jameel re: vent mgt
1555 ✓ stat ABG
✓ stat pCXR re: ETT placement
✓ continue ativan gtt per ETOH protocol
initiate ETOH withdrawal protocol
NS@25 cc/hr when banana bag not hanging
✓ 2d echo re: eval EF fx
TORV Dr. Wetherton / Kate Trummer RN

X-RAY COMPLETED
Study: PCXR
Contrast:
Date: 4/10/14
Technologist: AB

ELECTRONICALLY SIGNED BY
Wetherton, Angela - 253464
4/23/2014 12:11:46

FAXED

noted Kate Trummer RN 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

CONTENT REVIEWED / REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE
ORDER / PROGRESS CHART

VOLUFORMS® 2326-10 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: [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: Retherton,Angela R MD

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWAL/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:

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:				
	Medium dose (patients requiring 40 – 80 units/day)				
	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:				

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

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/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:	D/C 4/10/14	
✓	MED: Meropenem 500mg IV q8hr DOSE: ROUTE: SCH:	D/C	
	MED: NS @ 200cc/hr DOSE: ROUTE: SCH:	D/C 4/10/14	
✓	MED: Protonix 40mg IV daily DOSE: ROUTE: SCH:	Resume Protonix @ home dose	80mg IV ER
✓	MED: Lovenox 40mg SubQ daily DOSE: ROUTE: SCH:	1800	D/C

NEW MEDS - PRN	0701-1900	1901-0700
MED: 2 liter NS bolus now DOSE: ROUTE: PRN:	1615	
PRN: q6		2201
PRN:		0219
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

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

DATE	OXYGEN ORDER	INITIALS

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 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: @	See Comments XX	q4hrs and PRN RX 05729620			
	ENOXAPARIN 40MG/0.4 ML SYR (LOVENOX) START: 04/10 D/C: @	40 MG=0.4 MLS SUBQ	EVERY 24 HOURS RX 05729817		1930	

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M DOB: [redacted]
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2

JHSHH, 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	IV DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 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 Q8H&M 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 Abg pressure	

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/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
	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 1.8 New Bag ✓ Initials Time 0342 Rate 1.8 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 IV PRN SEE PRECEEDING DRUG BOX FOR MED Set-up Time: 2345 Settings Verified by RN: Init: Set-up Time: 0300 Settings Verified by RN: Init: Set-up Time: Settings Verified by RN: Init: Set-up Time: Settings Verified by RN: Init: Set-up Time: Settings Verified by RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: 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 2245 RATE 50 MCG/HR NEW BAG ✓ INITIALS TIME RATE NEW BAG INITIALS START: 04/10 D/C: @ RX 05729955			2359	

276

611

MEDICATION ADMINISTRATION RECORD THURSDAY 04/10/14 - 0701 thru FRIDAY 04/11/14 - 0659

PROVINS,JAMES
CICCU3 CICCU3-17
Age: 52 Sex: M BC:
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		0701-1900	1901-0700
	IV CATHETER MAINTENANCE		
	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: 2015 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

277

612

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:

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
	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				
	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				
	dicycloMINE 10MG CAP (BENTYL) START: 04/10 D/C: @ PRN Reason: STOMACH CRAMPS	10 MG=1 CAPSULE PO EVERY 8 HOURS RX 05729615 PRN				
	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				
	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				

278

613

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	DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Amt(mg) Given / Wasted	1901-0700 Amt(mg) Given / 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		DC
	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		DC
	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		DC

******REASSESS AND DOCUMENT******

279

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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 ED:
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: Netherton,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	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				
✓	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				

Saint Mary's & Elizabeth Medical Nutrition Therapy

DATE: 04/11/14

Patient:	JAMES PROVINS	Physician:	WETANG
Address:		Room/Bed:	CICCU3-17
City, State, Zip:		Admit Date:	04/10/14
Date of Birth:		Height:	5 7
Account Number:	M034311738	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 PANCRREATITIS, 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. IT 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
Emergency Department
Service of Jewish Hospital & St. Mary's Healthcare
1850 Bluegrass Avenue
Louisville, KY 40215

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

Summary Report

GENERAL DATA

) 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

PCP: No Primary Care Physician
Family Doctor:
Referring:

ALLERGIES

) Known Drug Allergies

HOME MEDICATIONS

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

617

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PROVINS NAMES
DOB: [redacted] 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,LAC
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:
TATES QUIT SMOKING 3 WEEKS
SO
TB Exposure in Last 6 Months: N
Proc Cough >3wks: N
Coughing up Blood: N
Night Sweats: N
Outside US in Last 6 Months: N
Mental Status: A&O PERSON,PLACE,TIME, ANXICUS
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:
pest 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:
JESDAY
Symptoms: CHEST PAIN
Heart Sounds: S1, S2
Lung Sounds: RUL: CLEAR
LUL: CLEAR
RML: CLEAR
LLL: CLEAR
RLL: CLEAR
Skin Color: DIAPHORETIC
Other/Comments:
TATES QUIT SMOKING 3 WEEKS AGO, QUIT DRINKING TUESDAY
Faces Scale Used: N
Acceptable Level of Pain: 0

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DOB: [redacted] 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,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 WITHERSTON 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	No
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	N/A
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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DOB: [redacted] Age/Sex: 52 M
ER Phys: [redacted]iel,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	49.3		(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, AMEE
DOB: [redacted] Age/Sex: 52 M
ER Phys: 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	6.6	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# L0000423587 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	668(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 ESTEASE	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 precictive 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	1728	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	1728	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	1728	115.0	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	1728	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	1728	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	1728	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	1728	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	1728	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	1728	100.00			%
> FIO2	1	APR 10	1600	100.00			%
> ARTERIAL DRAW?	1	APR 11	0435	YES			
> ARTERIAL DRAW?	1	APR 10	1728	YES			
> ARTERIAL DRAW?	1	APR 10	1600	YES			

CITES: (d) AMORP URATES

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PROVINS CAMES
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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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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	2.6	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	56	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	58		(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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*	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
*	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)	
*	U TCA	1	APR 10	1340	POS(m)	*H	(NEG)	
*	U CREAT R	1	APR 10	2210	245(n)			mg/dL
*	U 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

FLU 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 Invesive 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; Tested: O; 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); 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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Date: 04/10/14 Time: 1030

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;
sted: 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# L0004235B7 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:
CNCURRENT(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;
cde of Departure: STRETCHER W/O2 & MONITOR; Is the person on an IV? Y;
nfusing at time of ED departure: Y

or check affirmatives, backslash (\) negatives.

ACCT#: 2031311739 MR#: 100042
PROVIDER, JAMES
52 M M
SSN
04/10/14

33 Jewish Hospital Medical Center Southwest

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

EMERGENCY PROVIDER RECORD

Chest Pain

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 2 AM

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

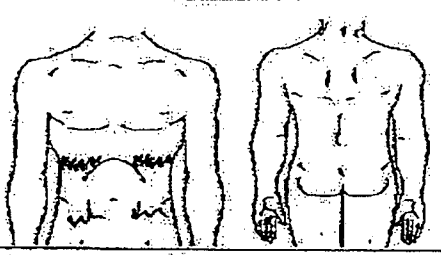
constant "waxing & waning"
intermittent episodes lasting
worse / persistent since

context: QUIT DRINKING 2 DAYS AGO, DENIES
ALL 8 CPC COCAINE MARIJ

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 / 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 OF CC
TAD risk factors
pregnancy connective tissue
Turners 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 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 susp PE (all neg. < 2% risk PE)

Wells Criteria for PE
3 pts each: clinically suspect DVT / most likely dx for 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

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

SUPRA SUP

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
alkohol (recent / heavy / occasional) occupation
2 GLASS WINE PER DAY QUIT 4YR

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

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ER Notes

ACCT#: M034311738 MR#: L006423587
PROVIDER: JAMES SID
52 M
NON
04/19/14

☑ Nursing Assessment Reviewed ☑ Initial Vital Signs Reviewed ☐ Telemetry
BP 98/77 HR 147 RR ____ Temp ____
Pulse Ox ____% RA ____ O_2 ____ interp ____ norm ____ hypoxic ____

PHYSICAL EXAM

EXAM LIMITED BY: ____

General Appearance
- ☐ appears well
- ☑ alert

HEENT
- ☐ head atraumatic
- ☐ eyes nml inspection
- ☐ ENT nml inspection
- ☐ pharynx nml

NECK
- ☐ nml inspection
- ☐ no carotid bruit

RESPIRATORY
- ☐ no resp. distress
- ☐ chest non-tender
- ☐ nml breath sounds
- ☐ no pleuritic chest pain

CVS
- ☐ reg. rate & rhythm
- ☐ no murmur
- ☐ no gallop
- ☐ no friction rub
- ☐ pulses full, equal

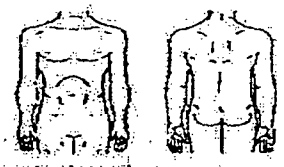
mild / moderate / severe distress
anxious / lethargic
tenderness
scleral icterus / pale conjunctivae
EOM palsy / anisocoria
pharyngeal erythema / dental decay
abnml TM / hearing deficit
abnml oral exam

thyromegaly / lymphadenopathy
subcutaneous emphysema

see diagram
respiratory distress
manifests distinct pain on movement
R / L arm trunk
splinting / decr air movmt
wheezes / rales / rhonchi

irregularly irregular rhythm
extrasystoles (occasional / frequent)
tachycardic / bradycardic
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 sev = severe
(e.g., Tm = severe tenderness)



ABDOMEN / GI
- ☐ non-tender
- ☐ no organomegaly
- ☐ no distention

tenderness / guarding / rebound
abnml bowel sounds
hepatomegaly / splenomegaly / mass
bruit
ASCITES

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, EKG & XRAYS

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

CBC	Chem	Enzymes
nml except	nml except	nml except
platelets ____	BNP ____	Troponin (-)
WBC 26	Na 126	D-Dimer ____
segs 91%	K ____	CKMB 1.7
Hgb ____	PT ____	Troponin ____
bands ____	BUN 20	INR ____
Hct ____	Creat 1.7	PTT ____
lymphs ____	Glu 415	CKMB ____
Na 129	CO_2 19	706-562
Venous (-)		

Rhythm Strip Rate ____ Rhythm NSR / PVC 1.37/30/97

EKG interp by ED provider Rate 146 NSR A-fib
nml / abnormals nml axis nml QRS nonspecific ST/TW changes
diagnosis nml abnml ST segments PVC's
Repeat EKG unchanged Old EKG unchanged date 12-15-13 sinus/non-specific

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

CTA VQ Scan CTV Venous Doppler
nml / NAD ACUTE PE's PANCREATITIS BILATERAL FOCAL

PROGRESS

☐ see additional template # 94 Site ____

Time ____ unchanged improved re-examined

Mood
ADMIT

☐ patient ambulating / maintaining at pre-event baseline

Discharge VS: BP ____ HR ____ RR ____ O_2 Sat ____
Discussed with Dr. WEINER Time: 1557
will see patient in: ED / hospital / office

Counseled patient / family regarding: lab / rad. results diagnosis need for follow-up
Additional history from: family caretaker paramedics
____ prior records ordered
____ holding orders written
☐ Rx given ____

CRITICAL CARE (excluding time for other separate services)
TIME ☐ 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/ pancreatitis, PANCREATITIS
Present On Admission: decubitus / UTI w/ foley ____

Disposition Decision Time: 1550
DISPOSITION: ☐ home ☑ admitted ☐ OBS ____
☐ AMA (see AMA template #73) ☐ transferred ____
CONDITION: ☐ unchanged ☐ improved ☐ stable ____
Care transferred to ____ MD / DO / MLP Time: ____

MP / 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 # 9867
☐ Template Complete ☐ Written Addendum

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TEAM Health evo on 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

ACCT#: X0936211738 MR#: L000423587
FRONTS, JAMES SSD
52 M
re Play
NON
04/10/24

TIME SEEN: 10:40 ROOM: 9 EMS Arrival
HISTORIAN: patient family EMS
UNABLE TO OBTAIN HISTORY DUE TO:

☐ Nursing Assessment Reviewed ☐ Initial Vital Signs Reviewed ☐ Telemetry
BP ___ HR ___ RR ___ Temp ___
Pulse Ox ___ % RA ___ O2 Interp ___ nml ___ hypoxic ___

HPI

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

onset: SEE HPI

paramedics' initial findings:

orientation	respirations	
unresponsive	no respirations	
confused	decreased respirations	
alert	dyspneic	
rhythm	nml respirations	Glucose ___ mg / dl
sinus rhythm	HR ___	D-stick glucometer
	BP ___	tSTAT paramedics / ED

pre-hospital treatment:

oxygen	CPR / thumper	epinephrine ___ mg
bag-valve-mask	defibrillated ___	atropine ___ mg
incubated	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 ___

LNMP ___ 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 defect ___
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 ___

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 ___
___ weak / no pulse ___
___ chest compressions ___
pulse w/ CPR- none poor good

CVS
___ reg. rate & rhythm
___ no JVD
___ no murmur
___ no gallop
___ PMI nml
___ pulse full, equal
___ 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) ___

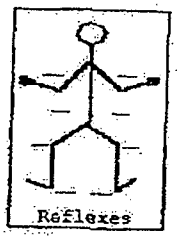
TRAUMAHealth version 10.4900

ER Notes

20494305121

Acct#: [illegible] MRB: [illegible]
[illegible] 52 M F
DOB 06/10/14

NEURO
- nml responsiveness — unresponsive to commands / confused / lethargic
- nml orientation — fixed / irregular / unequal pupils R ___ mm L ___ mm
- no gross motor deficits — EOM deficit
- no gross sensory deficits — 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

?? DIZZINESS WITH CP/HA PAIN
& HAD ↑ AGITATION, ZOFRAN, COUGH.
?? HAD MYOCLONIC JERKS TO LUE
A. IVP. ATIVAN x 3 2 SECURES
& UPRIGHT → SVT. MVC-ILE EKGs
SUSPECTED SVT. ?? CONDITION WHILE
& ZOFRAN IVP GIVEN & ATIVAN
?? RETURN & REQUIRE COMMAND.
(See TRANSFER NOTE)

Foley INTRAN/SCRAN ??
VOIDING CT CAP (RESULTS ?)
2 BLOOD CULTURES SINUS TACHY
@ 145 g ISS ATIVAN GIVEN IN
ED TREAT D/C IVF

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
		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 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

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 v RES ? RVR MF
HYPERGLYCEMIA GLUC w/D
MDD SS

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

TEAMHealth Version 2.0 : 2009

20494305122

Circle or check affirmatives, backslash (\) negatives.

51a Jewish Hospital Medical Center Southwest

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EMERGENCY PROVIDER RECORD

Procedures / Critical Care Add-on

Acct#: 2034311738 FIN: 1000423587

Patient Name: [redacted] SEX

SZ 46 M

Age: [redacted] Pty

NCN

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 450 FiO_2 50 R 15 PS_____ PEEP 5

Ventilator sedation: propofol drip / other ATIVAN

Additional Notes: 2. Suffix Bradycardia

Sepsis. Focus Re Awake y Atent

Dilaudid

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

☐ Template Complete ☐ Written Addendum

ER Notes

TEAMHealth Version 3.0.2010

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30494451A31

Jewish Hospital & St. Mary's HealthCare

ACCT#:MG3431173[illegible] MR#:1000423587
PROVINS, JAMES
2 K M CICCU3
CICCU3-17
04/10/12 NGS

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

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 Lamar 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 Elmore 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: [redacted]
MR#: L000423587
ROOM: CICCU3
Admission Date: 04/10/2014
Attending Physician: Muhammad Babar, M.D.

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	[0-10]	%
>	MONOCYTES	1.0(@s) L	[3.0-12.0]	%
>	NUCLEATED RBC	1(@s)	[0]	/100
>	PLT ESTIMATE	(t)	[NORMAL]	
>	RBC NORMAL	YES(@s)		

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) 970C 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					[70-110]	mg/dL
> BUN				97	110	[9-23]	mg/dL
> CREATININE		<5 L				[0.6-1.4]	mg/dL
> eGFR		1.2				[>60]	mL/min
> CALCIUM		(z)				[8.4-10.2]	mg/dL
> BUN/CREAT		5.5 L					
> AST		4.16					
> ALT		1154 H				[10-42]	U/L
> ALK PHOS		307 H				[10-40]	U/L
> BILI TOTAL		80				[32-92]	U/L
> TOTAL PROTEIN		3.4 H				[0.2-2.0]	mg/dL
> ALBUMIN		<.5 L				[6.0-8.3]	g/dL
> PHOSPHOROUS		1.8 L				[3.5-5.0]	g/dL
> MAGNESIUM		1.6 L				[2.5-4.6]	mg/dL
> LACTIC ACID		1.6				[1.6-3.0]	mg/dL
			5.2 H			[0.5-2.2]	mmol/L

NOTES: (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

Patient: PROVINS,JAMES
Age/Sex: 52/M DOB:
Attending: RUXER, JENA MD
Ordering:

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

Printed: 04/17/14 @ 2346 ** CONTINUED ON NEXT PAGE **

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: [redacted]
ttending: RUXER, JENA MD
rdering:

Loc: D/C'd 04/14/14 Sts. Mary & Elizabeth Hospital
Acct#: MO343111738 1850 Bluegrass Ave., Lou, KY. 40215
Unit#: 000423587 LABORATORY SERVICES
(502)361-6496

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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		(eg)		(af) 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.
(eg) ABOVE60
See also (eh)
(eh) MODERATE DECREASED KIDNEY FUNCTION: 30-60 mL/min
SEVERE DECREASED KIDNEY FUNCTION: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/MIN
(al) 52.2 L
See also (eh)

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#: M03431738 1850 Bluegrass Ave., Lou, KY. 40215
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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 L		9	[9-23]	mg/dL
> eGFR			1.6 H		2.0 H	[0.6-1.4]	mg/dL
> CALCIUM			(aj) L		(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 L			[6.0-8.3]	g/dL
> PHOSPHOROUS			2.3 L			[3.5-5.0]	g/dL
> CK			2.1 L		2.8	[2.5-4.6]	mg/dL
> LIPASE			1542 H			[36-174]	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: 15-30 mL/min
KIDNEY FAILURE INCREASED ESRD: 0-15 mL/min
(al) 37.6 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
Unit#: 000423587 LABORATORY SERVICES
(502)361-6496

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** CONTINUED ON NEXT PAGE **

	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 -		(ap) L	[135-145]	mmol/L
> POTASSIUM			5.1		(ar)	[3.5-5.1]	mmol/L
> CHLORIDE			97 -		87(@aq) L	[100-111]	mmol/L
> CO2			18 -		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) -		(aw) L	[>60]	mL/min
> CALCIUM			8.0 -		(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

NOTES: (ao) Method specific for amylase of pancreatic origin.

(ap) 126 L
See also (@aq)

(@aq) 9/OC SIONESTREET 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)

Client: PROVINS,JAMES
Age/Sex: 52/M DOB: [redacted]
Referencing: RUXER, JENA MD
Ordering:

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

Printed: 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		(bh)	[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

NOTES: (@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)

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	
> ALCOHOL		<5(bs)	
> U METHADONE	(bu)		[D]
> U BENZODIAZ	(bv)*H		[NEG]
> U COCAINE	(bw)		[NEG]
> U AMP	(bx)		[NEG]
> U MARIJUANA	(by)		[NEG]
> U OPIATES	(bz)*H		[NEG]

Reference	Units
[D]	mg/dL
[NEG]	
[NEG]	
[NEG]	
[NEG]	
[NEG]	
[NEG]	

NOTES: (bl) <0.05
See also (bm), (@bn)
(bm) Intermediate 0.05 - 0.99 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 (bo), (@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 - TOM/Toxicology (Cont.)

Day	1				
Date	-----04/10/14-----				
Time	1340	1935		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
> FREE T4				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]	%

NOTES: (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#:M031311738 MR#:L000423587
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 2:15 AM — T.T. Meethil

(1) Consult Dr Self et al for STAT pericardiocentesis

(2) CRRT orders
CVVHDF 500-1400
BFR 300 DFR 200
160 D-lyte
3K, 30 Ca, 20 Ca
140 Na
No Heparin
Run (+) 100 cc In > Out
X 6 hrs
Then Run CVVH
BMP, mg, phos q 8hrs while on CRRT
CMP, mg, phos, CBC, PT/PTT & ABG while on CRRT
If phos < 2.5 give 20mEq K-phos IV over 4hrs
If Ca < 7 give 2 Amps Calcium Gluconate IV over 6hrs
If mg < 1.8 give 2gm mg sulfate IV over 1-2hrs
If HR < 130 or SBP > 90 and CO > 1.8 or CI > 3.0 or < 7.5 call

4/11/14 Pericardiocentesis (STAT 2-D Echo) - Tech
AP
(1) ABG - 30 min post procedure & 3rd specimen from Swan (PA / ATV line)
etc:
O2 SAT > 92% / RR < 30
Pedis
Dialysis eval
Will need CRRT
D/W Dr Self (acute)
A Ayers
Will sch
(2) Pericardial / ECHO this pm
(3) Resp therapy
(4) possible scopes

Thanks

TOBV Done by: Date/Time:
MD Sign: FAXED Date/Time:
MD Print: L. Andrew Duff Contact #: 587-4660

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® 232440 10/10

4/11/14 0830

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#:L000123587
C:2CU3
2 M M CTCU3-17
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 7:20A

1) D/C Bed Alarm once
~~CRRT~~ stop

FAXED

(Arterial Line
582-9600

Removed 4/11/14 0830

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 10/10

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORMS® 732540 10/10

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

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M0343111738 MR#: U00423587
PROVINS, JAMES CICCU3
52 M R CICCU3-17
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

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

9/11/14 7:40AM

PVDM/ICU

Pt seen & c/f

VS 100. 138, 31, 102 RA.

OK on vent - 02 80% CXR

Sedated

CXR 8/31

Resp. Mechanics

Chest PT BBS.

Floor bilat Rhonchi

ABG 7.25/36/78/100%

T32 | 100 | 28 | 332

48. | 16 | 4-4 | 6.5

AST 245

ALT 75

Lipase 832

Amylase 65

CXL (R) side effusion

PLEASE DO NOT ELECTRONICALLY SIGN MY ORDERS
Jameel, Sajjad - 264669
9/22/2014 12:41:06

CONTENT REVIEWED / REVISED INITIAL

ORDERS CHART

NOTE FORMAT 7/04 10 INITIAL

Physicians Orders

F1220

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

Sajjad 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]738 MR#: L00042[illegible]
PROVINS, JAMES C1CCU3
52 M M C1CCU3-17
Nephrology, 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 7:40 am	CBC, Comp MG, 8 9AM 8:00 Coll from	4/11/14 7:38 Am Pam/Cam 2/2 Prop 0-03 20) 14 42 CTS
	Signed Jarrett, MD FCCP Louisville Lung Care Pulmonary Critical Care and Sleep Medicine Ph:502-[illegible] Fax:502-416-1030	1) Acute Resp Failure 2) Sepsis Shock 3) Severe ARDS 4) Pancreatitis. 5) AKI 6) Alcohol abuse 7) HTN 8) DM.
(Reviewed 4/11/14 0753)	4/11/14 0800	Plan: vent Support - CRRT - IV Abx - IVF - GI prophylaxis - Pressors / Pain Talk family tomorrow

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 6/10

X-RAY COMPLETED

Study: AM PA/LE
Contrast:
Date: 4/12/14
Technologist: [illegible]

PROGRESS

[illegible] MD FCCP
Lung Care
[illegible] and Sleep medicine
[illegible] other day)

SOLEPORMS# 7325410 10/10

Unapproved/Unsafe Abb
DO NOT USE: Q.D., Q.C
Instead, please write: "da...

Physicians Orders F1 230

319

654

Sts. Mary & Elizabeth's Hospital

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

Acct#: M034311738 MR#: L000423587
PRUITNS, JAMES CICCU3
52 M CICCU3-17
Attending: Angela R MD 35883

Preprinted Restraint Order Form

DATE: 04/11/14 TIME: 0600	DATE: TIME:
RESTRAINTS INDICATED FOR MEDICAL NECESSITY:	
X Spike Cream - Vent Medical Treatment	
X Required Medical Surgical Nursing	
ORDER TIME LIMIT:	
X 24 Hours	
12 Hours	
8 Hours	
4 Hours	
2 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 5:56A

MD Printed Name: _____ Pager/Phone: _____

Verbal Approval MD POCP
Continue Living Cens
Remove Soft Devices
Pocket Mask

ORDER/PROGRESS

601-30 9-04

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACC#: M034311738 MR#: L000423587
PROVINS, JAMES CICCU3
52 M M CICCU3-2
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 hist
on vent | intubate
Multiple pressors/gtts

Meds
Gtts
Bgt
Sedation

Lines
JR L6P

Lact ↑ Mg | Phos
↑ LFTs
↑ Cr
Gl: Pt Pantoprazole
↓ abscess

Pt Pantoprazole Etoh ↓
Abc - hepatic
Surg
- Hx pulmonary
- Resp failure - vent
- Renal failure / anuric
- Cont E Coli ↓ pregnancy quadriplegia

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

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

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

Thank you

PLEASE DO NOT WRITE BELOW THIS LINE.

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLK FORMS® 732640 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
PROVIDER, JAMES C1CC03
M M C1CC03 17
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	Stat Chest xray Stat/Placement VOR Jameel, Sajjad ~ 264669 mamm ELECTRONICALLY SIGNED BY 5/22/2014 12:43:03	**X-RAY COMPLETED** Study PCXR Contrast Date 4/11/14 Technologist HB
	Linkya Hammamm - EEG today	**ECHO LAB** EXPLAINED AND COMPLETED EXAM DATE 4/11/14 TECH AM
	4/11/14 12:28 pm	4/11/14. Remains Intubated. BP maintained on Neosyn + Levophed. Hx: Hoffman. NBP Chest: Neg veter a Thrombi. Heart Sounded. Lungs Ins on Chest and ca. Abd: Distended. Bowel sounds. No BS. Wo +Stool. Creat 4.4 Kcal CKR: Continue Pulm. Vasculopathy EEG 4/11 (P)
4/11/14	① Dobhoff tube placement ② PUD to verify placement ③ Famotidine 15mg per dobhoff twice daily TORV DR. Jameel/Mynafammamman ELECTRONICALLY SIGNED BY Jameel, Sajjad 264669 5/22/2014 12:42:56 FAXED	Ass: Septic Shock - AKD - Acute Pancreatitis - DM. - Resp failure. Plan: 22 Remove Some Fluid via Lasix + Fluid adminis & Continue - Continue Pressors - with Neuro Exam
	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

CONTENT REVIEWED / REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORM SZ 722540 10/10

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

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034321738 MR#:L000423587
PROVIMS: DAVES CICCU3
52 M M CICCU3 27
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

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

HDS

4/14

pt to be set the vd

VS

100.8 139/h 31/m 102/69

Rig L bs bjc

CVS tachy S1+S2

Abd soft NT +BS

Ext trace ed

Skin warm & dry

Labs

BS 215 BUT 76 Bicb 8.7

CBC WBC 132 Hgb

plt 20.1 Hct 14.0 plt 195

A/P

(1) Influenza B ? Septic shock

(2) Sepsis 2 MOFS

(3) AL RF fatigue on vent

DS per Dr Jones

(4) Acid with Inf

(5) ABT. CRAT

(6) Pulm Abst

(7) AC Pancreatitis

Dr Crabtree

(8) Hypotension

on vasopressin

(9) Progress goals

Physicians Orders F1200

CONTENT REVIEWED / REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

FOLD HERE 7/28410 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 PR#:L0004235B7
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

4/11/14 1115 ABG STAT in ACC
VORV Dr. Jamal / D. Edwards RN

4/11/14 1230 Add to High Dose SSI per protocol D. Edwards RN

4/11/14 1320 Consult Dr. Arastar - Flu
INCREASE temp to 14
Tylenol 650mg Q6° PRN
Temp ≥ 100.4
TORV Dr. Jamal / D. Edwards RN

ELECTRONICALLY SIGNED BY
Jamal, Sajjad 264689
5/22/2014 12:42:54

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

4/11/14 1115 ABG STAT in ACC
VORV Dr. Jamal / D. Edwards RN
C Bleuhy CRT

FAXED

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED, REVISED 6/10

ORDER / PROGRESS CHART

VOLUFORM® 333419 - 6/03

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#: 1300423557
PROVINS, JAMES CICCUS
52 M M CICCUS 17
B R M
ADM
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 1888

Epsilon for 4/5/14 ←
D/C Meruvia
Zofran 2-25gm IVP q 8.
Zyvox 600 mg IVPB q 12.
Levaquin 750 mg IVPB q 48.
Ranitidine 75 mg PO BID.
Diflucan 200 mg IVPB q 24
Pharmacy to follow for
Abx dosing.
All above first dose stat
[signature]

4/11/14 1412

4/11/14 1400

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

Thank you. Full note
dictated - 1691519
Jeffrey A.
Log Eaton
for ARDS
Pneumonia
ATT
will f/u abx w/ f
Course
Jean Loader

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/11

ORDER / PROGRESS CHART

VOLUPORMS 7/2010 10/11

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
MO 8431738
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 1420	Phcy
		To dose AB on 4/15
	✓ Change Zosyn to 3.375Gm IV	52 y/o ♂ 107 Kg
	q12°	107 Kg
		Scr 4.4 BUN 28
	✓ Give Levaquin 750mg IV q 48°	(Prev Baseline 20/1.7)
	✓ Give Tamiflu 75mg q12°	
	Today, Then qd once daily	Dx INFLU A
	Diflucan 200mg IV daily	Resp Failure
	2nd dose 600mg IV Q 12°	PNA ARDS
	per Onsalt/Dr Ackerberg	AKI
	Robert Ackerberg	BC Cx ⊖ for 24°
	Pharm D	Urine Cx - Pending
	Change Lovenox to 30 mg	WBC ↑ 20 T Tmax AM 100.5°
	daily (subcutaneous)	↑ LFT's
	per renal dosing	on Bicarb drip, Fentanyl
	PT approved	drip, Midazolam NOT qd
	Robert Ackerberg	NKDA alcohol detox protocol
	Pharm D	CRRT start Today
		A/P See orders
		will follow
		RAckerberg Pharm D.

TORV Dr: 4/11/14 1500 by: [signature] Date/Time: 4/11/14 1500

MD Sign: [signature] 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

VOL1FORM458 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

Provius Jam

ORDER/PROGRESS

Place Patient Label Here

Date/Time Ordered | Physician's Orders/Signature

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

Progress Notes

All Chart entries must be Signed, Dated, and Timed

SHOJ

child intubated
on ventilator
overall stable
Cont c levaq for
Abx
Mild fever
down trended and stable
WBC ↓
TLFT wnl

- Sepsis
- Influenza A
- Bronchiolitis
- Resp failure
- Renal failure

notify words
cont c cardiac
keep on guarded

JMJ

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

VOLUFORM® 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"

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 Intervention with Medical Treatment	
X To prevent Self-Extubation	
ORDER TIME LIMIT:	
X 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-CR-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: [redacted] 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

M0343117738 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 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: DIS 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

GLARANTOR'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: POLICY #: GRP#: EFFECT. DATE SUBSCRIBER:
SELF PAY 406948356 NO 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?
as pts employer or drug ct/legal recid pt to seek treatment? PT IN
eferral Source? ARO7

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#: L00042358?
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 DOSE: Give 2 units ROUTE: IV SCH: over 4H IVPB			OK 2	
	MED: If Ca++ < 7.5 DOSE: 2 amps ROUTE: IV SCH: over 6 Hrs Ca gluconate			1 amp IV over 6 hrs	
	MED: If Mg++ < 1.8 DOSE: 2 g ROUTE: IV SCH: over 1-2 Hrs			4 gm = 1 amp over 4 hrs	
	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 Page:
Admitting Dr: Babar Muhammad Z MD
Run Date/Time: 04/11/14 - 1229

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 DOSE: ROUTE: SCH: Temp > 100.4	1530 BE		0426 3	
	MED: ~~Zosyn 2.25 gms IV Q8°~~ DOSE: ROUTE: SCH: Δ 4/11/14				
	MED: Zyvox 600mg IV Q12° DOSE: ROUTE: SCH:	1530 BE		0530 2	
	MED: Levaquin 750mg IV Q 48° DOSE: ROUTE: SCH:	~~1400~~ 1530 BE			
	MED: DIFLUCAN 200mg IV Q 24° DOSE: ROUTE: SCH:	1200 BE			
	MED: Zosyn 3.375 gms IV Q12° DOSE: ROUTE: SCH:	~~1400~~ 1530 BE		0530 2	
	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:
D/C Bicarb once CRRT Starts

MED: DOSE: ROUTE: SCH:
BMP, Mg, Phos q8 while on CRRT +q AM CPT+PTT

MED: DOSE: ROUTE: SCH:
Once KUB Confirmed; Tamiflu 75 mg via DHT BID

0330

☐ 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

0701-1900 | 1901-0700

PRN:

PRN:

PRN:

☐ 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

338

673

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: 172.18cm 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 See Comments (RN INSTRUCTIONS) XX q4hrs and PRN 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					
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		~~0930~~	

4/11/14

PROVINS,JAMES
CICCU3 - CICCU3-17

Printed: 04/11/14 - 0027
Page: 2 /9
CONTINUED ->

339

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: 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	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 &~~ accuvs Q6° ~~**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 2400 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	~~0730~~ ~~1130~~ 1630		~~2200~~	

340

675

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] 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	 Stop	1901-0700 Start	 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 TO 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		1915 2315	2000
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		0700 250cc DE 1415 250cc DE 1700 250cc DE 1915 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		0701-1900	1901-0700
	IV CATHETER MAINTENANCE 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	0701-1903 Start / Stop	1901-0700 Start / Stop
KE	MIDAZOLAM HCL (VERSed) (50 MG) DEXTROSE 5% (50 ML) Rate: UD Total Vol: 100 MLS IV * *HIGH-ALERT MED* PER MD ORDERS CONCENTRATION = Time 1150 Rate 2mg/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 115 DE	0350 ____
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: 1150 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 1600 DE	0005 ____

342

677

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: 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	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) Forking! Documentation Rate: UD Total Vol: 0 MLS IV PRN SEE PRECEEDING DRUG BOK FOR NEO: Set-up Time: 1400 Settings Verified by RN: KE Wit: [signature] 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 O7HZUM START: 04/10 D/C: @ D/C 4/11/14 RX 05729961	1400 KE		2015	0004

PROVINS,JAMES
CICCU3 - CICCU3-17

Printed: 04/11/14 - 0027
Page: 6/9
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: [redacted]
Ht: 170.18cm Wt. 107.05 kg (04/10/14)
Body Surface Area: 2.17 M2
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

JHSNH, LOUISVILLE, KY
Acct#: M034311738
Unit#: L000423587
Admitted: 04/10/14
Admitting Dr: Wetherton,Angela R MD

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 Amt(mg) Given	0701-1900 Amt(mg) Wasted	1901-0700 Amt(mg) Given	1901-0700 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 05729613 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
Age: 52 Sex: M BD:
Ht: 179.18cm 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

JHSMH, LOUISVILLE, KY

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 Amt(mg) Given	0701-1900 Amt(mg) Wasted	1901-0700 Amt(mg) Given	1901-0700 Amt(mg) Wasted
KE	PROMETHAZINE 25MG/ML AMP (PHENERGAN) 25 MG=1 ML MAY ALSO GIVE PO / PR - SEE ALTERNATE ENTRIES IM Q 4 HRS START: 04/10 D/C: @ RX 05729628 PRN PRN Reason: NAUSEA / VOMITING		D/C		
KE	MAG HYDROX/AL HYDROX/SIMETH 30ML UDC (MAALOX PLUS,MI-ACID,MYLANTA) 30 ML=1 UNIT DOSE CUP SHAKE WELL --- FORMULARY ANTACID PO EVERY 6 HOURS START: 04/10 D/C: @ RX 05729619 PRN PRN Reason: INDIGESTION		D/C		
	NURSE INSTRUCTIONS - DOCUMENTATION (RN INSTRUCTIONS) See Comments XX PER PROTOCOL - 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: START: 04/10 D/C: @ RX 05729621 PRN PRN Reason: CIWA SCORE		D/C'D		

*****REASSESS AND DOCUMENT*****

345

680

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: AE
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 Ennis RN	KE
		Edmundson	DE		
		Jeffrey Hoffman			

**** 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: [redacted]
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: [redacted]

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 NEEDS*:	
X Interference with Medical Treatment	
X Impending Risk of Injury	
ORDER TIME LIMIT:	
2 Hours	
4 Hours	
8 Hours	
12 Hours	
24 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 _____ Side rails x4 __X__ Upper Limb	
_____ Vest _____ Chemical _____ Lower Limb	

MD Signature: _____ Date/Time: 4/12 0820

MD Printed Name: _____ Pager/Phone: _____

ORDER/PROGRESS

601-30 9-04

Jewish Hospital & St. Mary's HealthCare

Acc#:M034311738 MR#:L000423587
CICCU3
M M CICCU3-17
Kellerson,Angela R.N.
NDW
04/10/14

Place Patient Label Here

ORDER/PROGRESS

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

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

4/12/14.
Poim/CCm.
Pt seen & Exam BP
VS 102. P115 100/65
Dyspnea.
O/E On Vent
Sedated.
CVS S1+S2
Resp B/L air Entry
Crepts Bases
Ext free
ABG 7.31/45/154/58
137/103/5 (168
140/22/1.6
Lactic 3.6
Cx Blood, Urine
10) 12
36 (65
4/12

Physicians Orders

F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLTEFORMS 732845 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
PROVINE, JAMES CICCU3
DOE , 52 M M CICCU3-17
Wetherbun:Angela R.N.
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 1 FIO2 80% Ordered / CRJ
CBC, CMP, ABG
Call if in Am

4/12/14 2/2 8:00a

1- ARDS
2- Ac. Pancreatitis
3- PRBC
4- Pancreatitis.
5. Blood sugars
6- AKI
7- FWB.
Plan.
Con't vent support
Con't IVFs
Con't CRRT.
GI following.
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 F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORM® 730416 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
Weight(current/prev) 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 1D 1219

INFLUENZA A
RESP FAILURE / PNA / ARDS
MACARTHY'S
T 102.0 (102.4) P 110 BP 99/64 RR 24 BK1
MEDS: DIPRIVAN 20ug IV @ 24 ml/hr
FENTANYL 75ug IV @ 24 ml/hr
ZOSYN 3.375g IV @ 12 ml/hr
TAMIFLU 60mg IV @ 12 ml/hr
VANCOMYCIN 750mg IV @ 48 ml/hr
PE: GEN Intub sedated female
CV S1+S2
PULM cl
ABD S-ft +BS
EXT edema
LABS: 10.3 / 36.6 154 187/103/5 (3)
(20.1) 4.0/22/1.6 (20)
AST: 446 ALT: 223
LIPASE: 1166 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 TR.
IMP:
abnormal/unsigned
EXAMINED
ON DR Sauc Intub/sedated female
Inflation + RA
adequately covered c Tamiflu x
bilateral basilar rales
Written by Jessica Purcell, RN
SIGNED FOR Dr. MICHAUD
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

Michaud

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

AUTHORIZED 7/2010 10/10

Physician Orders F1220

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#:K034312738 MR#:L00042368/
PROVIDER NAMES 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**
4/12/14	CALLED TO ACUTE DIALYSIS CHANGES MADE DIALYSIS RN PRESENT.	4/12/14 Renal F/U Seen c dialysis Still pressor dependent N- hemodyn N- resp Tm 102 HR 98 RR 25 94/60 F/U +8.7 Liters Urine 30 cc/hr Quick Update Heart IRR/reg w/o m/g/r Lungs CTA bilat, diminished Abd soft & BS Ext trace LE edema Skin dry/intact
a B to 4 K+ 2.2 Calcium bad		
Ro		
F - Set UF to 200 cc/hr & leave these rates unless systolic BP < 85, then stop UF and call MD		
c CPK level in AM		
	D. Heilman Steve	
	587 9660	Lactic acid 3.4 CXA noted
		140 104 5.1 15.0 AG 20 4.1 20 1.5 Mg 1.8
	4/12/14 1460	AG+ noted CK 166
		AP
		a AKI - anuric - cont CRRT - renal rsn - nephrotoxic (cardiac)
		c Lactic acidosis
		c Pancreatitis
		c ↓ EF on Echo
		c Influenza A
		c ARDS
		- d/w nurse Adjust UF/bath
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 F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED: REVISED 10/09

ORDER / PROGRESS CHART

VOLUFORM® 753410 10/03

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#: M03431[illegible]758 MR#: I 000423567
PROVIDENCE, JAMES CICCU3
DOB: 52 M M CICCU3-27
Wetherington, 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**
		4/12/14 UKS 232 pm Intubated, sedated & 100.2, 16, 21, 99/56 MAP vent, sedate + ⊖ face RF soft R/L ⊖ edema & resp pneumo sedate UKS 7.31/45/154 INR 1.5 LFTs 686/282/163 AST/ALT AF & Sepsis 2 ARF on vent 3 Inf ⊖ 4 stable w/ D 5 ANA DM Elevated LFTs Ac Pancreatitis Propofol discontinued

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

MD Sign: _____ Date/Time: _____

MD Print: _____ Contact #: _____

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

KAVITA JYOTIKA MD
HMS 367-3360

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE.

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLLFORMS® 732-110 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: 04/13/14 TIME: 0580	DATE: TIME:
RESTRAINTS INDICATED FOR MEDICAL NECESSITY	
X Medical Device Interference	
X Prevents Medical Procedure	
ORDER TIME LIMIT:	
X 24 Hours	
4 Hours	
2 Hour	
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: 4/13 0514

MD Printed Name: _____ Pager/Phone: _____

ORDER/PROGRESS

601-30 9-04

Jewish Hospital &
St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 PR#: L000423587
PROVINS, JAMES C1CCU3
DOB: 12 M M C1CCU3-17
Wetherington, Angela R M
MON
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 0122	12 cc [illegible]	

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 F1200

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

SOLUFORM® 752410 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 Hospital
KentuckyOne Health™
A member of Jewish Hospital & St. Mary's HealthCare

CRRT Flow Record

ACCT#: M034311738 MR#: L00423587
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: 460	QB: 200	QD: 200	Dialysate Bath: 4K, 2.25Ca, 35HCO3 1.5Mg	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: 37°	
Labs: K+	Hgb/Hct:	BUN/Cr	Others:		

Allergies: NKDA

Heparin for Reading 4-11-14

Time	QB (BFR)	VP/AP	A INTAKE Po, IV, flushes	B Ellitrate 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 R&I'd & new lines
1500	200	50/-50	570	235	0	0	+335	+635	N/A	200	1/2 clotting, to RN. Iveran
1600	200	50/-50	311	200	0	0	+111	+746	N/A	200	NEW Bath and new UF
1700	200	50/-50	368	185	0	0	+183	+929	N/A	200	goal
1800	200	50/-50	190	200	0	0	-10	+919	N/A	200	(1825) system safety check
1900	200	50/-60	369	200	0	0	169	+1088	N/A	200	Pt returned & VSWD, lines secure
2000	200	50/-50	249	198	0	0	51	+1139	—	200	Remains attached x02, machine
2100	200	50/-50	223	198	0	0	25	+1164	—	200	battery according to order
2200	200	50/-50	208	191	0	0	17	+1181	—	200	Machine operational — RK, —
2300	200	50/-50	242	197	0	0	45	+1226	—	200	4-13-14 - 2240 - water sheets dry, cath
2400	200	50/-50	256	261	0	0	55	+1281	—	200	running & patent, line visible & secured
0100	200	50/-50	241	196	0	0	45	+1326	—	200	hemolock clamps on both prox. & distal ports
0200	200	50/-50	273	203	0	0	70	+1396	—	200	4-13-14 - 0200 - H2O checks done, pH 7.4
0300	200	50/-50	506	185	0	0	321	+1717	—	200	Cond 14.8, procedural & system
0400	200	50/-50	704	191	0	0	103	+1820	—	200	reviewed
0500	200	60/-50	325	91	0	0	124	+1944	—	200	4-BHG 0500 w/ includes dm
0600	200	50/-50	220	9	0	0	214	+2158	—	10	operator & RN
0700	200	50/-50	225	11	0	0	+214	+2372	—	10	4-13-14 0700 Water checks
0800	200	50/-50	277	9	0	0	+268	+2640	—	10	done Problems & RK
0900	200	50/-50	452	9	0	0	+443	+3083	—	10	BCAR Orders to 55
1000	200	50/-50	649	11	0	0	+638	+3721	—	10	at 4-13-14 Goal to 14.4
1100	200	50/-50	370	10	0	0	+360	+4081	—	10	pH 7.4 & ORN
1200	200	50/-50	383	9	0	0	+374	+4455	—	10	Blood Return @ 1455
1300	200	50/-50	380	9	0	0	+371	+4826	—	10	to disinfect Machine
1400	200	50/-50	394	9	0	0	+385	+5211	—	10	& RN 4-13-14
1500	200	50/-50	OFF @ 1455		0	0				10	
			BACK ON 15:40								

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CALIFORMSR 1R502A65 10/12 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

148R01136 exp 02-2017

Acct#: M03431738 MR#: L00042358?
PROVINS, JAMES CICCU3
[illegible] 52 M M CICCU3-17
Angela R.M.
NON
04/10/14

HOSPITAL - St. Mary's NKA 114 Kg

Pt name: Provins, James	Room #: CICCU3-17	Date: 4-11-14	Time: 1123	Initials	Signature
Dialyzer: F160NR	QB: 200	QD: 200	Dialysate: 3K 3.0 Ca 140 Na 30 HCO3		
Lines: RIJ Niagra	Heparin Bolus: 0	Heparin Drip: 0	Alarm Test: Passed		
Machine Disinfect Date: 4-11-14 bleach	Machine #: 42	Bleach neg: neg	Dsg Change Y (N)		
Cond: 14.6	pH: 7.4	Temp: 37.0	Chlorine/Chloramine: 0.05		
Labs: K+ / Ca++ / Na+ / Lactic: 4.8/6.9/132/5.4		Hgb/Hct / WBC / Plt: 14.0/42.0/20.1/195	BUN/Cr: 28/4.4	Date: 4-11-14 New	Nephrologist: A. Duff 587-9660

Arrived @ 0935 - Await completion Doug at Kidney US 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
										0			0+A-C-D-100ml +11 ml/hr right, then net loss of 0
1125	200	-70	50	0	235	0	0	0	235	235	+100	135	1125 - Treatment initiated
1225	200	-60	-70	0	310	0	0	0	310	310	+100	410	2 difficulty times venting
1325	200	-50	-70	0	207	274	0	3	204	[illegible]	+100	154	Hemostat device in place
1425	200	-50	-70	0	170	100	0	0	170	457	+100	170	Revised machine operator
1525	200	-46	-70	0	118	5	0	2	111	568	+100	11 (50)	documentation, trouble shooting
1625	200	-40	-70	0	322	48	0	0	274	842	+100	174	and rinseback & Doug
1725	200	-60	-60	0	515	170	0	0	345	1187	+100	245	Edwards RN Debra states
1825	200	-60	-60	0	253	185	0	0	68	1255	+100	100	understanding
1925	200	-60	-50	0	266	12	0	0	254	1509	+100	154	1600 Machine Checks
2025	200	-60	-60	0	150	106	0	0	44	1553	+100	144	performed. TCCL less
2125	200	-60	-50	0	187	8	0	0	179	1732	+100	80	than 0.02. No changes
2225	200	-60	-50	0	211	25	0	0	136	1868	+100	110	Discussed & nurse. No
0025	200	-60	-50	0	206	50	0	0	156	1924	+100	110	changes. Removed
0125	200	-60	-50	0	163	15	0	0	148	2132	0	150	4/11/14 2100 CRRT in
0225	200	-60	-50	0	205	132	0	0	71	2203	0	200	progress. Safety checks
0325	200	-60	-50	0	193	191	0	0	2	2205	0	193	WNL. Blinds refilled & removed
0425	200	-60	-50	0	167	166	0	1	1	2206	0	167	4/12/14 0100 CRRT in
0525	200	-60	-50	0	247	173	0	0	35	2241	0	247	progress. Safety checks
0625	200	-60	-50	0	485	173	0	0	306	2547	0	485	WNL. Blinds refilled & removed
0725	200	-60	-50	0	315	430	0	0	-115	2432	0	315	4/12/14 0575 CRRT in
													progress. Safety checks
													WNL. Blinds refilled & removed

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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: [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: Baber,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	Document wastage of all meds in mg & Record Start/Stop Times for all IVs NEW MEDS -- SCHEDULED and SINGLE DOSES	0701-1900		1901-0700	
	MED: CL Deck 0 Q4Days DOSE: PRN ROUTE: SCH: DSC 4 Blue Clays Q4Days Q4Days PRN	4/17 DSC 4/14			
	MED: 4 5 Kiley Deck DOSE: Q4Days ROUTE: PRN SCH: DSC	4/18			
	MED: If Na <131 DOSE: 145 ROUTE: SCH: CO_2 <18, >30 K^+ <3.0, >5	Call Resident			
	MED: DOSE: ROUTE: SCH: Lovenox 30mg SubQ Daily	1200 DE			
	MED: PRN 1/2 Kg DOSE: IV ROUTE: PRN SCH: hypoglycemia protocol			0649 DJ	
	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

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,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

JHSHH, 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 Amt(mg) Given	Amt(mg) Wasted	1901-0700 Amt(mg) Given	Amt(mg) Wasted
	novoLOG (novoLOG (insulin-ASPART) 100 units/mL) HIGH DOSE SS SUBQ BEFORE MEALS ***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 1630 BS 138 Dose 3 units Site LA Init Time 2100 BS 86 Dose — units Site — Init Time 0700 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	0730 1230 1520 DE/200 54 800		2100 2400 1 200 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: [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	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 (THIANINE) (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 Q8H@6 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	18 - 18 New 500cc 12mcg New 500cc 19mcg	2355 / 18 - 18
	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=0 Rate 2 mg/Hr New Bag 4 Initials Time 2=0 Rate 1.5 mg/Hr New Bag 4 Initials Time 3=0 Rate 1 mg/Hr New Bag — Initials .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729953	New 100cc 10mg/hr New 100cc 18mg/hr off 18 - 18	2359 / 18 - 14 0

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#: 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	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: 1606 Settings Verified by RN: OE Wit: G Set-up Time: 1600 Settings Verified by RN: OE Wit: G 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 mg/hr NEW BAG Y INITIALS OE/GG TIME 0701 RATE 150 mg/hr NEW BAG — INITIALS JH START: 04/10 D/C: @ Rx 05729956	1600 250cc/hr OE 74-72		2859 JH 72-74	

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#: MU34311738
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: DS Wit: (S) 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) 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		0135	
	CALCIUM GLUCONATE (CALCIUM GLUCONATE) (2 GM) SOD[redacted] (100 ML) [redacted] Total Vol: 120 MLS IV DIR CALL PACT 1 gram = 4.65 mEq Calcium IV PUSH SHOULD NOT EXCEED 2 ML / MINUTE *HIGH-ALERT MED* START: 04/11 D/C: @ RX 05736396	1815			

D/C

369

704

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		0701-1900		1901-0700	
	IV CATHETER MAINTENANCE				
	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: 255 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 DE		2200 DJ	
	MAGNESIUM SULF 1GM/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 EL DE 1430 DE			
	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 DE DJ-JP		2359 JP-JA D	
	levoFLOXACIN 750 MG/DSW 150ML (150 ML) Rate: 100 MLS/HR Total Vol: 150 MLS IV START: 04/11 D/C: @ RX [redacted]				

D/C 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

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.		

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
	FLUCONAZOLE 200 MG/KS 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 BE	1800 BE		
	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 [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 BE		0400	
	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	BE 1400	1800 BE	0200	BE

371

706

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	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 Amt(mg) Given	 Wasted	1901-0700 Amt(mg) Given	 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,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			
	ACETAMINOPHEN 325MG TAB (TYLENOL) ACETAMINOPHEN RECOMMENDED MAX: 3 GM/24 HR (ALL SOURCES) START: 04/11 D/C: @ PRN Reason: TEMP >100.4 650 MG=2 TABLET PO EVERY 6 HOURS RX 05730869 PRN	0800 BE Temp 101.2 650mg 1615 Temp 101.8 650mg BE		Ace 1300 A 0145 700 BE	

******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
		OElmstead RN	OE		

**** 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
		pulm ccm
		Prsecon Eq
		VS 100, 123, 84/58
		02 Sat 100%
		Pt Off sedation minimal Response
		CVS SR ST
		Resp on RA
		GU [illegible]
		GI tube feeds on hold
		Pt on [illegible]
		[illegible] 7.32/41/25/88%
		Hct 29.5 Hgb 9.4
		4.4 22 1.2 NS 88
		CK 4023 BU 28
		Cardiac 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

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED/REVISED: 10/10

ORDER / PROGRESS CHART

VOLUFORMS [illegible] MD Rev.

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"

Pulmonary Critical Care and Sleep Medicine
Phone: 502-363-1960 Fax: 502-416-1050

376

711

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Travis 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 mm Hg	2/2
	STAT ABG	Plan (Com
	CBC	1) Acute Pulm Edema
	BMP	2) Sluen ARDS
	UA/C.	3) PNA
	Cont me.	4) Pancreatitis
	CBC, Comp, ABG, UA/C	5) Alcohol Abuse
	Urine in Am	6) ALT
		7) Septic Shock
		8) MSOF
		9) Fu
		Plan Cont Levo Support
		- Start Dopamine
		- Cont IV Abx
		cont 3D
		G/I Dvt prophy
		- Cont 3S

TORV Dr: _____ by: _____ Date/Time _____

MD Sign: _____ Date/Time _____

MD Print: _____ Contact #: _____

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

Signed Electronically by Edward Abraham, MD FCCP
Louisville Lung Care
Pulmonary Critical Care and Sleep Medicine
PH:(502) 452-3501 Fax:(502) 452-3502

4/13/14 0915

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS® 713-4410 10/10

Physicians Orders F1230

Unapproved/Unsafe Abbreviations

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

Signed Electronically by Edward Abraham, MD FCCP
Louisville Lung Care
Pulmonary Critical Care and Sleep Medicine
PH:(502) 452-3501 Fax:(502) 452-3502

Trach collar trial

377

712

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034211738 MR#: L000423567
PROVERAS, JAMES CICU03
M CICU03-17
Wetherton, Angela R.N.
MON
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 8 ug IV to maintain MAP >70 VOLV Dr. Jameel / D. Edwards RN	
	ELECTRONICALLY SIGNED BY Jameel, Sajjad - 264689 5/22/2014 12:42:50	
	FAXED	
	8 Feb 14 4/13/14 0900	
	T.T. for	
4/13/14 1115	STAT EKG - AT & ERUR	
	Consult LSA - Dr. Stewart	
	ELECTRONICALLY SIGNED BY Jameel, Sajjad - 264689 5/22/2014 12:42:13	
	Rpt Lactic Acid when get VOLV Dr. Jameel / D. Edwards RN	
4/13/14 1115	Decrease FiO2 to 60% VOLV Dr. Jameel / D. Edwards RN	
	ELECTRONICALLY SIGNED BY Jameel, Sajjad 264689 5/22/2014 12:42:46	
	4/13/14 1115	
4/13/14 1300	1/2 Amp D50 IV x 1 per protocol D. Edwards RN	
TORV Dr:	by:	Date/Time:
MD Sign:		Date/Time:
MD Print:	Contact #:	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

VOLUFORM 456 723410 10/10

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

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: L000423587
CICCU3
2 M M CICCU3 17
Wetherton, Angela R M
NGK
04/13/14

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 1D 0918
INFUSION - A / PNA / ARDS / RESP FAILURE
PANCREATITIS
SEDATED on VENT. SEEN on CRRT.
T 100.5 (162.5) c 123 bp 84/58 RR 26
MEDS: DILAUDID 2mg IV q 2-4° #3
TAMIFLU 75mg PO q 12° #3
ZOSYN 3.375g IV q 12° #4
ZYVOX 600mg IV q 12° #3
LEVAQUIN 750mg IV q 48° #3
PE: GEN NAD
CV RRR, TACHY
RESP CRACKLES BS
ABD BSX
EXT WARM & DRY
LABS: 11.4 / 104 / 141 / 106 / <5
(10.3) 12.9 / 34.3 / 4.4 / 22 / 1.2
AST: 605 ALT: 298
LIPASE: 47 AMYLASE: 100
FLU: (+) A / (-) B
VARICELLA: (-)
4/11 SC: GIS MOD YEAST
4/10 UC: (-)
UC: (-)
BC: (-)
LACTIC ACID: 5.6
IMP:
obtd/rec'd examined
discussed same w/ attending of record
discussed c nurse
pt has sepsis 2° c diff
NOT intubated
will collect c ABG
Written by Jessica Pinder, RN
Seen for Dr Newman
Tachypnea, RRR

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® 732410 10/10

Physicians Orders F1230

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

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: MC3431738 MR#: LC00423587
C.CCU3
M M CICCU3-17
Patterson, 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. Price

(1) Amiodarone 150mg IV bolus STAT over 10 minutes

(2) Amiodarone 1mg/min IV x 6 hr then ↓ to 0.5mg/min

(3) TORV per Dr. Price per Dr. Edwards Rd

4/13/14 1130 IF HR ≥ 130 Adjust Levophed down to MAINTAIN MAP 65 TORV Dr. Price / Dr. Edwards Rd

4/13/14 1200

4/13/14

Cardiac

St. On unit

O

O 99/51 60

CBG per calculation

MAP = 2/3 DBP + 1/3 SBP

= 65.7 mHg

(Electronic monitor seems to be under reporting MAP; goal 96/52 (74) calculate 66.7)

Some tach → 120's/min

CO further AM's some relief

5 Amio

Chest pain

CXR AM

MP Supp

Abx - PM → Gentamicin

PT eval today

work done Bernoulli

(CVP = MAP - 2 mmHg/L/min)

Rec fluid bolus

calculate MAP.

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

VOLUNTEER 233410 10/10

Physicians Orders F1230

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Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311738 MR#:L000423587
PROVINS,JAMES CICCU3
IV Fluids: Rate:
Date: Time:
Initials:

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**
	Fax to pharm	4/13/14 Renal FU
4/13/14		Chart reviewed
	c Ask pharmacy to	Hemodynamic issues noted.
130	double concentrate all	Hd + drop UF rate
pm	drips	+ 16 cc/hr
		No urine
	c Vasopressin start	N- pain / distress
	0.01 units / minute to	Tm 102.5 f 136 26 87/48
	keep systolic BP > 90	Fro + 10 Liters
	(double concentrate)	Urine 13 cc
		Vent
	c D bicarbonate bag called @ 1330	Heart Tachy / irreg rhythm
	to 35 in ED	Lungs (6 chest tubes)
		Abd more firm, distended
	c D/W wife + to	Ext + edem. bandages
	make DNR	Skin marbled / pale
		Urine 0
	Alert	
	Oriented	CBC noted
	Slow	Lytes 140 / 4.5 / 111 CMP noted
Alert 4/13/14		46 / 3.1 / 1.2
		Lactic acid 5.9
		ABG noted
		Nsg log noted
		AM
		c ACT - anuric
		- hemodynamic barely supported CRRT
		- not able to remove volume
		c Low Plt - replacing
		- 1 unit Plts
		c ↓ CF
		- FU
		c ARDS
		c A/C
		- D/W wife - DNR.

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 F1220

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10 **ORDER / PROGRESS CHART** VOLUFORM55 732810 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" AHL

Nsg 3381 10/10

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

ACCT#: M0343211738
PROVINS, JAMES
IV Fluids:
Date:
Initials:
MR#: C00423537
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 MRD 227pm

Intubated, on 3 pressors
ID 100-8, 132, 25, 86/54
MRD. Unresponsive
↓ BS RL normal
BS tachy
Left BS ↓ distended
Abdomen
MRD Unresponsive
Pupils

4/13/14 2pm

CBC
CMP
Mg
PO4

ABG 1NR 1.3 (12.9) 11.6 (10)
7.32/41/249
Lactic acid 5.6
CK 4023 mb 1.7
LFTs 685/298/65/3.5

KAVITA JYOTIKA MD
HIPS 367-3360

4/13/14

Ap O A Resp failure
2p Septic shock
3) Pneumo/Sinus ARDS
Infl A
Abx per ID
4) AKI on CRRT
5) Elevated Lactic acid
? Round with
6) Acute pancreatitis
Alcohol abux
Elevated LFTs
Elevated CK
Very poor Prognosis
D/W family, pt DNR now

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

CONTENT REVIEWED : REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE
ORDER / PROGRESS CHART

VOLT FORMS® 332-4110 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 JYOTIKA MD
HIPS 367-3360

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Bowins, 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**
	NG Tube to low wall suct KUB upright (Heel-on bedside. JAIN 4/13/14 3:00a 365 Stat	4/13/14 Hypotensive on multiple pressors. Rest faint on vent Febrile. Tachycardic New onset Afib | RBBB on amiodarone gtt Possible for lobectomy. Abd distended guarded Rt-Ⓞ Rt flank dressing c/d/i ✓NG tube/lines ✓KUB ✓Chest c Wound Lft shoulder incision. Suture c/d/i Bowel sounds guarded

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 Upright
Contrast
Date 4/13/14 @ 5:10
Technologist Smith/MCL

Physicians Orders F1230

CONTENT REVIEWED - REVISED 12/10

PLEASE DO NOT WRITE BELOW THIS LINE
ORDER / PROGRESS CHART

VOLUGRMS® 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

ADDRESSOGRAPH

Acct#:M0234311738 MR#:L000423587
PROV: C1CCU3
DOB: 52 M M C1CCU3-17
Wetherton,Angela R M
NON

James Provins

ORDEI 04/10/14

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**

4.13 Surg
Dict# 1694786

#1 ① $2400 c lap 4/10 ETOH abuse meds c pancreatitis, fem, hernia, liver/kidney failure. On CRRT /3 pressors. Noted to have 4 lactic acid. Asked to see pt for possible ischemic bowel.

Discussed situation c wife & Dr Jamieel.

Pt too unstable for (an anesthesia, if has Bowel ischemia is probably 2° from hypotension and pressors. I don't think he would benefit from surg at this time. Will follow & re eval.

Stewart MD

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

CONTENT REVIEWED /REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORM® 7325420 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, JAMES CICCU3
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 1850	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
	Please have Bio-Med evaluate Monitor under-estimating Mean Arterial Pressure. 1) 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: CXR
Contrast:
Date: 4/14/14
Technologist: By KS

Physicians Orders F1230

PLEASE DO NOT WRITE BELOW THIS LINE

CONTENT REVIEWED / REVISED 10/10

ORDER / PROGRESS CHART

VOLUFORMS3 2325410 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: [redacted] 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: [redacted] 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: 107.05 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 BSG3 DE			
	MED: 1/2 Amp D50 IV x 1 per protocol DOSE: ROUTE: SCH:	1850 BSG0 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:				

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: 4/13
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:

Init	Document Dosage of all meds in mg & Record Start/Stop Times for all IVs. NEW MEDS - SCHEDULED and SINGLE DOSES	0701-1900	1901-0700
	MED: CL D5G Δ DOSE: @ 75 ml/hr ROUTE: IV SCH: PRN — Due 4/13 Δ Alve CLNCS Q4Days/PRN — Due 4/14		
	MED: Δ Sliding Dose DOSE: Q8 Days ROUTE: SCH: Due 4/18		
	MED: If Wt <130, DOSE: 145 ROUTE: SCH: CAL Renal Ca <18, >30 K <3, >5		2000 Wt 130 CO2 22 K 4.5
	MED: Dopamine 800mg/250ml DOSE: ROUTE: SCH: gtt - Titrate to maintain MAP >70	1200	
	MED: 1/2 Amp D50 — Per protocol DOSE: ROUTE: SCH: PRN BS 81	1200	
	NEW MEDS - PRN	0701-1900	1901-0700
	MED: MAX Concentrate gtt-5 DOSE: ROUTE: PRN:	941	
	MED: Vasopressin 0.01 units/min to keep SBP 790 DOSE: ROUTE: PRN:	1430	
	MED: Amiodarone 150mg in 100cc bolus then overload in 6h, then 1g/hr IV x6, then 0.5g/hr DOSE: ROUTE: PRN:	Bolus 1200 gtt Infusion 1210 gtt	1810 gtt
	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

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:

OXYGEN DELIVERY		0701-1900	1901-0700
DATE	OXYGEN ORDER	INITIALS	
4/13/14	Vent FiO2 80%	SE	
4/13/14	Vent FiO2 60%	SE	
4/13	FiO2 60%	[illegible]	

Init	SCHED MEDS — DOSE & DIRECTIONS — Document wastage of all medications	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 SE 1400 SE		0200 2000	
	PANTOPRAZOLE 40MG VIAL (PROTONIX) — 40 MG-1 VIAL IV DAILY — FLUSH LINE BEFORE AND AFTER ***** INFUSE IV PUSH OVER 2 MINUTES **** SEE PREP INSTRUCTIONS. START: 04/13 D/C: @ RX 05729816	1200 SE			
	OSELTAMIVIR 75MG CAP (TAMIFLU) — 75 MG-1 CAPSULE PO EVERY 24 HOURS — START 4/12 — Typical duration of therapy is 5 days. ------NON-PYXIS ITEM------ START: 04/12 D/C: @ RX 05731664	1500 SE			
	ENOXAPARIN 30MG/0.3 ML SYR (LOVENOX) — 30 MG-0.3 MLS SUBQ EVERY 24 HOURS START: 04/12 D/C: @ RX 05731925	1200 SE			

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	INSULIN (SUBCUTANEOUS ONLY) DOSE & DIRECTIONS Document wastage of all medications	0701-1900 Amt(mg) Given	Wasted	1901-0700 Amt(mg) Given	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 1130 BS 81 Dose ___ units Site ___ Init BC Time 1630 BS 65 Dose ___ units Site ___ Init BC Time 2200 BS 91 Dose ___ units Site ___ Init Time 0600 BS 240 Dose ___ units Site ___ Init If 2 consecutive BG accuchecks of 200mg/dL or greater, notify prescriber. START: 04/11 D/C: @ RX 05730853	1130 240		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	0701-1900 Stop	1901-0700 Start	1901-0700 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/hr 0800 125 250cc/hr 7A - 7P 1500 New 250 Bag Double Concentration 1850 Switched to Concentrate etc		2330 Off Protocol 0100 250cc/hr 0300 - Phase 2 0330 Begin wean 7P 7A	
	MIDAZOLAM HCL (VERsed) (50 MG) DEXTROSE 5% (90 ML) Rate: UD Total Vol: 100 MLS IV * **HIGH-ALERT MED* PER MD ORDERS CONCENTRATION - Time 0800 Rate _____ New Bag ____ Initials ____/____ Time ____ Rate _____ New Bag ____ Initials ____/____ Time ____ Rate _____ New Bag ____ Initials ____/____ .....NON-PYXIS ITEM..... START: 04/10 D/C: @ RX 05729953	7A 7P		7P 7A	2859
	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: 0 RN: [signature] 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

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	0701-1900 Stop	1901-0700 Start	1901-0700 Stop
	FENTANYL CITRATE PF (SUBLIMAZE) (2500 MCG) SODIUM CHLORIDE 0.9 % (250 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	[redacted]		2359 [redacted]	
	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: 200 CC RN: [redacted] Wit: MP 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	[redacted]			

MEDICATION ADMINISTRATION RECORD SUNDAY 04/13/14 - 0701 thru MONDAY 04/14/14 - 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	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
	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 IGN/DSW 100ML (100 ML) Rate: 100 MLS/HR Total Vol: 100 MLS IV DIR [redacted] START: 04/11 D/C: @ RX 05730410	0800			
	PHENYLEPHRINE HCL (NEOSYNEPHRINE) (80 MG) SODIUM CHLORIDE 0.9 % (500 ML) Rate: TID Total Vol: 508 MLS IV * PER MED ORDERS CONCENTRATION = 160 mcg/mL .....NON-PYXIS ITEM..... START: 04/11 D/C: @ RX 05730865	0800		2000	
	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 JHSNH, LOUISVILLE, KY
CICCU3 CICCU3-17
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,Muhammed Z MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/DNA

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
	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	0700			
	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: 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

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 Amt(mg) Given	0701-1900 Amt(mg) Wasted	1901-0700 Amt(mg) 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 05731502 PRN	1500 650mg PO for 3 doz. 3			

*****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 ****

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
PROVTNS NAMES 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 Sung
Informed pt is
comfort measures only
Call if needed
Thanks
Stewart S

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

CONTENT REVIEWED / REVISED (MM)

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOL CHRONO456 7258 (D) (MM)

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 [redacted] M M CICC03-17
Baby [redacted] MD
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**
4/14/14 9:50	[redacted]	4/14/14 2:50 PM
	Extubate Pt. 4-14-14	Pt comfort
	Stop all meds.	Pt Scared
	Except: morphine 2mg IV q 2 hr PRN	VS 101. 124. 44/60
	Ativan 2mg IV q 1hr PRN.	& 24
	[redacted] FAXED	Dr. Orr Extu
	noted Called Funeral Hm	Resp Distress
		Crit Soft Mm
		Cor Murmur
		Dr. [illegible]
		1) Acute Resp Failure
		2) ARDS
		3) Septic Shock
		4) MSOF
		5) Pancreatitis
		6) PNA
		Long discussion family
		Pt only more comfort
		measures
TORV Dr. _____ by: _____ Date/Time: 4/14/14 0000		
MD Sign: _____ Date/Time: _____		
MD Print: _____ Contact #: _____		
All orders must be Signed, Dated, and Timed with Contact # Included		

Physicians Orders F1230

CONTENT REVIEWED / REVISED 10/10

PLEASE DO NOT WRITE BELOW THIS LINE

ORDER / PROGRESS CHART

VOLUFORM® 7538410 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"

400

735

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#:M034311738 MR#:L000423587
PRONTO, JAMES CICCU3
DOB 52 M M CICCU3-17
Babar, Munammad Z MD
HON
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 VORV Dr. Jayneel Patel Trummeter

ELECTRONICALLY SIGNED BY
[illegible] 264682
5/22/2014 12:42:39

noted Patel Trummeter 4/14/14 0840

All Chart entries must be Signed, Dated, and Timed

4/14/14 0822 time of death
@ heart tones or breath sounds auscultated
Patel Trummeter

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® 733410 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"

401

736

Jewish Hospital & St. Mary's HealthCare

ADDRESSOGRAPH

Acct#: M034311738 MR#: L000423587
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**

PROVINS, JAMES CICCU3 CICCU3-17
M034311738L000423587 RXE0S732022 -
WASTAGE()
See Comments (0 MISCELLANEOUS, NOT SPECIFIED) XX ONE
All documented administered
doses of Potassium Phosphate
13.6ml were prepared
resulting in wastage of 1.4ml
from a single-dose vial.
, RPh
Disp:0 MISCELLANEOUS, NOT SPECIFIED S1:04/12/14-1415 Sp:

4/14 T.O.P.V. Dr Kumar / [illegible]
0551 UF 2.5L @ 150 cc/hr Hour.
Call for SBP <90

4/14 1/2 Amp 250 IV Pre Hydration
Protocol. @ 50 cc/hr

FAXED

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 PCXR AM
Contrast
Date 4-13-14
Technologist PCHRS

Physicians Orders F1230

CONTENT REVIEWED / REVISED DATE

PLEASE DO NOT WRITE BELOW THIS LINE
ORDER / PROGRESS CHART

VOLUFORM999 725840 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#: [redacted] MRA 1000472587
PROVINC: [redacted] CICCU3
DOB: [redacted] M M CICCU3-17
Babar Muhammad Z MD
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 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 Paxton

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. Delia Provins (Signature Next of Kin)

Michelle Gust (Signature of Local Registrar, Deputy Registrar, Coroner or Hospice Nurse) Kathy 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 ___ (Name of Cemetery/Crematory) on ___

___ (Address)

___ (Signature (Section 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. 9/96)

COMMONWEALTH OF KENTUCKY
Department for Public Health
Registrar of Vital Statistics

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Making Three Copies

PROVISIONAL REPORT OF DEATH

Acct# M034311738 MR#: G00423587
PROV INS: JAMES CICCL3
DOB: 2 M M CICCU3-17
Baber, muhammad-Z MD
NON
04/10/14

(A)
Name James Provins Date of Death 4/14/14 Hour 0822 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 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 Payton

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 502-935-0536 (Funeral Home)
for the purpose of transportation and/or disposition. Debra P Wynn (Signature Next of Kin)

Michelle Gant (Signature of Local Registrar, Deputy Registrar, Coroner or Hospital Nurse) Kelly Trumbo RN (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 # M0594311758

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:

PLEASE PLACE IN MEDICAL RECORD

Death Papers
F166

Submitted to Him /Stan

VOLLFORM150 10/12 AM

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.

Init	NEW MEDS - SCHEDULED and SINGLE DOSES	0701-1900	1901-0700
	MED: central line Dsg Δ Q7days Δ Blue clamps Q4days DOSE: ROUTE: SCH:	Due 4/17 Due 4/14	
	MED: Δ Swivel Dsg Q7days 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	0701-1900 Amt(mg) Wasted	1901-0700 Given	1901-0700 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	0701-1900 Amt(mg) Wasted	1901-0700 Given	1901-0700 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	0000

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

ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE: 4/14
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.	1	1

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% (50 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			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: Init: Set-up Time: Settings Verified by RN: Init: Set-up Time: Settings Verified by RN: Init: Set-up Time: Settings Verified by RN: Init: Set-up Time: Settings Verified by RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: Waste Time: Waste Amt: RN: Init: 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 RATE NEW BAG INITIALS / TIME RATE NEW BAG INITIALS / START: 04/10 D/C: @ RX 05729955			2359	

410

745

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 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.	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 1.5 Wait per family request

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 (04/13/14)
Body Surface Area: 2.17 M2
ADM Chief Complairt: 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% admiristered via peripheral site, ports of central or tunneled catheter per Nursing policy to maintain patency. administer medication or post blood withdrawal.	—	IV Q8H	Hourly	

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 % Rate: 63.632 MLS/HR Total Vol: 255 MLS 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: @	(250 ML) IV	DIR RX 05730402	Phos 1.6 *held per family request			
	MAGNESIUM SULF 1GM/DSW 100ML Rate: 100 MLS/HR Total Vol: 100 MLS GIVE 2 GM (2 X1 GM) IF MG LESS THAN 1.6 START: 04/11 D/C: @	(100 ML) IV	DIR RX 05730410	Mg 1.4 *held per family request			
	levoFLOXACIN 750 MG/DSW 150ML Rate: 100 MLS/HR Total Vol: 150 MLS START: 04/11 D/C: @	(150 ML) IV	Q 48 HRS RX 05730930				
	LINEZOLID 600MG/300ML Rate: 300 MLS/HR Total Vol: 300 MLS DO NOT REFRIGERATE START: 04/11 D/C: @	(300 ML) IV	EVERY 12 HOURS RX 05730938	— 1400 — —		— 0200 — —	
	FLUCONAZOLE 200 MG/NS 100ML Rate: 100 MLS/HR Total Vol: 100 MLS Do not exceed administration rate of 200 mg/hr DO NOT REFRIGERATE START: 04/12 D/C: @	(100 ML) IV	EVERY 24 HOURS RX 05731662	— 1700 — —			

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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: 04/10/14
Admitting Dr: Babar,Muhammad Z MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE: 4/14
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.	duplicate	

Init	DOSE & DIRECTIONS Record & Initial all Start/Stop Times	0701-1900 Start	Stop	1901-0700 Start	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/DSW 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	*PRN*		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 Vis IV Bag*** .....NON-PYXIS ITEM..... START: 04/13 D/C: @ RX 05732797	0701 7a-7p		2201 7p-7a	
	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	7a-7p		2359 7p-7a	

PROVINS,JAMES
CICCU3 - CICCU3-17

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Page: 7
CONTINUED -->

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748

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: 4/14
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 PRN: 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
	VASOPRESSIN (pitRESSIN) SODIUM CHLORIDE 0.9 % Rate: UD Total Vol: 105 MLS PER MD ORDERS CONCENTRATION = ...NON-PYXIS ITEM..... START: 04/13 D/C: @	(100 UNITS) (100 ML) IV * RX 05732943	7a-7p KT		2359 7p-7a	
	PHENYLEPHRINE HCL (NEOSYNEPHRINE) SODIUM CHLORIDE 0.9 % Rate: UD Total Vol: 516 MLS PER MED ORDERS CONCENTRATION = 0.32 mg/mL .....NON-PYXIS ITEM..... START: 04/13 D/C: @	(160 MG) (500 ML) IV * RX 05732951	7a-7p KT		2359 7p-7a	
	AMIODARONE HCL (CORDARONE) DEXTROSE 5% Rate: UD Total Vol: 500 MLS 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: @	(900 MG) (482 ML) IV ** RX 05733002	0701		2301	

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: 04/10/14
Admitting Dr: Babar,Muhammed Z MD
ADM Chief Complaint: PANCREATITIS/ETOH WITHDRAWALS/PNA

MAR CHECKED
INIT:
DATE: 4/14
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 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 RECONSTITUTED MAX: 3 GM/24 HR (ALL SOURCES) — START: 04/12 D/C: @ — RX 05731612 PRN				
	DEXTROSE 25 GM/50 ML (DEXTROSE 50%) — 25 GM-50 MLS IV PRN — START: 04/13 D/C: @ — 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
				ACETAMINOPHEN	

**** 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 does not mean that the plaintiff was not drinking after 2009, and his roommate and co-worker testified that he was drinking 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 the 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

PUBLICATIONS begin on Page 13

BOOKS:

Post RM, Ballenger JC (Eds): *Neurobiology of the Mood Disorders,* (Frontiers of Clinical-Neuroscience Series, Vol. 1). Baltimore, Maryland, Williams and Wilkins, 1984

Ballenger JC (Ed): *Biology of Agoraphobia*, American Psychiatric Association Press, 1984

Ballenger JC (Ed.): *Neurobiology of Panic Disorder*, New York, Wiley Liss, 1990

Ballenger JC (Ed.): *Clinical Aspects of Panic Disorder*, New York, Wiley Liss, 1990

Klerman GL, Hirschfeld RMA, Weissman MM, Pelicier Y, Ballenger JC, Costa e Silva JA, Judd LL, Keller MB (Eds). *Panic Anxiety and its Treatments: A Publication of the World Psychiatric Association.* Washington, DC, American Psychiatric Press, Inc., 1993

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 1995*, John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., Chicago, IL

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 1996*, John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., Chicago, IL

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 1997*, John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., Chicago, IL

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 1998*, John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., St. Louis, MO

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 1999*, John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., St. Louis, MO

Nutt D, Ballenger JC, Lepine JP (Eds.): *Panic Disorder: Clinical Diagnosis, Management and Mechanisms*, Martin Dunitz, Ltd., London, 1999

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 2000*, John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., St. Louis, MO

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 2001,*John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., St. Louis, MO

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 2002,* John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., St. Louis, MO

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 2003,* John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., St. Louis, MO

Ballenger JC, Tylee A (Eds): *Anxiety* (Part of the Rapid Reference series), Mosby, 2003

Nutt DJ, Ballenger JC (Eds): *Anxiety Disorders*, Blackwell Science, Oxford, UK, 2003
Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 2004,* John A. Talbott, editor-in-chief, Mosby-Year Book, Inc., St. Louis, MO

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 2005,* John A. Talbott, editor-in-chief, Elsevier, Philadelphia, PA

Ballenger JC (Ed.): Clinical Psychiatry section, *Year Book of Psychiatry and Applied Mental Health 2006,* John A. Talbott, editor-in-chief, Elsevier, Philadelphia, PA

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32. Sternberg DE, van Kammen DP, Hare TA, Ballenger JC, Bunney WE Jr: CSF c-aminobutyric acid GABA in schizophrenia. Presented at the Scientific Proceedings of the 133rd Annual Meeting of the American Psychiatric Association, San Francisco, May 1980. Sci Proc Am Psychiatr Assn 133:80-81, 1980, Abstract #42

33. Ballenger JC: The role of modern pharmacotherapy in depressive disorders. Presented at the Spring Conference on Depression, Saint Albans Psychiatric Hospital, Radford, Virginia, May 30, 1980

34. Post RM, Ballenger JC, Jimerson DC, Goodwin FK, Lerner P, Bunney WE Jr: Cerebrospinal fluid alterations in manic depressive and normal subjects. In Abstracts of the 12th CINP Congress, Goteborg, Sweden, June 22-26, 1980, p. 283, #530

35. Cutler NR, Ballenger JC, Post RM, Uhde TW, Weitzman ED, Bunney WE Jr: Cortisol hypersecretion and growth hormone dysrhythmia in depression. Presented at the Annual Meeting of the Society of Biological Psychiatry, September 5-7, 1980

36. Uhde TW, Post RM, Lerner P, Ballenger JC, Goodwin FK, Major LF, Bunney WE Jr: CSF dopamine-β-hydroxylase in affective illness. Presented at the Annual Meeting of the Society of Biological Psychiatry, Boston, Massachusetts, September 5-7, 1980

37. Garbutt JC, Levine R, van Kammen DP, Sternberg DE, Ballenger JC, Post RM: Cerebrospinal fluid tetrahydrobiopterin in schizophrenia. Presented at the Annual Meeting of the Society of Biological Psychiatry, Boston, Massachusetts, September 5-7, 1980

38. Carman JS, Post RM, Ballenger JC, Becker KL, Silva OL: Radioimmunoassayable calcitonin in human cerebrospinal fluid: relationship to psychiatric diagnosis. Presented at the 35th Annual Meeting of the Society of Biological Psychiatry, Boston, September, 1980 Abstracts of the Society of Biological Psychiatry, p. 105, Abstract #73

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

41. Post RM, Ballenger JC, Uhde T, Putnam F, Bunney WE Jr: Kindling and drug-sensitization: Implications for the progressive development of psychopathology and treatment with carbamazepine. Presented at the British Association for Psychopharmacology Symposium on "Psychopharmacology of Anticonvulsants," London, England, October 24, 1980

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

44. Pickar D, Naber D, Post RM, van Kammen DP, Ballenger JC, Kalin N, Bunney WE Jr: The measurement of endorphins in CSF: relationship to psychiatric diagnosis. Presented at the Annual Meeting of the American College of Neuropsychopharmacology (ACNP), San Juan, Puerto Rico, December, 1980

45. Ballenger JC: Use of dexamethasone suppression test in psychiatry. Presented at Endocrine Rounds, Department of Internal Medicine, University of Virginia School of Medicine, December 15, 1980

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

48. Ballenger JC, Post RM, Jimerson D, Lake CR, Lerner P, Bunney WE, Goodwin FK: CSF noradrenergic correlations with normal anxiety. Presented at the Scientific Proceedings of the 134th Annual Meeting of the American Psychiatric Association, New Orleans, May 1981. Sci Proc Am Psychiatr Assn, 134:235-236, 1981, Abstract #96

49. Shemo J, Ballenger JC, Spradlin WW: Psychiatry as an internal medicine subspecialty. Presented at the Scientific Proceedings of the 134th Annual Meeting of the American Psychiatric Association, New Orleans, May 1981. Sci Proc Am Psychiatr Assn 134:216, 1981, Abstract #64

50. Pickar D, Naber D, Post R, van Kammen D, Ballenger J, Rubinow DR, Waters R, Kaye W, Ebert M, Bunney WE Jr: Endogenous opioids and psychiatric illness. CSF studies. X Congress of the International Society of Psychoneuroendocrinology, Montreal, Quebec, Canada, May 25-28, 1981

51. Post RM, Ballenger JC, Uhde TW, Bunney WE Jr: Efficacy of the temporal lobe-limbic anticonvulsant carbamazepine in manic and depressive illness. Presented at the 3rd World Congress of Biological Psychiatry, Stockholm, June, 1981

52. Post RM, Jimerson DC, Ballenger JC, Goodwin FK, Lake CR, Uhde TW, Bunney WE Jr: Amine research: Relationship of norepinephrine and its metabolites to mood in normal volunteers and depressed patients. Presented at the 3rd World Congress of Biological Psychiatry, Stockholm, June, 1981

53. van Kammen DP, Waters RN, Gold P, Sternberg D, Robertson G, Ganten D, Reichlin S, Pickar D, Naber D, Ballenger JC, Kaye WH, Post RM, Bunney WE Jr: Spinal fluid vasopressin, angiotensin I and II, somatostatin, beta-endorphins and opioid activity in schizophrenia: a preliminary evaluation. Presented at the 3rd World Congress of Biological Psychiatry, Stockholm, June, 1981

54. Post RM, Rubinow DR, Gold PW, Ballenger JC, Goodwin FK, Pickar D, Naber D, Uhde TW, Reichlin S, Bollinger J, Bunney WE Jr: Somatostatin and opiate peptides in CSF of affectively ill patients: effects of carbamazepine. Presented at the 3rd World Congress of Biological Psychiatry, Stockholm, June, 1981

55. Naber D, Pickar D, Post RM, van Kammen DP, Ballenger JC, Waters RM, Bunney WE Jr: CSF opioid activity in psychiatric patients. Presented at the 3rd World Congress of Biological Psychiatry, Stockholm, June, 1981

56. Buchsbaum MS, Davis G, Naber D, Pickar D, Ballenger J, Waters R, Goodwin FK, van Kammen

D, Post R, Bunney WE: Pain appreciation, somatosensory evoked potentials and endorphins in normals and patients with schizophrenia and affective disorders. Presented at The 3rd World Congress of Biological Psychiatry, Stockholm, June 28-July 3, 1981, Abstract #540

57. Carman J, Post R, Ballenger J, Goodwin FK: CSF calcium and calcitonin in normal adults and patients with primary affective illness. Presented at The 3rd World Congress of Biological Psychiatry, Stockholm, June 28-July 3, 1981, Abstract #549

58. Ballenger JC: The impasse of law and psychiatry: the present and future. Medical Center Hour, University of Virginia Medical Center, October, 1981

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

65. Post RM, Ballenger JC, Uhde TW, Bunney WE Jr: Carbamazepine therapy in depression and mania. 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

66. Rubinow DR, Post RM, Gold PW, Ballenger JC, Reichlin S: Carbamazepine effects on cortisol and peptides. 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

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.

Presented at the Biomedical Topics in Psychiatry, Medical College of Virginia, Hot Springs, Virginia, February 13, 1983

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

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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,

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

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person.

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
> Greenville, SC 29607
> Phone: (864) 272-2665
> Fax: (864) 235-6015
>
> This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person.

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
> Phone: (864) 272-2665
> Fax: (864) 235-6015
>
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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.

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Greenville, South Carolina 29607

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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.
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Telephone: (864) 642-9284
Facsimile: (864) 642-9285
attorneydonaldsmith@gmail.com

Total Control Panel Login

To: jslewis@wjlaw.net Remove this sender from my allow list
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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Total Control Panel Login

To: jslewis@wjlaw.net Remove this sender from my allow list
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

5/26/2015

Provins

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

WJC&B
Willson Jones Carter & Baxley, PA

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

WJC&B
Willson Jones Carter & Baxley, PA

Julie E. Harris, Paralegal to J. South Lewis, II
jeharris@wjlaw.net
872 S. Pleasantburg Drive
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--

Donald L. Smith
Attorney Office of Donald Smith
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Telephone: (864) 642-9284
Facsimile: (864) 642-9285
attorneydonaldsmith@gmail.com

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To: jcharris@wjlaw.net Remove this sender from my allow list
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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.

WJC&B
Wilson Jones Carter & Baxley PA

J. South Lewis II, Attorney
jslewis@wjlaw.net
872 S. Pleasantburg Dr.
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Phone: (864) 527-3284
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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.

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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

WJC&B
Willson Jones Carter & Baxley, PA

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jeharris@wjlaw.net
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--

Donald L. Smith
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attorneydonaldsmith@gmail.com

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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.

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

WJC&B
Willson Jones Carter & Baxley, PA

Julie E. Harris, Paralegal to J. South Lewis, II
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attorneydonaldsmith@gmail.com

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From: attorneydonaldsmith@gmail.com

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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		$2,500.00	$-2,500.00
6/15/2016	TVM17	Provins , James D. - Phone Consult w/Attorney	$1,800.00		$-700.00
6/15/2016	TVM34	Provins , James D. - Professional Services	$200.00		$-500.00
		Affidavit	$500.00		$0.00

over 90 Days .....$0.00 61-90 Days .....$0.00 31-60 Days .....$0.00 0-30 Days $0.00 .....$0.00

542

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
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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

Donald L. Smith
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Telephone: (864) 642-9284
Facsimile: (864) 642-9285
attorneydonaldsmith@gmail.com

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

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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attorneydonaldsmith@gmail.com

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.
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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]

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

JAMES PROVINS,
Employee,
vs. WCC NO. 1200349

SPIRIT CONSTRUCTION SERVICES, INC.,
Employer,

and

INSURANCE COMPANY OF THE STATE
OF PENNSYLVANIA,
Insurer.

DEPOSITION OF: JAMES C. BALLENGER, MD

DATE: September 23, 2016

TIME: 4:07 PM

LOCATION: Offices of James Ballenger, MD
192 East Bay Street, Suite 204
Charleston, SC

TAKEN BY: Counsel for the Employee

REPORTED BY: PRISCILLA NAY,
Certified Shorthand Reporter

A. WILLIAM ROBERTS, JR., & ASSOCIATES

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ATTORNEYS FOR SPIRIT CONSTRUCTION SERVICES, INC. AND INSURANCE COMPANY OF THE STATE:

WILLSON, JONES, CARTER & BAXLEY, LLC
BY: TIMOTHY B. KILLEN
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ALSO PRESENT:

Kirsten Nanton

(INDEX AT REAR OF TRANSCRIPT)

WILLIAM C. BALLENGER, MD

being first duly sworn, testified as follows:

EXAMINATION

BY MR. SMITH:

Q. Dr. Ballenger, my name is Don Smith. I represented James Provins and now I represent his wife for a workers' comp claim that arose in January of 2012. In the interim, of course, Mr. Provins passed away and this action is for that purpose to see if there's causation between the death and the injury.

I'm going to ask you questions, of course, relating to your experience and your handling of this case and others. If I ask you a question that you don't understand, please ask me to rephrase it. If I speak too fast or mumble, which I often do, please ask me to restate it. I'll be happy to do that.

If you answer my questions then I'll believe you understood what I was asking and that you answered it appropriately, at least according to my standard. We want to be as verbal as possible so that we can get a clean record. With regard to any acknowledgment or something of that nature, a head nod is not going to work.

If you need a break please tell me that, too. State your name for the record, please.

A. James C. Ballenger, MD.

Q. How old are you?

A. I'm 72.

Q. All right. Can you tell me about your education from higher education school on.

A. I went to the University of North Carolina in Chapel Hill and received a BS in Psychology with minors in Chemistry, English, Philosophy. I went to medical school at Duke University. I graduated in 1970.

I stayed at Duke and did an internship in internal medicine for a year and then I went to Harvard and did my psychiatry residency at the Massachusetts General Hospital, finishing there in 1974.

I then spent two years in the Navy as a staff psychiatrist and then three more years at the National Institute of Mental Health where I received further training actually.

Q. Is there something in particular that you received the further training in?

A. For a good while the NIMH gave residency -- psychiatry residency credit. So they

had a whole curriculum and supervisors in general adult psychiatry, but my work at the National Institute of Mental Health was primarily in bipolar disorder -- we called it manic depressive illness back then -- and depression.

Q. When was that?

A. I was at the National Institute of Mental Health from '76 to '79.

Q. So bipolar, was that when it was just getting started?

A. Well, manic depressive illness has been here since man began.

Q. Yes, sir.

A. No. I mean, the illness had been around. We have been studying it and diagnosing it and treating it for many years. The change to the different name, bipolar disorder, was actually after that.

Q. Can you tell me about work since 2000.

A. Well, from 2000 to 2002 I was at the Medical University of South Carolina where I have been since 1983. I was Chairman and Professor until 2000. I stepped down and retired as chair and stayed on as a tenured professor for a couple of years and then I left.

I was Senior Vice President for development for a company called Comprehensive Neuroscience. It is the largest --

Q. She's with me.

A. I'm sorry?

Q. She's with me.

A. Okay. Would you like to come in? There's a chair over there.

I flew to New York two times a week and didn't like that. After that I started a private practice here and was able to spend more time doing forensic work. Since 2003 or '04 I have been about two-thirds in seeing patients in this office and one-third doing forensic psychiatry work.

Q. Who do you do the majority of your work for?

A. Well, I'm hired by attorneys who call me. I do about 20 percent now, 10 to 20 percent criminal work. That's becoming less common. So for the 80 or 90 percent I am retained by attorneys. At this point it's about 60 percent defense attorneys and 40 percent plaintiff attorneys.

Q. And you base that on just your thoughts or do you keep a running tab, if you will?

A. I have a running tab. It is changing in the sense that its has gone from 70 percent defense/30 percent plaintiff. Plaintiff lawyers call me more and more recently. So it's sort of in progress, but it's sort of shifted from a 60/40.

Q. Yes, sir. What all did you have to review and write your report?

A. It is listed in my report on the second page.

Q. And you used all of this?

A. Yes, and today I got one other report that I don't know how I didn't have it. That is the testimony of Mr. Provins at his hearing in 2012, but otherwise these are the records that I reviewed.

Q. And the testimony that you have just located, what is it about?

A. It's what he testified at the workers' comp hearing.

Q. I understood. Since I haven't read it, could you tell me what it's about?

Is there a specific part or just his whole testimony?

A. It's my impression it was his whole testimony, but I haven't had a chance to study it

more than five or ten minutes. I'm going to do that and write an addendum to my report.

Q. I see.

A. The importance that I took from it is that he testified at that point in 2012 that he had been drinking daily since he began his employment at Spirit and that was in June of 2011.

Q. Share with me why that's relevant. I mean, some people drink wine every day, right?

A. Yeah. About 95 percent of the public drinks maybe not daily but regularly and does not get into trouble.

Q. Right.

A. He got into serious trouble. He's in the five percent who became alcoholic and had been for many years. The relevance of this particular piece of information is that sometimes -- there is a claim in this lawsuit that he did not drink from 2009 until his injury when, in fact, he testified that he had been drinking daily at least by 6/26/11.

Q. Okay. Could you show me where it says that he hadn't drank since 2009.

A. Well, it is in Dr. Martin's report. Thomas Martin is the expert that you retained

in this case.

Q. All right. So you'd have to show me because I know he hadn't been in trouble and clearly hasn't had issues with it, but --

MR. KILLEN: Objection to the form of the question.

BY MR. SMITH:

Q. I appreciate it, but you can't show me?

A. If you'd like for me to.

Q. Here it is.

A. You would like me to show it to you?

Q. I've got the draft right here, sir.

A. All right. Well, it is on Page 2 of Dr. Martin's report.

In his fourth point he said toward the end subsequent to his hospital release in 2009: There was no record or evidence provided to suggest that Mr. Provins suffered from ongoing alcohol or mood related issues. He returned to the workforce, reunited with his family, and reportedly reintegrated into the community unfettered by his 2009 bout with alcohol and depression.

Q. So is that the complete statement that you're telling me that says he stopped drinking?

A. That is one of the pieces of evidence

that I used for that comment in my report. There may be more, but that's the one I found.

Q. But it doesn't say he stopped drinking, does it?

A. Yes. It does say that.

Q. Where?

A. Well, it says he was not provided with any evidence.

Q. No. No. No.

A. There's no record or evidence provided to suggest that Mr. Provins suffered from ongoing alcohol or mood-related issues and at the end of the next sentence he reintegrated with his family and the community unfettered by his 2009 bout with alcohol.

Q. Right, which means he recovered and kept on moving. Right?

Does that mean he stopped drinking alcohol? It said that he wasn't getting in trouble. Isn't that your perception?

A. No.

Q. Which record in there tells us he said he stopped drinking?

A. Well, the totality of the evidence in those two sentences tells me that. Dr. Martin's a

psychiatrist and he knows that Mr. Provins was a longstanding severe alcoholic. So these sentences convey clearly to me that he was saying that he was not having any trouble with alcohol and he's really implying he was not drinking.

Q. Okay. So you're reading into that?

A. Yeah. That's an expert --

MR. KILLEN: Objection.

THE WITNESS: -- meaning of this.

BY MR. SMITH:

Q. So we're playing with the meaning of the words?

MR. KILLEN: Objection to form.

THE WITNESS: No. We're going to use the expert meaning of words.

BY MR. SMITH:

Q. Right. Thank you, sir. He suffered from syncope?

A. Syncope.

Q. Syncope. What is that?

A. Yes, sir, in 2001.

Q. Yes, sir. What is that?

A. Passing out.

Q. And that's related to what?

A. The doctor then thought it was related

to alcohol.

Q. But isn't it like a seizure?

A. No. It's passing out. The doctor wanted him to see a neurologist to work it up, but Mr. Provins thought about it and said, no, I don't want to see a neurologist.

Q. And so where does it say that he's just passing out?

A. That's what the word syncope -- he had three syncope episodes. That's what that means. He also that you talked a lot about how Mr. Provins was drinking and that he thought these things were related to his alcohol consumption.

Again, a doctor and an expert reading this concludes that the most likely cause of the passing out spells is alcohol, not the unlikely cause of seizures because Mr. Provins never had another thing that looked like a seizure even though he never got it worked up.

Q. I believe that would be in the notes. Is that right?

A. I don't remember the doctor's notes.

Q. If you could show that to me, please.

A. This is 2012, not 2001. This is 2009.

MR. KILLEN: Identify what record

you're showing to the witness, please. What records?

THE WITNESS: For visits and --

MR. KILLEN: What is the date on the records? Can I see them as well?

MR. SMITH: Certainly.

THE WITNESS: The first encounter was 4/3/12. The next one is 10/22/09.

BY MR. SMITH:

Q. If you go back to it, they're chronologically -- there's a set for everybody. I guess what we'll do is go back to the 2001, right?

A. Yes, and I'm sure you've read my report. That's where I -- sorry. On 7/30/01 the doctor's note says: The patient comes in saying he's passed out five times, drinks a fair amount of beer. This does not usually occur when he drinks heavier.

People tell them him that his eyes roll back and he's out for one two minutes, but he doesn't recall what happens. He has a family history of sugar -- or diabetes -- and his assessment is that he's having syncope episodes, possibly two seizures. He refers to a neurologist.

Q. Now is that alcohol related?

A. Almost certainly.

Q. He just passes out and then comes back seconds later?

A. No. One to two minutes later. Alcoholics pass out almost every day. They're called blackouts or passing out. That's going to sleep.

Now, his first line says that he comes in saying he's passed out five times, drinks a fair amount of beer in these two sentences.

So reading it even then, much less knowing what I know later -- even reading this it makes me extremely suspicious that the passing out spells are alcohol-related because he doesn't have any -- again, he doesn't have any subsequent issues with seizures or neurological things anywhere in the record anyway.

Q. Is it anywhere in the record?

A. If you have seizures it almost always ends up in an emergency room visit and so forth.

Q. Can you tell me what this note here is? Is this in the doctor's record as well where --

MR. KILLEN: What is that? What date?

BY MR. SMITH:

Q. September 30, 2001. At the bottom what

does that say?

A. This is the one we're just talking -- just reading was 7/30/01. This is the handwritten note and the same thing. He actually adds more information and he says: He coughed so hard he gets dizzy and passes out. His eyes roll back in his head. He drinks mostly beer and hard liquor at times.

Q. So the cough --

A. Oh, here's where I got the three blackouts. He has three blackouts. He calls them blackouts. That's an alcoholic blackout. We use the word blackout to mean what happens to alcoholics.

Now, he could have called it passing out. He could have used other words, but he chose to use blackout which tells me that he thinks they're alcoholic.

Q. Between those bottom lines there what does that say?

A. Three spells. Drinks beer. States that his eyes roll back in his head. Refer to -- at the bottom it says he diagnosed syncope episode, possible seizure disorder.

Q. It doesn't say anything about alcohol,

does it?

A. No. I mean, in the other note it says syncope episodes, rule out seizures. Now, this is what doctors do even though in my reading -- again, I'm an addiction doctor. When I read "passing out three to five times" and "stays down for a minute or two" and then I use the word "blackout spells" it's most likely alcohol-related.

It could be seizures for one reason, one, because it could just be plain old seizures. Two, alcoholics have seizures because of withdrawal issues. It doesn't say except it does say -- to me it says it. If you want to be technical the doctor doesn't say he thinks these are related to alcohol. He has said it by using the words "blackout spells."

Q. Isn't the passing out, though, proceeded by coughing where he's not being able to breathe?

A. Sometimes. Sometimes. I mean, that's in that handwritten note.

Q. What I'm showing you now is --

A. You wouldn't call them blackout spells from coughing from passing out from coughing.

Q. No?

A. You would call them --

Q. Do you know him?

A. No. I'm just saying, the average competent doctor wouldn't do that.

Q. So he would be incompetent from passing out from a --

MR. KILLEN: Objection.

THE WITNESS: I didn't say that. I'm saying he's probably competent because he calls them blackouts.

BY MR. SMITH:

Q. Let me show you what's marked as March 21st, 2009. Is there anything in there related to alcohol?

A. No. Coughing up phlegm, chest is congested. Has a fever. Spitting up mucus. Can't get any sleep. Maybe from the coughing. He has hypertension for four years, does dip. He doesn't smoke cigarettes.

Back on March 21st, 2009 he does not mention alcohol, but, again, it's consistent with -- doesn't prove it. It's consistent with -- what happens to alcoholics is they get a lot of infectious diseases, particularly lung diseases, and it's consistent with that.

Q. Isn't that consistent with COPD?
A. Yeah, it is.
Q. How much do you get paid for your services?
A. I'm paid $680 an hour in this case and in other cases.
Q. So how much does it add up to?
A. Actually, I don't know. I don't think I've been paid except your retainer.
Q. Yes, sir. This visit here is September 25th, 2001. Does it talk about alcohol?
A. This is the same one we talked about before. It's the 7/30/01 one.
Q. It looks like 9/25, I thought?
MR. KILLEN: Both dates are on there.
THE WITNESS: Yeah. The first one says on 9/25 he does not want to see a neurologist. He refused. That's actually from the nurse, I think. The one below that is the one we talked about before.
BY MR. SMITH:
Q. Is there anything about his sugar in there? That's from Dr. Mines.
MR. KILLEN: What date is that?
Can we have an identifier of some sort

on that?

THE WITNESS: His blood was collected on 7/31/01 and his --

MR. KILLEN: I don't have that here.

THE WITNESS: His glucose was 76, which was normal.

BY MR. SMITH:

Q. All right. So he had normal sugar or the glucose?

A. Yes.

Q. All right. Was there anything about drinking?

A. In the lab? No. Labs would never refer to drinking. It's just the labs.

Q. All right. So you examined the testimony of one of these coworkers, right?

A. Yes.

Q. And what did you take from that?

A. Again, Dr. Martin and it's my understanding the family had allegedly testified that he had not drunk from 2009 until his accident in '12.

His roommate, Mr. Azusenis testified that, in fact, he drank every day every day at night, bourbon generally, when he was a roommate

and that he would also take bourbon in a container to work with him many days.

Q. Now, do you know if he was ever written up for drinking alcohol on the job?

A. It is my understanding that he testified that he had been fired in 2009. I'll have to check the date, but that he had been fired for suspicion of drinking on the job.

Q. Really, Doctor, we're talking about his work and a witness. So do you know of any issues he had with alcohol while in the employ of Spirit Construction?

A. I just learned the dates of his employment today and there's this evidence from his roommate that in the previous year and a half that he had been employed by Spirit.

So we have the evidence of his roommate and his own testimony that he had been drinking daily since he began working -- at least since he began working for Spirit from 6/26/11 in his workers' comp hearing.

So there's the principal evidence, but then when he showed up for his visit with Dr. Bonnarens on April of '13 he testified that he had been drinking daily, but he didn't specify in

that statement how far back it went.

Q. With regard to the drinking we're discussing here, I mean, in what context was he drinking?

A. It's my understanding he was drinking every night and -- well, his roommate testified that he was drinking on the way to work or at work. It appears on the way to and potentially at work and again after he came home at night.

MR. SMITH: This is the order from the workers' comp hearing. We'll make this Plaintiff's Exhibit 1.

(PLF. EXH. 1, Order from Workers' Compensation Commission, was marked for identification.)

BY MR. SMITH:

Q. What I'm asking you to look at is the facts as evidenced in the case -- the fact here -- Number 4. All right.

A. On what page?

Q. Number 4 on Page 5. Now, my point in showing you this is the claimant was found to be credible, but I'll tell you -- you can read it yourself, but there's nothing in here that talks about the credibility of their witnesses.

All right. As a psychiatrist and so forth do you think people sometimes try to protect their job with, in this case, testimony?

MR. KILLEN: Objection to form.

THE WITNESS: Sometimes.

BY MR. SMITH:

Q. We have no evidence whatsoever of him having any write-ups or anything related to alcohol, specifically alcohol, but I don't think there was any evidence of any -- in fact, the witness you were talking about said he was a great worker, right?

A. I saw that. What I take away from that was that he was credible about describing his injury, too, except there's evidence in the record of how he got hurt. He described how he got hurt or was injured with a torn rotator cuff.

But if he's credible here he's also credible, is he not, when he said he's -- credible that he says he was drinking every day since he started working. We can't cherry-pick.

Q. Right. Absolutely. He's over 21 and so forth. I'm just trying to find out where this came into play. I mean, he wasn't missing work. I mean, he wasn't drinking and driving at least to

our knowledge?

MR. KILLEN: Objection.

THE WITNESS: Okay. See, I don't have any opinions about drinking interfering with his work. My import of this and the information that he kind of drinks every day and actually by his own report prodigious amounts or in his own words what were huge amounts of alcohol goes to -- to the opinion that I do have that he's a longstanding alcoholic from the ages of 16 to his death.

That's what I'm opining about, not really that he was drinking and therefore did the -- I don't have an opinion about whether or not drinking had to do with his accident.

BY MR. SMITH:

Q. You're a doctor. When someone comes to you after injuring their shoulder and they can't lift their arm over their shoulder, I mean, you would believe that's probably a rotator cuff, right?

A. I mean, you're describing classic rotator cuff symptoms.

Q. Yes, sir. So when you see that you can let that person have a week to see if it kind of recede a little bit, but if it comes back as the

same thing you would get him to an MRI, right, to so we can find out for sure?

A. No. I'd get him to an orthopedist to see what the orthopedist would do.

Q. But you think the orthopedist might do that based on the symptomology he's talking about?

MR. KILLEN: Objection. Form.

THE WITNESS: I don't know. Maybe when he got to the orthopedist the story changed or his exam wasn't consistent with a torn rotator cuff. Obviously, I wasn't the doctor there.

By MR. SMITH:

Q. So if a doctor orders a MRI, though, seemingly that's what the doctor found, right, or that's what they believe?

A. No. Ordering it just means it's something he wants to rule in or rule out.

Q. Right. But you read the records and the initial treating doctor said that he needed an MRI, right? You know that?

A. I'm not sure of that. You mean the absolute first doctor he saw?

Q. Yes, the work doctor he saw after the injury.

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

rest he had zero out of ten pain, which is no pain, but that the pain increased with movement. Also --

Q. Are you looking at a physical therapy note? Are you looking at your report?

A. Yes. Here's another one. On 6/7/13 that he had zero pain at rest.

Q. I'll look at these notes, I guess.

A. On 9/21/13 he said he was not having any pain unless he lifted his arm.

Q. So if he moved his arm he was in pain?

A. Right, if he lifted his arm. That's right. What my report chronicles is that during that period on the dates I mentioned at rest he had no pain. If he tried to lift his arm above his shoulder he had pain.

(PLF. EXH. 2, Baptistworx physical therapy records, was marked for identification.)

BY MR. SMITH:

Q. If we're looking at the words themselves, if his arm is at rest and not moving, he didn't have pain?

A. Yes.

Q. But is that reality?

You can move your arm not working? You can't not move your arm on a constant basis unless

you're sleeping.

A. It is definitely a reality. All it says is that at rest he doesn't have any pain. Moving his arm he had pain, voluntarily moving his arm.

Q. So he wasn't pain-free then?

A. No, except at rest.

Q. Okay. And as he we know you're not at rest, are you?

MR. KILLEN: Objection.

BY MR. SMITH:

Q. I mean, what percentage of the day -- how often would --

MR. KILLEN: Again, objection to the form.

BY MR. SMITH:

Q. I'm asking for a percentage.

A. Let me answer in a slightly different way. Life involves generally moving at work. In that context he needed to move his arm above his head, which is what my report says.

(PLF. EXH. 3, Redi Care medical record, dated 1/24/12, was marked for identification.)

BY MR. SMITH:

Q. I've marked this Plaintiff's Exhibit 3.

This is the initial doctor and Redi Care.

MR. KILLEN: Can I get a copy of that? Let me know.

MR. SMITH: Redi Care.

MR. KILLEN: Did you mark all of these three pages as exhibits?

MR. SMITH: They need to be stapled.

BY MR. SMITH:

Q. So on the first page, which is the 24th of January, what were the issues?

A. He presented with a complaint of shoulder pain. Right shoulder pain. Anteriorly radiates down the arm. Unable to lift the arm. He complains of direct trauma from lifting of a piece that was long, about 150 pounds, when someone dropped one end of it.

His end snapped out of his hand causing his right arm to fall. He heard a snapping sensation and had immediate pain and complaint of weakness.

Q. And so the doctor conservatively said to come back in a week and see what the progress is, right?

A. Yes. His assessment was a sprain of the shoulder.

Q. All right. And then the second visit?
A. The X-ray showed no dislocation as confirmed by Dr. Purcell. He was sent back to light duty at work with no heavy lifting to follow up in a week.
Q. All right. So Dr. Linder is the doctor there, right?
A. I'm not sure if he's a doctor.
Q. Is she a PA?
A. Yeah. She's a physician assistant.
Q. All right. So you know what the finding was the next week? What did she say the next week?
A. I don't remember.
Q. If I told you that she recommended an MRI would that surprise you?
A. It wouldn't surprise me. I just don't know whether that's right or not until I see it.
(PLF. EXH. 4, Redi Care medical record, dated 1/30/12, was marked for identification.)
BY MR. SMITH:
Q. Here is the second one.
A. Retains the diagnosis of sprain in the shoulder and pain medicines pending worker comp approval of MRI where it's needed. Actually, she

doesn't say MRI, but it appears she was trying to get approval.

Q. So she believed he needed an MRI?

A. What is your question?

Q. She said he needed an MRI?

A. That's the implication here, yes.

Q. The tearing and inability to lift the arm. So that should have been done, right?

A. She recommended it. I wish people did everything doctors asked them to do.

Q. Well, the employer wouldn't let him have an MRI or wouldn't pay for it.

MR. KILLEN: Objection to the form of the question.

MR. SMITH: I withdraw that. I'll mark this as Plaintiff's 5.

(PLF. EXH. 5, InMed MRI report, was marked for identification.)

BY MR. SMITH:

Q. What was the finding in the MRI?

Have you ever had a torn rotator cuff?

A. No, thank goodness.

Q. What are the difficulties caused by a torn rotator cuff?

A. A lot of pain and difficulty in using

your arm, particularly anything above the horizontal.

Q. Now, Mr. Provins complained of not being able to wipe his butt. Does that sound possible?

A. That's possible, too.

Q. You made a comment in there that I browbeat Dr. Linder or Ms. Linder into providing a physician's statement?

A. I didn't say that.

Q. You said I threatened her.

A. What I said was he refused to fill out the form and stated he would only fill out the records. When threatened with the deposition the physician did fill out the records using the records but could not comment on the MRI.

Q. Is that --

A. I then said the MRI was a fairly extensive tear of the supraspinatus tendon involving the subscapularis tendon.

Q. Is taking a deposition some sort of weapon?

A. Well, some physicians are quite leery of them, yes. Apparently this doctor was. I mean, it sounded -- what it sounded like is the physician

did not want to go and say more than he could and that he was comfortable with but then went some more -- some further when you brought up the issue about how otherwise you'd have to have a deposition. You may be surprised that some physicians are afraid of lawyers.

Q. How did the accident occur to your knowledge?

A. Well, to my knowledge there are two different accounts. The one that sounds the most credible is the one in the first doctor's thing, that he and a coworker were carrying some heavy thing that weighed about 150 pounds and the coworker dropped his end, ripping Mr. Provins's arm.

There's another account that he was carrying corrugated steel and dropped it or something. That was far less coherent of an explanation.

Q. Do you know who said that?

A. No. I could find it.

Q. It wasn't Mr. Provins?

A. I don't know.

Q. Okay.

A. When he -- you know, one of the things

I trust in medicine and in forensic work is that the testimony to the very first doctor is more likely to be accurate than anything that's said later. That's not always true, but it tends to be true.

Q. Certainly. And that was what you understood from that first visit, that he had dropped -- when he dropped it yanked his arm, right?

A. Yes.

Q. What is the percentage again? You said 60/40?

A. Defense --

Q. Plaintiff --

A. Defense/Plaintiff work, yes.

Q. In 2001 it's 23 cases, 19 defendants and two plaintiffs. Does that sound about right?

A. In 2001?

Q. Yes, sir.

A. Yes, sir. As I said, when I started out the defense bar started calling me and then I did all my cases by word of mouth. It took time for the plaintiff bar to decide they wanted to start hiring me, too.

Q. In 2002 it's 14 cases, 11 defendants

and three plaintiffs. Does that sound right?

A. What is this? Depositions or cases?

Q. Cases?

A. Is it really? Okay. Are you sure it's not testimony?

MR. KILLEN: What are you asking him? You asked him how many cases. You didn't ask him if he issued reports in these or if he testified in these. What are the specifics?

THE WITNESS: Yeah. My point is that in the list of cases that -- you know, all cases, not just the ones that got to deposition and trial.

BY MR. SMITH:

Q. Yes, sir.

A. In that list it's initially heavily defense and then it mutates over time so that recently the percentage actually maybe closer to 50/50.

Q. In 2012, 23 to 24?

A. 23 to --

Q. To --

A. Again, I don't know what you're reading.

Q. This right here. (Pointing to document)

A. Well, is it testimony or -- can I see

it, please?

Q. Sure.

A. I think this may be correct.

MR. KILLEN: That's just his CV is what you're looking at?

MR. SMITH: He's got it.

THE WITNESS: This may very well -- where are the recent ones? Those just run to 2005.

MR. KILLEN: You've only got 2001, 2002, and 2012 so far.

THE WITNESS: No. I've got 2001, '03, '04 and '05.

BY MR. SMITH:

Q. This is 2011 and '14. Yeah. Actually, this is not in chronological order.

Was he having any difficulties at all at the time of the injury to your knowledge?

A. Yes. From my perspective he was drinking a lot of alcohol. Huge amounts was his description. In all of the descriptions from 2001, 2005, 2009, '12, '13 and '14 he describes that he's drinking a quart to a half of gallon a liquor and 14 to 18 beers which is -- almost every alcoholic underreports. So it's by chance more than that, but that's a prodigious amount.

That's a huge problem. You're destroying your liver at that point, your kidneys. I don't know anybody who can walk, talk, and do a good job after they've drunk a half a gallon of liquor. Now, maybe this man was able to do that, but I know that he had marital problems.

Q. In 2009. Right.

A. That's the most common problem with alcoholics is relationship problems.

Q. But after 2009 the record is free of any alcoholic issues, right?

A. No.

Q. No?

A. I mean, his roommate describes his drinking every day. He describes he drank every day. That's a problem.

Q. Why is that a problem?

A. Because you're destroying your liver and probably -- since he didn't go to the doctor there is no record. Almost certainly you're describing your relationships. Almost certainly you're not doing a good job at work. We know he got fired for suspicion of being drunk at work.

Q. In 2009, right?

A. Yeah.

Q. Yeah.

A. It's a problem to drink a half a gallon a day. It will kill you.

Q. Okay.

A. We argued what the minimum amount was you can drink a day and die from. We have arguments whether it's one beer or four, but it's a whole lot less than a gallon of liquor.

Q. If he's drinking that much is he drinking anything else during that day?

MR. KILLEN: Objection.

THE WITNESS: Beer.

BY MR. SMITH:

Q. I understand that he's drinking excessively and perhaps that's causing him difficulties, but we have no encounters with the law?

There's no encounters with work? There's nothing to illustrate a problem?

A. He had one DUI and three public intoxication arrests. That's trouble with the law.

Q. That's 2009, right?

A. Well, that's the record we have.

Q. Okay. So --

A. We do have evidence. In 2014 he shows

up with no liver and dies. So it took years of this kind of drinking to destroy his liver. So, yeah, we can't say he had no problems just because he evaded the police.

Q. Well, the claim wasn't accepted for 13 months. All right. He had no pain medication. You understand that alcoholics use pain reliever, right?

MR. KILLEN: Objection.

THE WITNESS: Some people drink if they don't have pain medicine. I'm not sure why he didn't. I've actually tried to find it, but there's no records of doctor visits. Most doctors won't give pain medicines for an injury like his.

BY MR. SMITH:

Q. So he didn't have a job at that point, right, from the time of the accident?

A. He didn't work. That's right.

Q. Well, he had a torn rotator cuff and he works iron or steel. So what is he going to do?

A. All I know is that he went back to work and after a couple of weeks they sent him home because they didn't have light duty.

Q. So he wasn't working?

No income?

A. That seems true.

Q. The claim wasn't accepted. So he wasn't getting any medicinal care. He wasn't getting any doctor visits, right?

A. I don't know what the latest numbers are, but it's somewhere around 30 million Americans who don't have any insurance or money and they get medical care all the time. So I don't accept that he couldn't get to a doctor.

He could go to any emergency room and they can't refuse him. That is my understanding. He could certainly come out of it with a pain prescription.

Q. So he should have gone pill hunting?

MR. KILLEN: Objection.

THE WITNESS: No. He should have gone treatment hunting. I mean, however much difficulty that would be making the decision to drink a quart of vodka or bourbon instead is a terrible decision. A quart of that a day kills you.

Searching for pain medicine is a problem, an effort. It's unpleasant, but it's not a decision to do something that killed him.

BY MR. SMITH:

Q. What other alternative did he have?

A. Well, I mentioned one. He could go see Bonnarens again. If he's still practicing he would almost certainly see him and prescribe something. If he's working he could go to the emergency room or free clinic.

Q. He didn't have any money.

MR. KILLEN: Objection.

THE WITNESS: That's why I said the emergency room and the doctor would probably see him at least once and not charge him.

BY MR. SMITH:

Q. You're speculating.

A. I am speculating, but you asked me what he could have done. These are all things he could have done that are reasonable.

Q. Do you know how much debt he incurred as a result of not having a job --

MR. KILLEN: Objection.

BY MR. SMITH:

Q. -- and losing his house?

A. I do not know.

Q. What did you learn prior to your investigation or your report and so forth?

What all were you told?

MR. KILLEN: Objection. By whom?

THE WITNESS: I was told --

BY MR. SMITH:

Q. By defense counsel.

A. I was told that they would like me to read the records and to make sure I didn't have any conflicts and they sent me the records.

They described that it was a workers' comp case and they wanted my opinion as an expert in alcoholism to develop opinions about whether he did or did not have alcoholism and develop opinions that would be pertinent to this case and then they would send me the records.

Q. You're not trying to say that the injury didn't have anything to do with his death, are you?

A. I'm going to answer it in two ways. Yes, I am saying that, and, no, it was in a minor way part of his life and the end of his life.

Did it have anything to do with his death and was it the proximate cause? It is in my opinion and in my report which I'm sure you've read that it did not. It was not a proximate cause and he would have died had he never injured his -- he would have died from his alcoholism. In my opinion he would have died had he never injured his

shoulder because he had been drinking for 35, 40 years and at a rate that I'm astounded he lived as long as he did into his early 50s.

Q. How many times did they mention alcohol in his physical therapy records?

Did you ever see it?

A. They mentioned at the beginning that he was obviously intoxicated, that he was disheveled and he was disorganized in his work with the physical therapist. They said he was obviously intoxicated.

Q. Please show that to me because I don't recall reading he was obviously intoxicated, whether --

A. Well, I'll tell you what the date is and then we'll go looking for it if you want me to. His initial evaluations were 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 dishevelled and shaken, very erratic with his technique, has increased redness in his face. The assessment at that point was there was obvious signs of alcohol intoxication with yellowed eyes and erratic behavior.

Q. Okay.

A. That's on 6/7/13 and 6/11/13.

Q. So that's the insurance company's observation, right?

MR. KILLEN: Objection.

BY MR. SMITH:

Q. Is that the way you greet a patient or begin your session in the beginning that just comes up and -- it's not something that's related to the therapy, right?

A. No. It's terribly related to what they're doing. She was saying that one of the issues -- and she should have written it down and I would write it down. She was reporting the whole evaluation which included that she thought he was drunk when he came in for treatment.

Q. What date is that?

A. I told you. It's 6/7/13 or 6/11/13, his initial evaluation at Baptistworx Physical Therapy. I don't know who paid for this.

Q. Yes, sir. Signs of ETOH. After this date is there any other mention about alcohol?

A. Not in his PT notes to my knowledge.

Q. I mean he went to physical therapy a lot.

A. Yes, like 22 times or more.

Q. Okay. So one time out of 22 is, is that -- what does that mean according to you?

A. Well, it means that he was drinking as he reported before he came to see Dr. Bonnarens in April and that he was still drinking in June when he got that physical therapy. It seems like he was drinking less as his physical therapy went along or at least was not drinking when he came to physical therapy.

Q. And, of course, the idea that he was going to physical therapy and had surgery would mean that he was treating with a doctor at that point, right?

A. Yes. I mean, Dr. Bonnarens had sent him to physical therapy and he continued to follow him.

Q. So he's medicated now and not as much need for alcohol?

A. That's true.

Q. Did you read Dr. Price's analysis?

A. I did.

Q. And what did you fault in that?

A. I didn't fault anything.

Q. You thought it was adequately written

and spoke the truth?

A. Well, I'm sorry. I do disagree, as I said in my report, with one piece that he echoed what Dr. Price said in describing that Mr. Provins was drinking to self-medicate. I disagree with that. To make it clear, I'm clearly disagreeing in my report.

There's no evidence that he was self-medicating for depression, which is what they said. There's no other evidence in the record that they looked at or that I looked at that says he's depressed, that reports symptoms of depression, that reports treatment for depression.

That's an assumption they're making that he was self-medicating. A much more logical and correct -- in my opinion -- assessment is that he was continuing to drink the way he had since he was 16. He just kept going.

Q. So you believe that Dr. Price was surmising about depression?

He had no evidence of that?

A. I didn't see any evidence in his report or in the medical record of active, ongoing depression.

Q. So the interviews with his wife and his

sister who's a nurse, those would be considered what?

A. Evident.

Q. But you didn't see that?

A. I'm not sure whether I did or not.

Q. Of course, Dr. Price's were the year before Dr. Martin's. How did you assess Dr. Martin's findings?

A. He seemed to conjecture more and his comment was that -- as I commented in my report, he said no evidence was presented to him that he was drinking and as we went through earlier from 2009 to his injury and afterwards. Then he used the concept again of self-medication for stress due to marital discord and financial problems.

Q. He didn't get paid for over a year. Could that cause stress?

A. Yes.

Q. The constant calls about foreclosure, could that cause stress?

A. Yes.

Q. So you don't believe that someone could drink because of stress?

A. Of course I believe that. People do drink for all sorts of reasons. My point is that

there's no evidence that Mr. Provins drank any more than he had for 30 or 40 years on a daily basis.

He still reported that he drank a dozen beers or so and a quart to a half a gallon of vodka or bourbon. There's no evidence that he drank more in response to this stress.

Q. Dr. Linder or PAC Linder saw him on March 12th or January 30th as you know. You have that. Can you tell me how he was examined or what he was like during his exam.

A. He was described as pleasant, alert, nontoxic, well-hydrated and appears uncomfortable but in no acute distress.

Q. What was his weight on that?

A. I don't think it's on this sheet.

Q. Okay. We'll go to January 24th. I believe it's 196 or something.

MR. KILLEN: 192.5. It is on Page 4 which would be the preceding page.

BY MR. SMITH:

Q. So 192.5. Do you know what he was when he had surgery?

A. In what regard?

Q. His weight, what his weight was.

A. No. If it helps you, I am aware that

he gained a significant amount of weight between his injury and his death.

Q. He gained roughly 50 pounds from the date of the injury to the date of the surgery.

What is that an indication of?

Depression maybe?

A. Much more indicative -- since we're speculating, which we are, it's indicative of inactivity. He was most certainly inactive and drinking I don't know how many gallons a day of -- I don't know what a half of gallon a booze is but I'm sure it's thousands of calories a day.

Q. If he's that much of an alcoholic isn't his health going to be bad and he's going to lose weight?

A. Yes, eventually, but at that point his liver was not failing and his kidneys weren't failing yet. There's no question -- you used the phrase, if he's that bad of an alcoholic.

I'm going from the phrase that many alcoholics use all the time. It's his description. It's not somebody else's.

(PLF. EXH. 6, Letter from Oaktree Orthopaedics, was marked for identification.)

BY MR. SMITH:

Q. I'm showing you what I've marked as Plaintiff's Exhibit 6. It's the findings of Dr. Jacobus.

Dr. Jacobus found that essentially since he had torn his shoulder or the rotator cuff once, had surgery and retore it, that he would have a permanent impairment. Does that sound reasonable?

A. It certainly is possible and reasonable, yes. I have not read this report.

Q. Do you know if there's anything in the report talking about him coming in and smelling like alcohol or anything of that sort?

A. Like I said, I haven't read it to know --

MR. KILLEN: Objection.

THE WITNESS: -- whether there is or not.

BY MR. SMITH:

Q. Yes, sir. But you read all the physical therapy notes and you agree that there's only one alcohol notation in there?

A. That's right. Now that I'm reading this he states that he was would give him a 10 percent disability rating related to his

shoulder. That's reported in his speech to your -- your comments.

Q. The PA in physical therapy recognized there was a couple of occasions maybe that he was okay at rest. But the significance of pain, according to the notes did it get better?

A. He got some better and he even said he was improving, but in terms of ability to actively use his right arm, particularly anything above a horizontal, he was not much better.

Q. From the time of the accident until his death he never recovered from his rotator cuff, right?

A. I think that's a fair summary.

Q. And, as we said, to your knowledge with regard to the record from 2009 there is nothing that said he got a DUI or nothing that said he was late for work because of alcohol or nothing prior to -- before 2012 anyway before the gentleman testified?

A. Yes, but that's cherry-picking. I agree with you that what you just said is accurate to my knowledge, but there is evidence that he was drinking heavily. Again, my opinion is that he was drinking the same as he had in the last few years

of his life and that he had been drinking in the past 30 or 35 years with little to no change.

Q. The records or things that were provided by the defense, did they provide you with any reprimands or any violations or anything of that sort?

A. Except for the one DUI and three public intoxication charges I did not see that in all the records that I examined.

Q. The gentleman you spoke of earlier as a witness -- I'm not sure how to pronounce his name.

A. Mr. Azusenis or something.

Q. Yes, sir. This is Page 70 from that transcript. It is Line 19.

A. Yes.

Q. Read that for the record, please.

A. In response to the question above it you said: He argued with whoever held his mortgage. Is that right? Or something to that effect.

Yeah. He was. He was concerned about his home going into foreclosure and he was on the phone. I couldn't say he was talking to the bank, but from what he told me he was trying to buy himself some more time with the mortgage company.

Q. So that transcript was prepared as a result of the hearing on August 10th. So it would appear that he was stressing out about that. That was January, though? January when he was hanging out with his roommate. So right after the accident --

MR. KILLEN: Objection. I think he we need to put that -- the witness was speaking about the telephone calls, but I think there's a time period or sequence in there that's important that we haven't established.

MR. SMITH: Okay.

(PLF. EXH. 7, Transcript of 9/14/12 Commission hearing, was marked for identification.)

BY MR. SMITH:

Q. That was the cross-examination, I guess?

A. I don't know.

MR. KILLEN: What page are we on?

MR. SMITH: Page 70.

MR. KILLEN: Page 70. Was he talking about before the accident or after the accident?

MR. SMITH: That was after.

MR. KILLEN: I know the testimony was taken after, but there are discussions in there.

MR. SMITH: That was --

MR. KILLEN: Are you asking questions or --

MR. SMITH: I am.

MR. KILLEN: Page 69 line 14: So you asked him: You know all about drinking? Yes, I do. Then you ask him about his shoulder.

On Page 70 you asked him how long -- excuse me. I'm sorry. How long did he live at your apartment? The answer was: About three months give or take. Then the answer was: You said that he argued with whoever held his mortgage. Is that right? Or something to that effect.

I guess you never established in that whether that was before or after the accident. That's all on that.

(PLF. EXH. 8, Baptist physical therapy record, dated 7/24/13, was marked for identification.)

BY MR. SMITH:

Q. Plaintiff's Exhibit 8 is part of the physical therapy record. Could you look at the assessment, please. Just read that for us.

A. This is 7/24/13. It's physical therapy. Do you want me to read the whole thing?

Q. No, sir. That's fine. So basically they thought he either tore it or had a new injury? Is that the assessment?

A. It says: Possible new retear.

Q. When you read those MRI reports, the one from January 2012 or February of 2012 to October of 2013, did you notice a difference in them or were they similar?

A. I didn't compare them to be able to answer that question.

Q. Okay. Do you believe that Mr. Provins' lack of employment and lack of money and constant pain in the 15 months that it took to get to Dr. Bonnarens how would that effect his overall way of life?

A. Well, I can only speculate. You know, being out of work and in pain would be difficult for anybody. In this particular case you add that he had been a very serious alcoholic for decades and it's going to make it harder for him.

Q. And obviously -- well, how would you -- he couldn't wipe his butt and he had to learn how do to do that. If he finds that to be the most important aspect of this whole situation what would that mean to you?

MR. KILLEN: Objection.

THE WITNESS: Actually, the toilet function he believed was the most important part of this whole situation. Is that your question?

BY MR. SMITH:

Q. It's a hypothetical, the idea that that was his biggest issue that he wouldn't wipe his ass.

A. What was your question?

Q. The question was, would that be the indication of depression and how that was affecting him?

MR. KILLEN: Objection.

THE WITNESS: No. What I would conclude from that is that that's an indication of how embarrassing and difficult that is, but it's not clear thinking.

It would seem as an outsider the most important aspects are he has no income coming in and he's drinking a half a gallon of liquor a day. Those two facts are a whole lot more important than that embarrassing, difficult situation although I know it's difficult.

I broke my right arm and had to try to learn to brush my teeth and finish up in the

bathroom and it was very difficult.

BY MR. SMITH:

Q. If you're the only breadwinner in the home and the bank is calling every day about your mortgage would that lead to depression?

A. It could.

Q. In fact, wouldn't that be a reasonable conclusion that it would?

A. Well, you know, that's a speculation. I can tell you as a practicing psychiatrist for 40 some years drinking a half a gallon of liquor every day is much more likely to cause depression than even being unemployed and trouble in the bathroom. So it's just speculation, one, that it would cause depression and, two, that he was really depressed. We really have no evidence.

Most people who get seriously depressed find their way to a doctor and complain of depressive symptoms and yet he didn't. Now, we can totally speculate that was because he was not depressed or that he had a hard time dealing with his problems.

Now, we know he didn't deal with his hypertension, his obesity, and most importantly his alcoholism. So there are all sorts of things that

we could speculate about.

Q. His hypertension?

What hypertension did he have?

A. I don't know. He just described hypertension, hadn't been treated for four years, that it still hadn't been treated.

Q. The idea of doing arm exercises with a torn rotator cuff, is that proper medical -- would that be the appropriate way of addressing it?

MR. KILLEN: Objection.

THE WITNESS: Depending on what the exercises were. It's an appropriate way of addressing parts of it or a way to try to prevent atrophy. It's an excellent use of physical therapy.

BY MR. SMITH:

Q. I just want you to review real quick Page 20 of Mr. Provins' deposition down to Line 12 on Page 31. Just review that real quick. It describes, I believe, what he was asked to do.

A. And your question, Mr. Smith?

Q. What did you take from that?

A. Well, that they did the typical -- you try to walk your arm up the wall to where it gets above the horizontal. It is a very common

exercise, particularly for bursitis and to help try to use a joint. Now, I'm not an orthopedist remember.

Q. Yes, sir. He was doing physical therapy into September, right?

A. Of --

Q. Of 2013.

A. Okay.

Q. The note in July says it's a possible retear or new tear. I mean, shouldn't they have done an MRI if they thought there was a retear?

MR. KILLEN: Objection to the form.

THE WITNESS: Again, you're asking me to speculate as the orthopedist that I'm not. Again, it obviously depends on the person that has the ability to an order an MRI. Physical therapists don't.

If they think that -- if the orthopedist -- I would think if the orthopedist thought there was evidence of retear then an orthopedist would order an MRI.

Q. You're a licensed doctor in this state, right?

A. Yes.

Q. So if he has the symptomology of a

retear and you make note of that and there's a repeat of that are you going to continue to put him through physical therapy?

MR. KILLEN: Objection to the form.

THE WITNESS: Well, for instance if he -- I could modify the physical therapy and have him do what he can do to try to prevent atrophy, for instance. If I --

BY MR. SMITH:

Q. Dr. Ballenger, would you continue with physical therapy --

MR. KILLEN: Objection. He's not an orthopedist.

MR. SMITH: He's a doctor.

BY MR. SMITH:

Q. Would you continue to send him to physical therapy if you thought there may be a tear?

A. You've got to be kidding with your questioning about this. I practice psychiatry. When somebody has a rotator cuff injury I send them to an orthopedist. I don't have anything to do with their care except telling them to please do what your doctor says you should do. Then I treat their psychiatric problems.

I don't practice orthopedics. It's malpractice for me to practice orthopedics.

Q. Common sense, you know. Would you want to retear it or hurt it some more?

A. You can't -- ask me as a doctor. Why don't you get the court reporter and ask her? If we're just talking about common sense and the general public, I'm not a whole lot more qualified than she is.

Q. Well, when you went to Duke what did you get again? What was your degree?

A. Duke, an excellent medical school.

Q. Right. What did you get there?

What is that you received?

A. Do what?

Q. What did you receive from Duke University?

A. An MD.

Q. What is the difference between that and somebody's family doctor?

A. Most families doctors have been to -- for three or four years of training after medical school in family medicine.

Q. Okay.

A. I just went to four years of medical

school and a year of internship and then I went into psychiatry.

Q. So you're a doctor first and then you went into psychiatry? That's where you went and branched off into that, correct?

A. Yes.

MR. SMITH: Nothing further.

EXAMINATION

BY MR. KILLEN:

Q. Doctor, I'm Tim Killen. I represent Spirit Construction Services appearing on behalf of Mr. Lewis here today. You have been a psychiatrist for over 40 years, correct?

A. Yes.

Q. Forty-seven?

A. Yes.

Q. And how long have you been a forensic examiner?

A. For 25, 30 years.

Q. And you were the founding director of the Institute of Psychiatry and you also founded MUSC's substance abuse and research institute in 1994?

A. Yes, a center for drug and alcohol programs. I founded and ran both of them.

Q. All right. You have been published on numerous occasions. Is that correct?

A. Yes.

Q. Okay.

A. Probably between 350 and 400 in peer review scientific journals.

Q. And you have written, edited, or contributed to books?

A. I have written or edited 16 books.

Q. Okay.

A. I have contributed to that a whole stack of books up there. You know, chapters. Those are counted in the 350 or 400 articles. Articles and chapters.

Q. And you specialize in substance abuse problems or in treating them?

A. That's one of my specialties, yes.

Q. And I'm going to talk at first about Dr. Price's report. Dr. Price is a psychologist. Is that correct?

A. Yes.

Q. All right. In fact, Dr. Price actually said in the last paragraph of his report that -- it's the last line and he's referring to loss of use of the arm, impaired activity of daily living,

depression, anxiety about the future, and self-medication with alcohol.

He says: These would appear to be related to the shoulder injury of January 24th, 2012 as he had no history of pain, anxiety, depression, or alcoholism prior to that report.

In the records you've reviewed have you seen any history of alcoholism prior to January 24th, 2012?

A. It is all the way through the record. I can only conclude that Dr. Price didn't see the medical records because anybody reading them can see in his own report and the doctor's assessment that he is, quote, a longstanding alcoholic.

Q. And just to clear up a few things in syncope or syncope episodes, that's a generalized term for fainting, passing out, seizure activity or any of those types of activities?

A. Yes.

Q. Okay.

A. It's like saying a cough. A cough could be TB. It could be a virus. It could be innumerable things.

Q. I've got to get these medical records. Okay. I'm going to show you an EMS record of

from University of Louisville Hospital. The record is dated July 7th, 2009. It is Page 115 of the submissions. Can you look down at the bottom of that?

A. Yes.

Q. Tell me what they found.

A. It said: 48-year-old male sitting in the chair. Patient admits to ingesting large quantities of ETOH, which is alcohol. Patient is having suicidal thoughts. Patient denies wanting to hurt anybody else.

Q. So there was -- suicidal thoughts, is that evidence of depression?

A. It is evidence of suicidal thoughts in the context of someone being very drunk.

Q. Okay.

A. That causes suicidal ideation, which when they sober up the next day they have no idea that they were suicidal and they're not anymore. So teaching -- an example that I teach students of all the time.

Q. Thank you, Doctor. I show you a record July 8th, 2009. Can you tell me what the chief complaint was at that time? This is the before the accident.

A. Chief complaint: I'm drinking myself to death.

Q. Okay. Here is Page 127. Just following that record, does that show how much alcohol he was drinking at that time or admitted to drinking at that time?

A. He reported that he was drinking half a gallon of whiskey or vodka and 14 to 24 beers a day.

Q. A day. Is it more likely than not that alcoholics undereport their drinking to medical providers?

A. Yes.

Q. That's significant evidence of alcoholism prior to this accident. Is that correct?

A. It's overwhelming evidence of alcoholism.

Q. In fact, here's another record from 7/7/09 Page 132 of the RPA submission. Can you tell me what the claimant was diagnosed with at that time.

A. Number 1 diagnosis is alcohol dependence and before that it says -- is drug dependence and there's a rule-out, substance-

induced mood disorder.

Q. Does that record indicate that he was willing to get help for his alcohol dependence at that time?

A. Yes. I think that's the time where it said he's willing to get treatment, but he's not sure he wants to stop drinking. I don't see that on here.

Q. I'm going to show you Page 133 of those submissions. It's from July 8th, 2009. It's from a discussion with a social worker. Can you tell me what, if anything, is significant in that medical record regarding his alcohol abuse or alcohol dependence.

THE WITNESS: Well, in the first sentence it says: 48-year-old Caucasian male, a long history of drug dependence. He reported to the EMS after he made a statement saying he was -- suicidal ideation. Under the influence of alcohol. Blood alcohol level 235, which is very high.

Q. Had --

A. It says --

Q. I'm sorry.

A. -- made such statements. Too drunk. He reports a loss of his job, was found drinking at

work. Had a friend who recently committed suicided after he recently lost his job similarly.

Reports drinking vodka, half a gallon, and 10 to 14 beers which increased recently over the last 20 plus years. One year of sobriety and nine months but has never been into a drug rehab program.

Q. So that history described there of 20 plus years of drinking a half a gallon of vodka and 10 to 14 beers a day would do significant damage to the body. Is that correct?

A. Catastrophic damage.

Q. And eventually is it correct to say that if alcoholics continue drinking -- well, you said even one beer a day might do it, but the body eventually will shut down. Is that right?

A. In almost all instances. All we're talking about is how long and what the dose is before the body begins shutting down; in particular the liver but also the heart and the kidney before it begins shutting down, breaking down, and not functioning.

Q. And --

A. Scarring. The liver gets increasingly scarred. So at the end of a long course of

alcoholism the liver is small and full of scars and is barely functioning.

Q. I want to show you a certified copy of the death certificate. It is included in the Plaintiff's APA submissions.

Can you tell me what was determined to be the cause of death?

A. Acute respiratory failure, septic shock, pneumonia, acute renal failure, alcohol abuse.

Q. With a typical patient how long does it take for alcoholism to result in death?

A. The range -- if we're talking about -- I mean, there are a lot of things that kill alcoholics along the way: Car wrecks, aspirating in their own vomitus when they're too drunk, falling downstairs, walking out in front of cars.

If they avoid all of those acute kind of things that hasten the process the average alcoholic drinking what Mr. Provins drank generally takes -- again, if they avoid the acute reasons to be killed it takes in general 20 to 40 years. They very frequently die in their late 40s to early 50s.

Q. How old was Mr. Provins when he died?

A. I think he was 53 or 54.

Q. Now, if you're an alcoholic does that mean you're going to get a DUI or does it mean that your chances are greater?

A. The chances are greater. I mean, it never ceases to amaze me the amount of people who drink and don't get a DUI. It gives you pause to not go out on New Year's Eve and other heavy drinking times because you're taking your life in your hands because there are so many drunks on the road.

Q. Okay. But no one doubts that he was in pain after his shoulder injury, I don't think?

A. I certainly don't.

Q. That's not really an issue. What we're talking about is whether or not he developed alcoholism after this accident which led to his death and the alcoholism is related to the accident. I think that's what we're here for.

You've issued opinions on that already. We have evidence that he was drinking before he was injured and after 2009 via his testimony. Is that correct?

A. Yes.

Q. All right.

A. Repeated testimony.

Q. And he testified he drank every day. Is that correct?

A. Yes, much of the time. One time under oath to my knowledge.

Q. I have a question about drinking. Is the act of drinking for an alcoholic an intentional act?

A. Yes. The majority of alcoholics actually recover with or without treatment if they don't die first. So the alcoholic along the way starts drinking, keeps drinking. They're the one who buys the vodka. They're the one who makes the is drink. They're the one who drinks it.

On the other hand, it leads to significant problems not only with their liver but with their brain. They become addicted to it. On the other hand, as I said, most recover and at a certain point most alcoholics put down their last drink and don't pick up another one.

Now, that's voluntary also. Now, my patients want to do that and are motivated enough that they do that. I help them do that in various ways, but I also insist that they go to AA every day or twice a day to get support and help in doing

this task, to not go back to drinking.

Q. The demise of Mr. Provins, does that fit into the pattern or mold of an alcoholic who would have died with or without his shoulder injury?

A. Yes. We have a several-decade-long history before he hurt his shoulder where he was drinking daily by his own report huge amounts of alcohol.

Q. Doctor, have all the opinions you've given here today been stated to a reasonable degree of medical certainty?

A. Yes.

MR. KILLEN: Thank you. That's all the questions I have.

EXAMINATION

BY MR. SMITH:

Q. I've just got a couple. In 2009 in July his dad died and his wife left him and he had rehab. There is nothing beyond that with regard to infractions, criminal infractions, anything with his job or nothing that you see. Is that right?

A. I've testified to that before, but yes.

Q. Okay. Did you interview anyone regarding his depression?

A. No.

Q. So you wouldn't have any idea whether that's a possibility or not, right?

MR. KILLEN: Objection to the form.

THE WITNESS: Well, it is a possibility. As I've said several times, to my knowledge he's not been seen by a professional capable of evaluating whether he's depressed or not.

Family members would be helpful, but it is extremely hard to tease apart the mood-related issues from drinking and from a depression. What I teach with patients and students is that -- and what everybody in the field believes is that if you're drinking and depressed that you have to stop drinking first and then we'll see if you're still depressed because most people are not still depressed after they stop drinking.

Q. So Mr. Provins despite the fact he drank all his life and now he's withdrawing which he hadn't done before to your knowledge -- right? He's not depressed?

He can't wipe his ass, can't pay for anything, and he's losing his house?

A. What is your question?

Q. Is there depression there?
Could there be depression there?
A. Of course there could be. We could speculate.
Q. Doubtful?
A. Well, what's doubtful is that there's an independent depression, independent of his drinking. My belief is that to a reasonable degree of medical certainty if he stopped drinking that any depression he had would probably clear up. His continued drinking made his depression if it was there worse.
Q. And if the employer would have allowed him to see a doctor and he had been medicated --
MR. KILLEN: Object to the form of the question.
BY MR. SMITH:
Q. -- and he went to surgery -- I'm not done with my question.
MR. KILLEN: I'll wait then.
BY MR. SMITH:
Q. -- that would be an issue that continued his injury and made it worse. Is that right?
MR. KILLEN: Objection to the form of

the question.

THE WITNESS: Repeat the question if you would, please.

BY MR. SMITH:

Q. I'm sorry about that. I'll withdraw that.

If the employer provided the opportunity for Mr. Provins to get help with his shoulder immediately as opposed to waiting 15 months wouldn't it be reasonable to believe that the drinking would have been curtailed, the pain could would have been curtailed, and the retear would have not been as likely because he would have had no apathy or -- not apathy. Hold on a second. Atrophy?

A. Again, I don't know what the question is in that. Maybe in a sentence or two if his employer had --

Q. Yes, sir. The denial of medical care for his injury for 15 months, do you think that had any effect on Mr. Provins' condition?

MR. KILLEN: Object to the form of the question. Which condition?

MR. SMITH: His physical health.

THE WITNESS: It is possible -- it's

speculation -- that earlier surgery could have reduced his shoulder pain.

I do not think it had any impact on his eventual outcome. If his shoulder had been repaired, say, two or three months later I think he would have continued to drink just like he had every day since he was 16 years old and he would have died on the same day he did die.

BY MR. SMITH:

Q. Are you saying to a reasonable degree of medical certainty that he would have died on that day had he not had a torn rotator cuff for 15 months and atrophy? Is that what you're saying?

A. More or less. I'm not God. I can't predict the date, but there's nothing that a shoulder injury would have to do with causing death.

Q. Well, we've already talked about the fact that the pain -- there's no question about the pain, right?

A. Pain doesn't cause death.

Q. But it does cause deterioration in an individual, doesn't it?

A. That's speculation and there are plenty of people who are under chronic page pain and live

to ripe old ages. No. I mean if you are hypothesizing that the pain hastened his death I don't agree with that.

It's the alcohol that he continued to drink that hastened his death.

Q. So the alcohol was consistent?

A. Yes.

Q. Okay.

A. From when he was 16 years old.

Q. Well, then I guess that's not what did it, right? The only thing that did it was the injury, right?

A. Oh, goodness gracious.

MR. KILLEN: Objection.

THE WITNESS: I don't agree with that logic at all. If you drank like he drank for 40 some years you're going to die from the drinking whether you have six injured shoulders.

BY MR. SMITH:

Q. Well, he didn't go to any doctors from 2009 to 2012.

MR. KILLEN: Objection.

THE WITNESS: Or from 2005 to 2009 or from --

BY MR. SMITH:

Q. I wouldn't say that. Didn't he go in 2007?

A. I'm not aware of that. He also didn't go from October of '13 until April of '14.

Q. Okay.

A. He repeatedly didn't go to doctors. He avoided doctors quite successfully.

Q. The alcohol wasn't causing him any difficulty.

A. It was killing him.

Q. No, it wasn't.

A. Yes, it was.

MR. KILLEN: Objection. Wait.

THE WITNESS: See, I'm the expert here. It's my expert opinion that it killed him and was killing him all along. You're a lawyer here testifying and so I'm going to believe me.

BY MR. SMITH:

Q. Sure. But you've never talked to Mr. Provins? You have no idea?

MR. KILLEN: Objection.

THE WITNESS: I have no idea. I did not talk to him nor did Dr. Price nor did Dr. Martin nor did the other experts in this case.

BY MR. SMITH:

Q. Right. Would it have helped you to talk to him in this case and his family?

A. Maybe if I had thought it was critical I would have done that, but I didn't think it was critical.

Q. Because he was a drunk, right?

I mean that's really the basis of your testimony?

A. I would never use that derogatory term.

Q. I'm sorry.

A. You should bite your tongue.

Q. Yes, sir. I withdraw that. He just drank a lot.

A. He drank like an alcoholic or a person with alcoholism.

Q. Were there any issues with the family or do you know in 2009?

A. Yeah. I understand from what I know is in the record that he and his wife broke up and that they were back together and they had a lot of financial problems.

Q. Okay.

A. No. Beyond that I don't.

MR. SMITH: I have nothing further.

EXAMINATION

BY MR. KILLEN:

Q. Doctor, is it reasonable to say or reasonable to believe that alcoholics avoid going to see doctors?

A. They routinely do.

Q. You don't know of anything about the denial and the defendants asserting their statutory rights or the claimants or his attorney's failure to sign medical releases to provide to the employer, do you?

MR. SMITH: Two years later.

THE WITNESS: No. I'm not an attorney. Those are not my issues.

BY MR. KILLEN:

Q. Okay. And just because we don't have in the record at this point any criminal infractions or job write-ups between whatever date to his death or to his injury does that mean he was not still drinking every day?

A. No. It does not mean that.

MR. KILLEN: Thank you. That's all.

THE WITNESS: I'd like to read.

(The witness, after having been advised of his right to read and sign this transcript, does not waive that right.)

(The deposition was concluded at 6:04 PM.)

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

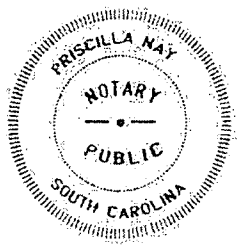
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JAMES C. BALLENGER, MD Date

I, Priscilla Nay, Notary Public for the State of South Carolina at Large, do hereby certify that the deponent was advised of his or her right to read and sign said deposition both verbally and in writing. If the deponent fails to execute and return foregoing Signature of Deponent pages within the thirty (30) days allowed pursuant to the Rules of Civil Procedure, the original transcript may be filed with the court.



Priscilla Nay
Certified Shorthand Reporter
My Commission expires
December 2, 2021

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

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(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 received all my cases	
37	5	change ~~work~~ in the field we have	
38	7	argued or debated	
		added with no workplace lives	
38	7	~~was~~ 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

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