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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Stephanie P. McDonald, Circuit Court Judge

Case No. 2009-CP-08-3237

Finley C. Evans..... Appellant

v.

Roper Hospital, Inc. d/b/a Roper
St. Francis Healthcare and d/b/a
Roper-St. Francis Home Health..... Respondents.

RECORD ON APPEAL (VOLUME 3)

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SC Court of Appeals

1 That last wasn't part of the designation. I
2 apologize.

3 (Reading continued -- no page or
4 line numbers given, no identification as to
5 question or answer):

6 What do you mean by that?

7 The dressing that we put on are
8 transparent. They maintain -- so you just
9 simply pull it back as with any transparent
10 occlusion dressing.

11 So you would turn off the pump, take
12 the pump off?

13 Not necessarily take the pump off.
14 The pump is connected to the patient. When
15 you cut the pump off, you're cutting the vac
16 and so at that point there is no vacuum, no
17 pull.

18 So it will come off? Right?

19 Yes.

20 And then you would remove the
21 transparent dressing from the patient's skin?

22 Yes.

23 And peel it back?

24 Yes.

1 And the sponge, the hose and the
2 attachment is all connected?

3 When you pull it back there is a
4 slow, gradual break.

5 Does it still come off together or
6 is it different steps?

7 Together, yes.

8 Is the dressing in pieces?

9 The outer dressing is in pieces.
10 The sponge that actually connects with the
11 wound is not.

12 The adhesive dressing just comes off
13 once you turn off the power?

14 Well, you have to pull it. Yes.

15 Is it like a Band-Aid, basically?

16 Yes, like removing tape.

17 And then what, is there anything
18 else to it?

19 No, at that point you have removed
20 the dressing. You discard that, and then you
21 clean the wound.

22 So you cut the sponge to fit down
23 inside the wound?

24 Uh-uh.

1 *So that sponge is level with the top*
2 *of the skin?*

3 *Not necessarily. It still might*
4 *stick up but it should fit down in the wound.*

5 *Right?*

6 *Yes.*

7 *Then the transparent skin goes over*
8 *the skin and the sponge?*

9 *Right, right. Because you need to*
10 *have an occlusive dressing to have a proper*
11 *seal.*

12 *Okay, you would place all of that*
13 *and then you would turn the pump on?*

14 *Uh-uh.*

15 *Does the pump go back to a prior*
16 *setting or do you have to set the pump?*

17 *No, it goes back to a prior setting.*

18 *And you can manually adjust the*
19 *pump?*

20 *Yes.*

21 *And how is that done? Is it a dial*
22 *or punching in numbers?*

23 *It's computer-programmed. You punch*
24 *in numbers.*

1 Okay. So do you punch in a specific
2 number or can you punch in a range for it to
3 stay?

4 No, a specific number.

5 What are you looking at, are you
6 looking at a time entry on that?

7 10:52.

8 Okay, I see it. 10:52, Vital Signs.

9 Uh-uh.

10 Seventy-two (72), and blood pressure
11 138/74.

12 Okay.

13 Were these the vital signs before or
14 after you changed the dressing?

15 After.

16 The vital signs indicate as of 10:52
17 a.m., so these vital signs you took
18 immediately upon arrival?

19 No, because these notes were entered
20 after I left the home. But all the times, if
21 you notice, come up to be 10:52. The computer
22 will not put in the exact time that the vitals
23 were taken during the visit.

24 Okay, so at what time did you enter

1 the vitals?

2 10:52.

3 Is there any way of telling when
4 that entry was made?

5 No. To be exact, no.

6 Do you remember this visit on
7 October 3rd, with Mr. Evans?

8 Yes.

9 Can you walk me through what you did
10 from the time that you entered the home until
11 leaving their home.

12 Okay. Well, on arrival I did remove
13 the wound vac. I can't remember the specifics
14 of the dressing change. Removing the
15 dressing, bleeding was noted.

16 Would you have taken the vitals
17 before changing the dressing?

18 Not necessarily, no. If someone is
19 in pain, that's what we are looking at first.

20 What is what you're going to look at
21 first?

22 The cause of the pain.

23 Okay. You get right to work.

24 On arrival, you remove the wound vac

1 *and noted bleeding.*

2 *Uh-uh. Pressure was applied, the*
3 *physician was called. I remember from looking*
4 *at my notes that there was some difficulty in*
5 *getting through, so that would have taken a*
6 *little while.*

7 *Which doctor was called?*

8 *Dr. Widenhouse.*

9 *And why did you call Dr. Widenhouse?*

10 *Because he's the surgeon, he's the*
11 *ordering physician.*

12 *Okay, and for what reason did you*
13 *call him, for what purpose?*

14 *For the bleeding and possibly a*
15 *change in his care.*

16 *So you called to notify him of the*
17 *bleeding?*

18 *Uh-uh.*

19 *Did you call him while you were*
20 *there in the home?*

21 *Yes.*

22 *Do you remember how many times?*

23 *According to my notes it did take*
24 *three times prior to my being called back.*

1 You called three times while you
2 were at the Evans' home?

3 Yes. I did step to my car to call
4 Judy Burbage, the wound care nurse, and I
5 consulted with her to make her aware of what
6 was going on. We reviewed the plan of action.
7 In reviewing Mr. Evan's medication, that's
8 when Coumadin was noted.

9 So how long does it take to remove
10 the wound vac?

11 Probably less than five minutes.

12 Then were you doing anything other
13 while waiting after calling Dr. Widenhouse?

14 No.

15 You called him on three different
16 occasions?

17 Yes.

18 Did you speak with someone at his
19 office when you called him?

20 Yes.

21 Who did you speak with?

22 Jenny.

23 Did you speak with her on all three
24 occasions?

1 No, I just remember three attempts
2 were made to get through.

3 So who did you speak to the first
4 time?

5 I can't say. I just didn't get
6 through.

7 Did you speak with anyone?

8 I don't know.

9 Did you leave a message?

10 I can't say. I don't know.

11 Okay, what happened with the second
12 call that you placed?

13 Obviously I didn't get a response.

14 Do you recall if you spoke with
15 anyone?

16 No.

17 Do you know if you left a message?

18 I don't recall. I can't recall.

19 Do you recall anything about those
20 first two phone calls?

21 No.

22 And what happened with the third
23 call that you placed to Dr. Widenhouse?

24 I did speak with Jenny and made her

1 *aware of what was going on, the bleeding.*

2 *And what did you tell her?*

3 *That the wound vac was removed and*
4 *that there was bleeding from the wound. Mr.*
5 *Evans was on Coumadin, should we get a PT/INR*
6 *right away, and she agreed.*

7 *How did you describe the bleeding?*

8 *It was moderate.*

9 *Did it cause you concern?*

10 *Initially -- and then, you know, it*
11 *did on further assessment.*

12 *What prompted you to call Judith*
13 *Burbage?*

14 *Because she's our wound care nurse.*
15 *We consult them anytime we have any kind of*
16 *complication(s).*

17 *How long did you talk to Ms.*
18 *Burbage?*

19 *I couldn't say. I would be*
20 *speculating*

21 *How long did you speak with Jenny?*

22 *I really can't say.*

23 *So upon arrival at the Evans home,*
24 *you removed the wound vac, noticed bleeding,*

1 *applied pressure, called Dr. Widenhouse's*
2 *office three times and you called Ms. Burbage?*

3 *Uh-uh.*

4 *What did you do after that?*

5 *I did get the order for the PT/INR.*

6 *I returned to my car, got my lab kit, then*
7 *obtained a venal puncture PT/INR. I did*
8 *further assessment of the wound and outer*
9 *dressing. There was no bleeding. I*
10 *instructed Mrs. Evans on the emergency plan of*
11 *care, that if there were any signs or symptoms*
12 *of bleeding or if he had any problems*
13 *whatsoever to call 911. When I left, Mr.*
14 *Evans was alert and speaking, his vital signs*
15 *were stable.*

16 *And how did you obtain the order*
17 *from the doctor?*

18 *From the doctor.*

19 *Over the phone?*

20 *Uh-uh.*

21 *From the doctor himself?*

22 *Yes.*

23 *Do you know what time it was?*

24 *No. I can't say. I would be*

1 *speculating.*

2 *Did you obtain the order before you*
3 *drew the blood?*

4 *Yes.*

5 *Did you obtain the order before*
6 *speaking with Ms. Burbage?*

7 *No.*

8 *So who did you speak with first, Dr.*
9 *Widenhouse's office or Ms. Burbage?*

10 *Remember, I made three attempts to*
11 *call Dr. Widenhouse's office; two that were*
12 *unsuccessful, and I was waiting on him to call*
13 *me back, and so I called Judy in the midst of*
14 *all that.*

15 *So you placed two calls and then you*
16 *called Ms. Burbage?*

17 *Yes.*

18 *Then did you call Dr. Widenhouse or*
19 *did they return your call?*

20 *No, I actually called them back and*
21 *that's when I got them.*

22 *Okay, so when you left Mr. Evans,*
23 *what was on his wound?*

24 *A pressure dressing with the rice*

1 *applied, the bag of rice acting as more*
2 *pressure.*

3 *Anything else?*

4 *No.*

5 *Was that a no? I'm sorry.*

6 *No.*

7 *Was there any other item you were*
8 *using to apply pressure?*

9 *No.*

10 *Was the rice over top of the wound*
11 *or the dressing?*

12 *Yes.*

13 *So how could you tell if there was*
14 *bleeding?*

15 *Because you would remove the rice.*
16 *The bag of rice was acting as the equivalent*
17 *of a sandbag in the hospital when they do*
18 *heart caths and that kind of thing.*

19 *Was the rice necessary to control*
20 *the bleeding?*

21 *No. It was an extra measure.*

22 *Did you leave any instructions about*
23 *how long to apply the rice, the pressure or*
24 *anything like that?*

1 No. I told him to remain in bed.

2 My plan was to take the blood to the lab and
3 then return.

4 What was the purpose of your return
5 visit?

6 To reassess and change the dressing.

7 Would you agree that timely and
8 proper documentation is important?

9 Yes.

10 And how did you do your charting at
11 that time, in October of 2006? Was it all
12 electronic?

13 Yes.

14 Do you document while you're in the
15 home?

16 No.

17 Once you leave the home and get in
18 the car, do you document?

19 I try to but it's not always
20 feasible.

21 Back in October of 2006, was that
22 the case?

23 Not that particular day.

24 So you did not document when you got

1 in the car?

2 No, I was in a hurry to get the
3 blood to the lab.

4 Okay, so you didn't chart either in
5 the notebook or on the laptop?

6 Yeah. In my notebook, yes.

7 Okay. When did you chart in your
8 notebook?

9 Immediately in the car and some at
10 the lab when I dropped the blood off.

11 So you documented in the car before
12 going to the lab?

13 Yes.

14 And then some at the lab?

15 Uh-huh.

16 Did you wait at the lab?

17 Yes.

18 For the results?

19 No. I was waiting at the lab, doing
20 some charting and making some phone calls.

21 What were you waiting for at the
22 lab?

23 I was actually charting. I
24 shouldn't have said waiting. I was charting

1 *and doing phone calls.*

2 *What lab did you go to that day?*

3 *Roper Berkeley.*

4 *And where is that located?*

5 *Moncks Corner.*

6 *Do you know the address?*

7 *I know that it's Stoney Landing.*

8 *Do you recall how long you were at*
9 *the lab?*

10 *I don't.*

11 *What did you do after the lab?*

12 *I made another visit.*

13 *Do you recall what time the visit*
14 *was?*

15 *No.*

16 *Did you go to the other visit after*
17 *the lab?*

18 *Yes.*

19 *What did you do after that?*

20 *Another visit.*

21 *Did you receive a call from Mrs.*
22 *Evans at some point?*

23 *Yes.*

24 *Do you recall where you were when*

1 you received that call?

2 Actually I was at the lab, or
3 leaving the lab I should say. I was on the
4 road.

5 Were you in your car or at the lab?

6 I was in my car.

7 So you were in your car when Mrs.
8 Evans called?

9 Uh-uh.

10 You were going from the lab to the
11 next visit?

12 Yes.

13 Okay. What do you recall about that
14 call?

15 She called to say that there was
16 bleeding. I remember her being hysterical.
17 I said "Call 911."

18 Do you remember anything else about
19 that conversation?

20 No.

21 Did it surprise you that you got
22 that call?

23 I don't want to say surprised but --
24 I guess not really surprised, but I guess just

1 disappointed.

2 Did it surprise you to learn that he
3 was bleeding?

4 Yes.

5 What reaction did you have to that
6 call?

7 I told her to call 911.

8 And did you take any further
9 actions?

10 I did go ahead and called Roper
11 Berkeley and gave them a report of the
12 situation. The physician in the ER said not
13 to bring him to Roper Berkeley, to take him to
14 Trident.

15 That was Dr. Widenhouse.

16 Dr. Widenhouse was a Trident doctor,
17 so I did call her back and said to take him to
18 Trident.

19 Did you keep a copy of that lab
20 slip?

21 No.

22 You gave that to the lab with the
23 sample?

24 Yes.

1 What information did you put on the
2 lab slip?

3 Name, address, date, insurance, time
4 drawn, physician.

5 And what time did you take the
6 blood?

7 I don't want to say. I would be
8 speculating. It would be on the lab slip.

9 Well, going back to the sequence of
10 things we've been talking about: you got the
11 order, you took the blood from Mr. Evans, and
12 what did you do after that?

13 After taking the blood at his home?

14 Correct.

15 After taking his blood, did you
16 provide any other patient care at his home?

17 Yes. I gave further instruction,
18 made another assessment, made certain before
19 I left that home that he was stable. The
20 situation, I felt like, was controlled.

21 How did you insure that he was
22 stable before you left?

23 He was alert and oriented, vital
24 signs were stable, he was responsive, there

1 *was no bleeding to the outer aspect of that*
2 *dressing.*

3 *Do you recall if you left*
4 *immediately after obtaining the sample?*

5 *I can't say. Probably. I might*
6 *have remained in the home another fifteen*
7 *minutes, but that's speculation and I don't*
8 *want to be held to that.*

9 *So you don't know how much time*
10 *passed between when you drew the blood and*
11 *when you left the home?*

12 *No.*

13 *How long did it take for you to get*
14 *from the Evans home to the lab at Stoney*
15 *Landing?*

16 *Maybe twenty minutes.*

17 *How long did you stay at the lab?*

18 *Speculating, I'd say a thirty-minute*
19 *window.*

20 *When you were at the lab, you were*
21 *also doing -- you were doing some charting*
22 *also?*

23 *Yes.*

24 *You were doing that in your notebook*

1 or on the laptop?

2 Pretty certain in my notebook.

3 Yeah.

4 Who were you charting?

5 I can't say. I would be -- I'm sure
6 that I was making some notes about Mr. Evans
7 and I was trying to check up on other patients
8 at the same time. Mr. Evans was a prn visit,
9 which is an extra visit. So that was really
10 not my schedule for that day. So ---

11 When was your schedule for that day
12 made?

13 Usually the night before.

14 When did you learn of your visit to
15 Mr. Evans?

16 That morning of.

17 Have you been taught that "if it is
18 not documented, it wasn't done"?

19 Yes.

20 Would you agree that it's important
21 to get timely and appropriate treatment for a
22 bleeding wound?

23 Yes.

24 What are the consequences for a

1 *delay in treatment?*

2 *Okay, well the consequence can*
3 *range. There be shock, death.*

4 *Do you know what happened with Mr.*
5 *Evans?*

6 *No, I only found out after but not*
7 *during the time or anything.*

8 *And what did you find out after?*

9 *That he dehisced.*

10 *Were you involved in any meetings*
11 *regarding Mr. Evans' condition or care?*

12 *No.*

13 *Were you involved in any case*
14 *conferences?*

15 *Of course, yes. Kim Wells, I*
16 *believe that it was, called me and told me to*
17 *go ahead and discharge the patient. I am*
18 *pretty certain, don't hold me to it, that it*
19 *was Kim Wells. I know that I got a call from*
20 *one of the PCC's to go ahead, that our*
21 *services were not longer needed, to discharge*
22 *and close that case out.*

23 *You don't recall anything else about*
24 *Mr. Evans after you treated him on October*

1 3rd?

2 No, I know that my director, Bonnie
3 Mello, did call me. The day of the incident
4 we did get a call at the office from the
5 daughter, threatening. So I am not certain
6 which day but I know that Bonnie Mello did
7 call me and tell me that she reviewed the
8 chart. She was satisfied and it was okay.

9 Did she speak with Bonnie Mello
10 directly?

11 Well, through voicemail, yes.

12 And when did y'all exchange these
13 voicemails?

14 I can't say for certain. I want to
15 say that I think it was the following day.

16 Tell me about -- the -- so tell me
17 about the conversation between you and Dr.
18 Widenhouse.

19 I just called their office to report
20 that we were discharging him from home health,
21 that we had a request; which we always do.

22 Did you have any criticisms
23 regarding his usage of a wound vac on Mr.
24 Evans?

1 No.

2 You didn't voice any criticisms to
3 the Evans?

4 About Dr. Widenhouse? No, I would
5 never do that.

6 Did you question the use of a wound
7 vac on Mr. Evans' wound?

8 I did instruct them that we may not
9 be able to use the wound vac because sometimes
10 there are concerns with the tube.

11 Did you have that discussion on the
12 2nd or the 3rd?

13 The 3rd, when the bleeding occurred.

14 Do you recall the Evans offering you
15 the video that came with the wound vac?

16 No.

17 Did you place the wound vac in the
18 groin area before?

19 No, not to the groin but to the
20 perineal and to the rectal area, I have.

21 Prior to Mr. Evans, you had?

22 Yes.

23 How many times?

24 I am speculating but probably three

1 to four times, usually for fistulas.

2 And had you ever encountered bleed-
3 ing on those previous occasions?

4 Was his wound covered sufficiently
5 to enable him to move around?

6 Yes. With the dressing, yes.

7 And you didn't see Mr. Evans
8 bleeding at all when you left on October 3rd?

9 No.

10 Do you recall getting any linens
11 from Mrs. Evans?

12 No.

13 Do you recall getting any groceries
14 from Mrs. Evans?

15 The rice bag. I suggested anything
16 that could be used to apply pressure.

17 Did you discuss his diet or Vitamin
18 K with Mrs. Evans?

19 Not on that visit.

20 Did you suggest that he use Vitamin
21 K ---

22 No.

23 --- to stop the bleeding?

24 No. You can't eat enough Vitamin K

1 to stop the bleeding.

2 So what all did you discuss with
3 Mrs. Evans when you were at the home?

4 Well, initially I did discuss, when
5 I removed the dressing, that we had one or two
6 options. We could try to manage this within
7 the home or we could go to the ER. They both
8 were in agreement to do everything that we
9 could within the home.

10 This was on October 3rd?

11 Yes. I did everything that I could
12 within the home. It's unfortunate that the
13 bleeding continued after I left. I feel like
14 I went over-and-above and everything possible.

15 Why do you feel that you did
16 everything over-and-above and did everything
17 possible?

18 Because I drew the labs, I applied
19 pressure, I stayed with him.

20 You stayed with him?

21 To be certain the bleeding had
22 stopped, that the situation was under control.

23 How long did you stay for?

24 From 10:52 to 12:18.

1 From the time that the bleeding
2 began?

3 I can't say. I would be
4 speculating.

5 What time did the bleeding stop?

6 Again, I can't pinpoint that.

7 Why do you believe that the wound
8 bled on October 3rd but not on October 2nd?

9 Because on October 3rd, when I
10 removed the dressing, bleeding was noted.
11 On October 2nd with the dressing change, it
12 was uneventful to my recall -- let me check my
13 file. Yeah, October 2nd it was uneventful.

14 So what do you attribute the pain
15 that Mr. Evans experienced while placing the
16 wound vac on October 2nd to?

17 Okay, some of the -- now, after the
18 fact, I am finding out that some of the
19 dehiscence could have been occurring at that
20 time. But wound vacs are painful. We have
21 certain patients that cannot tolerate a wound
22 vac. So pain is common with a wound vac.

23 What do you attribute the pain that
24 started on October 2nd to?

1 Since he'd had the wound vac from
2 September 29th, I think, that Friday and when
3 we removed the wound vac that Monday, that's
4 when the pain began.

5 So what do you attribute that to?

6 I can't say, I would be speculating.

7 What do you attribute the bleeding
8 on the 3rd to when there was no bleeding on
9 the prior two days when the wound vac was
10 placed?

11 I'm thinking the Coumadin.

12 Did you have any difficulty when you
13 removed the wound vac?

14 No.

15 On either day?

16 No.

17 And do you recall on either day
18 questioning the use of the wound vac?

19 No.

20 Do you recall suggesting to them
21 that they consult someone else about wound
22 care options?

23 No.

24 What did you set the wound vac at on

1 October 2nd?

2 One twenty-five.

3 Where is that document, 0030, and
4 that last paragraph is what you're looking at?

5 Yes.

6 It says pressure set at 125 to 150
7 and then HG, continue therapy.

8 Yes, but we always put it at 125.
9 That's the standard. He could have set higher
10 order, but he set the standard -- 125.

11 Well, why would you have documented
12 125 to 150.

13 That is actually the wound care
14 guidelines. Our orders were that we could
15 range from 125 to 150, and that we may use
16 normal saline. That is not actually what the
17 pressure was set at, per his orders.

18 Who determines the orders say that?

19 Judy Burbage.

20 How do you know that?

21 Because she did the eval.

22 So how can we tell what the pressure
23 was set at on October 2nd?

24 I guess that you can't go by the

1 *ranges.*

2 *It is not documented what the wound*
3 *vac was set at on October 2nd?*

4 *No.*

5 *Are the policies regarding reporting*
6 *bleeding?*

7 *No, not to my knowledge.*

8 *Are there policies regarding*
9 *reporting emergency situations?*

10 *No.*

11 *Are there policies regarding patient*
12 *abandonment?*

13 *Yes.*

14 *What does that policy says?*

15 *I mean, I would be speculating at*
16 *this time. I can't answer.*

17 *So there's a policy but you don't*
18 *know what it says?*

19 *I am not even certain that there is*
20 *a policy to that? I was thinking more along*
21 *the lines of physician orders. We work under*
22 *the physician and we have to have a physician*
23 *sign orders.*

24 *Are there policies on when to leave*

1 a patient with no medical care?

2 Could you be more specific?

3 Are there policies regarding what
4 position you don't leave a patient in, when
5 not to leave?

6 Yes, there are.

7 What do those say?

8 In an unsafe situation, like safety.
9 If the patient has been abused or neglected,
10 you would call 911.

11 So do you have incident reports
12 regarding bleeding or regarding a patient,
13 having to call EMS?

14 No, that wouldn't be considered an
15 incident.

16 So what happened with Mr. Evans was
17 not considered an incident?

18 No.

19 So you didn't fill out an incident
20 report?

21 No.

22 Are there policies regarding
23 clinical records and documentation?

24 Yes, regarding point of care

1 documentation; yes.

2 What are those policies?

3 The documentation needs to be in a
4 timely and accurate manner.

5 What is timely?

6 Within the same business day. All
7 of our charts are to be exported by 8:00 a.m.
8 the next morning.

9 And what is considered accurate
10 charting?

11 To the best of your ability and
12 knowledge, specific recall, do you recall more
13 details the closer in time that you do the
14 charting; would that be fair?

15 Yes.

16 Is that any reason why you couldn't
17 do a PT/INR fingerstick on Mr. Evans?

18 We don't carry the machine.

19 And where are the machines?

20 There's a limited number in the
21 office.

22 And where is the office?

23 West Ashley.

24 Are there any other locations?

1 There is now one at Roper Berkeley?

2 Did you, back in October of 2006?

3 No, I don't even know if we had them
4 then.

5 How urgent do you think that it was
6 to get the INR from Mr. Evans on October 3rd?

7 I don't really know how to answer.
8 I mean, how do you explain urgent.

9 Did you feel that there was an
10 urgent need for that information in order to
11 give him proper treatment?

12 Yeah. My thinking was that if his
13 labs were critical, that when I made the
14 return visit that I could bring the Vitamin K
15 and go ahead and give him the injection.

16 Are you familiar with policies
17 regarding laboratory specimen collections?

18 Yes.

19 What are those policies?

20 The labs, of course, have to
21 collected in the home and labeled with five
22 identifying -- at this time it's five
23 identifying characteristics. I don't believe
24 that it was in '06. But you have to have the

1 *date and time of collection, you need the*
2 *birthdate now and your initials.*

3 *Did you take any photographs of Mr.*
4 *Evans' wound?*

5 *No. We're not allowed to.*

6 *You're not allowed to take pictures*
7 *of wounds?*

8 *Right.*

9 *And you wouldn't?*

10 *Right.*

11 *Do wound care nurses have -- can*
12 *only wound care nurses take photos?*

13 *Right.*

14 *Are there policies regarding*
15 *different types of wound dressing?*

16 *Yes. It's more in regard to the*
17 *proper use of the wound dressing, not in*
18 *relation to the wound. The wound care of*
19 *course comes from the M.D.'s, the physician's,*
20 *orders. For example, for pressure ulcers,*
21 *it's recommended for a hydrocolloid and those*
22 *guidelines are within our device.*

23 *So the doctor orders the type of*
24 *wound dressing to be used?*

1 Yes, the wound care.

2 Have you ever been in a situation
3 where you called 911 to assist you with a
4 patient?

5 Yes.

6 How many times have you had to do
7 that?

8 I'm strictly speculating -- are you
9 talking prior to the event with Mr. Evans or
10 in my entire time?

11 Let's deal with before Mr. Evans.

12 Strictly speculating, maybe ten
13 times.

14 How many would you approximate after
15 that?

16 Twenty.

17 Understanding that's a guess, but
18 that's your best recollection on those?

19 Yes.

20 How would you characterize your
21 performance while you've been with Roper St.
22 Francis?

23 I would say very good.

24 Would you agree that your

1 documentation has needed improvement for a
2 number of years?

3 I wouldn't say a number of years
4 but, yes, I know my documentation needed
5 improved. I've actually made the necessary
6 changes. That was one of the reasons for
7 going from fulltime to parttime. I do cover
8 the largest county and the largest territory
9 for Roper, in Berkeley.

10 Would you agree that that was the
11 case before you saw Mr. Evans in October of
12 2006?

13 Yes. I believe patient care comes
14 first. When I'm with my patient, I like to
15 focus on my patient. I don't see me sitting
16 on the couch with my head in the computer.

17 Isn't documentation an important
18 part of the care that you provide?

19 Yes.

20 How are you compensated, are you
21 paid per visit or salaried?

22 No, we're paid per visit.

23 Do you recall how you became
24 involved in Mr. Evans' care?

1 I mean, I was assigned to him
2 because he was in my area.

3 So you are assigned a geographical
4 area?

5 Yes.

6 When did his pain begin?

7 According to the agency, on October
8 2nd.

9 Did his pain begin with your
10 replacement of the wound vac?"

11 MS. DELUCA: I apologize. Strike
12 that.

13 (Reading continued -- no page or
14 line numbers given, no identification as to
15 question or answer):

16 For it to be called a late entry, it
17 has to be made within twenty-four hours of
18 when you open a case?

19 Right, or within the day.

20 Within the calendar or within
21 twenty-four hours?

22 It is that calendar day, because
23 everything ends at 8:00 a.m. the next morning.

24 A late entry is a holdover entry?

1 Right.

2 And a fresh entry is what?

3 It just shows that you're into that
4 subject history. You can correct or make
5 changes, spelling, add to, that kind of thing.

6 But that's it for corrections?

7 Or you simply go there and it shows
8 a correction every time.

9 You went into your records multiple
10 times on October 3rd and 4th, is that correct?

11 Yes.

12 And then on the late entry and
13 corrections, how are those dates assigned?

14 Well, like I said, after the chart
15 has been exported, the times will come up, the
16 date that you went in, and it will actually
17 show..." ---

18 THE COURT: Stop because we've got
19 an objection.

20 MS. TOPOREK: I believe that we
21 skipped a page.

22 MS. DELUCA: Oh, I didn't see the
23 handwriting.

24 THE COURT: Okay, let's go back to

1 Page 141 and start from there.

2 MS. DELUCA: Okay. Thank you.

3 THE COURT: Thank you.

4 MS. DELUCA: Page 141, (reading
5 continued -- no page or line numbers given,
6 no identification as to question or answer):

7 *So if it says correction and there*
8 *are no changes, it means that you just went*
9 *and reviewed it?*

10 *Went in, yes. That's why some of*
11 *these appear multiple times. Yeah.*

12 *Then on the delayed entries and the*
13 *corrections, the times assigned to those ---*

14 *As I said, once the chart has been*
15 *exported, the times will show up that you went*
16 *in. It will actually show.*

17 *So the times for the late entries,*
18 *when it is out to the side like that, those*
19 *are the exact dates and times that it will*
20 *show.*

21 *So for the 12:33 p.m., for example,*
22 *we know that it was entered on October 4th?*

23 *Yes.*

24 *At 7:15 p.m.?*

1 Yes.

2 And would it have that 12:33 p.m.
3 label on it?

4 No.

5 Okay, so looking at the 12:08 entry,
6 so now there is a time for that phone call.
7 So now that's determined, how did you
8 determine that time the following weekend?

9 I must have made myself a note and
10 you can enter the exact time. That's not
11 something we typically do, but in this case I
12 entered the exact time.

13 Why wouldn't you have entered that
14 time when you make your entries on the evening
15 of October 3rd?

16 I probably didn't make a note of the
17 time.

18 Well, then did you later make a note
19 of the time?

20 If you had the time on October 3rd
21 when it happened, why wouldn't you have noted
22 that in your initial entry.

23 Because I think that I wanted to
24 explain why there was no response and the

1 office was closed for the day.

2 Dr. Campbell's office was closed for
3 the day?

4 Yes.

5 So did you or did you not talk with
6 someone at Dr. Campbell's office that day?

7 No, sir. I spoke to them earlier,
8 but I think -- let me get it straight, ---

9 So now you've called them twice?

10 Yeah. Yes, I did call them twice
11 because I called Dr. Campbell's office that
12 morning from the home. That's when I was
13 trying to get the PT/INR. The second call was
14 made to notify them of transport to the ER,
15 because Dr. Campbell was the primary doctor.

16 He wasn't transported to the ER by
17 that time. That's the wrong date for October
18 3rd, because I put it in October 4th. That was
19 to let Dr. Campbell know that I had discharged
20 him from the agency, because Dr. Campbell
21 closes a half day on Friday. She wouldn't
22 have closed a half a day. So that's incorrect
23 and that's why I was putting it in on October
24 4th.

1 October 4th?

2 Yes.

3 So you think you called on October
4 4th?

5 Yes, to notify of discharge.

6 You called them on October 4th at
7 11:55 a.m. and the office was closed?

8 That's what I can make out of it,
9 right.

10 And how do you know that from that
11 entry?

12 Because I know that I called Dr.
13 Campbell from the home and I was trying to
14 call Dr. Widenhouse, because I was trying to
15 get in touch with a physician. I put on --
16 the 4th, that evening, I put that the office
17 was closed. October 4th was a Wednesday.
18 That's such my thought.

19 So you don't really know?

20 No.

21 So you don't really know any times
22 of when you contacted them or what you
23 contacted them about?

24 No. I know that I contacted Dr.

1 *Campbell's office earlier, though, because*
2 *they referred me back to Dr. Widenhouse.*

3 *Was that the only contact that you*
4 *had or attempted contact with Dr. Campbell's*
5 *office on October 3rd?*

6 *Best that I recall. I am not*
7 *certain what this contact was regarding.*

8 *Well, why did you make that on the*
9 *4th as opposed to the 3rd?*

10 *Because I probably wanted to be as*
11 *clear, to have time to sit down and plot the*
12 *chart, think about what went on and to review*
13 *my notes.*

14 *Didn't you want to be clear on the*
15 *3rd?*

16 *Yes. You would want to be clear on*
17 *the 3rd but I actually had time to sit down on*
18 *the 4th, maybe things had settled, cleared my*
19 *mind and I really had time to think about*
20 *things.*

21 *On Page 38, the 12:13 late entry*
22 *entered on October 4th, at 7:04 p.m., how do*
23 *you determine the time for that?*

24 *I can't say. I am not certain.*

1 At this point in time I'm not certain.

2 Why would you not have charted that
3 the prior night, all of your events that
4 happened prior to charting the prior night?

5 I can't say.

6 Then you arrived at the home at
7 10:52 and ended the visit at 12:18; is that
8 correct?

9 Yes.

10 So this visit is shorter than the
11 date before despite what is going on; its that
12 correct?

13 Yes.

14 Then after Mr. Evans you have two
15 more visits, regular visits, scheduled?

16 Yes.

17 And your travel time is from 12:18
18 from to 1:01 p.m.

19 Yes.

20 Then you are at the visit at 1:01 to
21 1:50?

22 Yes.

23 So when were you at the Berkeley
24 lab?

1 It would have been during my travel
2 time from 12:18 to 1:01.

3 So in that forty-three minutes you
4 are at the Berkeley lab and traveling thirty-
5 one miles to the next appointment?

6 Yes. Well, the thirty-one miles
7 would have included to the lab from -- yes.

8 So during that forty-three minutes,
9 you went from the Evans home to the lab, with
10 phone calls, charting, etc., that we have
11 discussed transpired, and then you continued
12 on to your next appointment and arrived there
13 at 1:01 p.m.

14 Yeah.

15 Then you were in that visit from
16 1:01 to 1:50 p.m.?

17 Yes.

18 Did you make any phones while you
19 were in that visit, regarding Mr. Evans?

20 I can't say.

21 Are you aware of any investigation
22 into the treatment that Mr. Evans received
23 from the home health agency?

24 No.

1 Were you reprimanded, spoken to or
2 counseling about the care that you provided to
3 Mr. Evans?

4 Yeah.

5 In light of what happened with Mr.
6 Evans, have you altered or assessed -- have
7 you altered how you assess or treat patients?

8 No.

9 Do you know anything that you would
10 do differently regarding Mr. Evans?

11 No. Document more, I could say
12 that.

13 So knowing what you know happened to
14 him, ----

15 Yes.

16 --- the only thing that you would do
17 differently is document it better.

18 Yes."

19 (READING OF DEPOSITION CONCLUDED)

20 MS. DELUCA: That is the end of Ms.
21 Belk's deposition.

22 THE COURT: Thank you. Ms. Deluca,
23 what do we have next. Is there anything
24 further to read from the pleadings ---

1 MS. DELUCA: Your Honor, I think
2 stipulations cover it but I was going to read
3 in from the pleadings, uh, -- Your Honor, at
4 this time the plaintiff rests its case.

5 THE COURT: Thank you, ma'am.

6 Ladies and Gentlemen, the plaintiff
7 has rested. So you have heard the evidence
8 that the plaintiff is going in in his case in
9 chief.

10 We are now going to take our lunch
11 break a little bit early today. I've got to
12 go over some matters of law with the parties
13 and get the witnesses straight for the defense
14 case this afternoon. So I am going to ask
15 you to go ahead and break for lunch now. Do
16 not discuss the case yet, because you still
17 have part of the trial to hear. Why don't you
18 plan on being back in the jury room about
19 1:15. I know that's kinda of an early lunch
20 but that's just a logical stopping point.
21 Then we can proceed with the defense's case.
22 Enjoy your lunch and I will see you at 1:15.

23 (JURY OUT @ 11:30 A.M.)

24 THE COURT: Anything from the
25 plaintiff?

1 MS. DELUCA: Nothing, Your Honor.

2 THE COURT: Okay. Anything from
3 the defense?

4 MR. TIERNEY: Yes, Your Honor.

5 At that time I would like to move for a
6 directed verdict on several grounds.

7 Before I get into the more heavier
8 argument, which is on proximate cause, I would
9 like to make a Motion for a directed verdict
10 on behalf of my Defendant Roper Hospital as to
11 any actual damages or a charge for actual
12 damages being submitted to the jury. There's
13 been absolutely no evidence offered by way of
14 testimony or objective evidence that Mr. Evans
15 suffered any actual damages in this case; no
16 medical bills have been offered into evidence;
17 no time cards or evidence that he lost wages;
18 nothing as far as actual damages has been put
19 before this jury, so I think my defendant is
20 entitled to a directed verdict as to actual
21 damages and an actual damages charge to the
22 jury.

23 I further believe that we should be
24 entitled to a directed verdict with respect to
25 any pain and suffering damages that might be

1 alleged. There was no expert testimony
2 regarding Mr. Evans suffering any conscious
3 pain and suffering. Furthermore, Mr. Evans
4 didn't offer any testimony as to any conscious
5 pain and suffering. I believe the record will
6 reflect that Ms. Evans testified as to what
7 her pain and suffering was, but Mr. Evans
8 never put any evidence in the record. There's
9 been no expert testimony of the same. There's
10 no evidence from any other witnesses. So I
11 believe from a damages standpoint that there
12 hasn't been anything offered, at all, to meet
13 the fourth element -- and I am going to get
14 into proximate cause, but I might as well go
15 with the damages right now.

16 Obviously it's a negligence action -
17 - and, by the way, let me preface my argument
18 by saying that I understand that the term
19 "abandonment" has been used several times as a
20 cause of action. South Carolina does not
21 recognize a separate cause of action for
22 abandonment. Abandonment, if it is to be
23 recognized in South Carolina, the only
24 guidance from the court is that it is part of
25 a medical malpractice claim and, therefore, it

1 is the negligence claim for the medical
2 malpractice. That being said, the four
3 elements, obviously, of negligence have to be
4 proven for that to be recoverable by the
5 plaintiff: duty, breach, proximate cause and
6 damages. I will get to proximate cause in a
7 minute but I believe from a damages standpoint
8 that they have never proven that to this jury.
9 There's no evidence in the record of damages.
10 So I think that we're entitled to a direct
11 verdict simply on the fact that they have not
12 proven the fourth element necessary in proving
13 a negligence claim, which would be proving
14 damages.

15 Now, do you want me to continue with
16 my proximate cause argument.

17 THE COURT: Ms. Deluca, do you want
18 to object to the damages argument first or do
19 you want to hear the whole thing and then
20 reply? I've got no preference.

21 MS. DELUCA: I don't ---

22 THE COURT: Well, let me go ahead
23 and hear what you have to say about damages
24 and then, Mr. Tierney, we will hear from you
25 on proximate cause.

1 MR. TIERNEY: Thank you, Your
2 Honor.

3 THE COURT: Yes, ma'am?

4 MS. DELUCA: As to the damages,
5 Mr. Evans did testify to physical pain that
6 he suffered on October 2nd and continuing on
7 through October 3rd. He testified about his
8 belief that he was not going to make it. The
9 statement that he made, both of them testified
10 to that.

11 You don't need expert testimony to
12 talk about or to prove the plaintiff's pain
13 and suffering. Mr. Evans testified extensively
14 about his own physical and mental pain and
15 suffering, and Mrs. Evans did as well. So I
16 think that there is a good deal of evidence in
17 about those actual damages.

18 We have not put in a figure as far
19 as medical expenses or lost wages. Mr. Evans
20 has talked about the fact that his return to
21 work was delayed and we have put in evidence
22 that the hospitalization was related to the
23 bleed. So I think that there are actual
24 damages, although they have not specifically
25 been quantified.

1 So I think that there are damages as
2 far as physical, mental, pain and suffering
3 and the medical treatment.

4 THE COURT: As far as the pain and
5 suffering, I think that you're correct is that
6 there is more than one inference that the jury
7 could draw, so we do have the evidence of pain
8 and suffering just from the testimony of the
9 plaintiff and of Mrs. Evans.

10 My concern with the lost wage claim
11 and the -- I didn't see any bills related to
12 the treatment in the hospital that have been
13 entered, so I don't think that's going to be
14 properly before the jury. However, with the
15 lost wage claim, even Dr. Gezen, who is
16 plaintiff's own expert, testified that perhaps
17 his return to work was delayed thirty-six
18 hours and by not being able to use the wound
19 vac that perhaps slowed it down.

20 I am not convinced that we've got
21 evidence than any actions on the nurses'
22 behalf or Roper's behalf caused the wound vac
23 to not be an appropriate treatment. Address
24 that for me, if you would.

25 MS. DELUCA: Sure. It was not a

1 medical -- it was not medically impossible for
2 him to give it. But given the experience that
3 he had just gone through with the wound vac, I
4 think that it was a reasonable degree that you
5 would rather take a chance with recovery
6 taking a little longer than risking life and
7 limb again.

8 THE COURT: So your position is
9 that the trauma that he experienced or
10 testified that he experienced from the wound
11 vac and the way the wound vac was treated, I
12 understand that.

13 What about a lost wage figure? I
14 don't recall getting any evidence about a lost
15 wage figure that came in.

16 MS. DELUCA: No. No specific lost
17 wage figure has been brought in.

18 THE COURT: Thank you. Any reply
19 on that, Mr. Tierney?

20 MR. TIERNEY: Just briefly in
21 response, I believe, if I recall, the charges
22 that normally are addressed to a jury in a
23 malpractice case, one of the charges is that
24 they can't -- that a jury can't speculate as
25 to damages. Clearly anything with respect to

1 lost wages or what the hospital bill cost
2 would be speculation at this point, because
3 there is nothing in evidence.

4 THE COURT: I am not going to be
5 able to charge on the hospital bill itself or
6 on a lost wage claim. I do not think that
7 there is abundant law on pain and suffering,
8 even to the extent that when a jury comes back
9 in a case when there is medical bill testimony
10 - that when they come back with that exact
11 amount and no figure for pain and suffering,
12 that's reversible. But I don't see anything
13 that is going to allow me to charge on medical
14 bills or wages at this point. I will grant
15 your Motion on that, no evidence was put in.

16 MS. DELUCA: There would be charge
17 on actual damages?

18 THE COURT: Yes, actual damages.
19 I think his damages would be the pain and
20 suffering that he testified to himself, which
21 he is able to testify to.

22 MR. TIERNEY: All right. My
23 objection is noted?

24 THE COURT: Yes, it is.

25 MR. TIERNEY: Thank you, Your

1 Honor.

2 THE COURT: And you can reraise it
3 at the end of your case. If you want to show
4 me some law, you know that's my favorite
5 thing. Nobody has cited any cases. I assure
6 you, I'll be looking at them.

7 MR. TIERNEY: Thank you, Your
8 Honor.

9 THE COURT: Okay.

10 MR. TIERNEY: Now on the
11 proximate cause. "In a medical malpractice
12 case, negligence is not actionable unless
13 it is the proximate cause of the injury
14 complained of. Negligence can be deemed the
15 proximate cause only when without such
16 evidence the injury would not have occurred
17 or could have been avoided." That is from
18 Hughes v. Children's Clinic, P.A., 269 South
19 Carolina 389; 237 SE 2nd 753, 1977.

20 THE COURT: I appreciate that,
21 thank you for the cite. I understand how
22 proximate cause works, though.

23 MR. TIERNEY: Okay.

24 THE COURT: Let me tell you what I
25 think about that. I think that we're treading

1 real close to what Mr. Tierney warned about,
2 *res ipsa*, early on. That is a concern.

3 However, and I want to hear you both
4 address this.

5 MR. TIERNEY: Right.

6 THE COURT: When I am considering a
7 Motion for directed verdict, I have to view
8 the evidence and all inferences that can be
9 drawn from the evidence in the light most
10 favorable to the nonmoving party. At this
11 point, based on what I have heard, there is --
12 as hyperbolic as I referred to it being
13 earlier, there is an inference to be drawn
14 that something occurred.

15 I agree that there is a very
16 disputed issue of fact as to what, if
17 anything, occurred between the time when
18 Mrs. Belk was there and then what precipitated
19 the bleeding. Specifically -- let's see. I
20 am going to read to you from Ms. Belk's
21 excerpts that were put in at Page 68 and 69,
22 when it was asked:

23 Q. This was on October 3rd?

24 A. Yes. I did everything that I
25 could within the home. It's unfortunate that

1 *the bleeding continued after I left. I feel*
2 *like I went over-and-above and everything*
3 *possible.*

4 Then I will admit that a few lines
5 down she says, *"To be certain the bleeding*
6 *had stopped, that the situation was under*
7 *control."*

8 In her opinion and from what she
9 observed, the bleeding had stopped and the
10 situation was under control. From what I've
11 heard from Mrs. Evans and from the Plaintiff,
12 the bleeding hadn't stopped and the situation
13 wasn't under control.

14 I will admit that I have not heard
15 any expert testimony to prove that. That may
16 indeed be a problem. But for now, I am going
17 to let that get past the directed verdict
18 stage.

19 If overnight you want to find me
20 something more specific on the proximate cause
21 issue, -- I'm struggling with that and I have
22 been looking at it.

23 MR. TIERNEY: May I ---

24 THE COURT: Yes.

25 MR. TIERNEY: --- right now,

1 because I may be able to help you.

2 THE COURT: That would be great.

3 MR. TIERNEY: Obviously you knew
4 exactly where I was headed. You've got to
5 have expert testimony in a medical malpractice
6 case that says that the actor, who was alleged
7 to be the negligence party, was the proximate
8 cause of the injury. There is no testimony in
9 this record from any expert, offered by the
10 plaintiff, that Janelle Belk was the proximate
11 cause of the bleed. That is -- there is
12 nothing in this record.

13 Now, in the light most favorable to
14 the plaintiff, if there was going to be an
15 argument that the abandonment resulted in some
16 type of injury occurring, being the
17 hospitalization, I think that there was a
18 strong argument for the defense that you could
19 argue that if Janelle had stayed there the
20 injury which is complained of, which is the
21 bleeding and subsequent trip to the hospital,
22 would still have occurred.

23 THE COURT: I know exactly where
24 you're going with that.

25 MR. TIERNEY: Which gets to my

1 final argument, which is that the most
2 probable standard, which an expert must
3 establish, one of the plaintiff's expert had
4 to say more probably than not the abandonment
5 is what led to Mr. Evans having to go to the
6 hospital. That was never stated.

7 To quote some case law for you, the
8 most probable rule applies to admission of
9 testimony given by a medical expert to
10 establish proximate cause in a medical
11 malpractice case. That's Pearson v. Bridges,
12 327 South Carolina 524, 524 SE 2nd 108.
13 And a case that I was heavily involved in, the
14 Morrison case where we got a directed verdict
15 in a malpractice case down in Beaufort, 2001 I
16 believe that it was. We argued for a directed
17 verdict based on the expert not saying "to a
18 reasonable degree of medical certainty" and
19 the Court of Appeals said that those magic
20 words don't need to be said -- and if I am
21 misquoting, I'm going from what I remember
22 right now but -- the ruling was that you still
23 have to say "more probably than not" that the
24 actions were the proximate cause of the
25 injury.

1 This record has no testimony that
2 more probably than not the reason why Mr.
3 Evans ended up going in the ambulance to the
4 hospital or spending the night was proximately
5 caused by anybody affiliated with Roper St.
6 Francis Healthcare.

7 THE COURT: Yes, ma'am?

8 MS. DELUCA: Your Honor, I think
9 that the nurse did testify and that -- I just
10 read in the deposition testimony of Dr. Gezen
11 where he stated that, "*I think the bleeding*
12 *actually led to a vasovagal event, which*
13 *caused him to be hypotensive, bradycardic and*
14 *presented to the emergency room the way that*
15 *he did.*"

16 I think there are other portions of
17 it as well, and he states that all of his
18 opinions were to a reasonable degree of
19 medical certainty most probably.

20 THE COURT: Right, but he can't say
21 what caused the bleeding that may or may not
22 have led to the vasovagal event.

23 MS. DELUCA: That is the scope of
24 the nurses, it was in the form of nursing care
25 and I had a nursing expert that testified. It

1 really is a two-part -- there are two separate
2 things here. One is, what caused the bleeding
3 to start initially? The second one is, was it
4 reasonable to leave him in the condition that
5 he was?

6 THE COURT: To me that's the crux
7 of it, the issue of the reasonableness. I see
8 and you, I'm sure, see where Mr. Tierney is
9 going is with that, whether it is reasonable
10 or not reasonable, would it have proximately
11 cause something that would not have happened
12 anyway? That's how I understand the argument.

13 MS. DELUCA: Because if the nurse
14 hadn't left him to bleed out, she could have
15 applied pressure, 911 would have gotten there
16 sooner, all that volume of blood would not
17 have been lost. And then -- Dr. Gezen said
18 the bleeding led to the vasovagal event.
19 We've discussed how it is important to get
20 timely care for the bleed.

21 THE COURT: As you know, because
22 the witness was taken out of order, it's not
23 proper for me to consider at this time Dr.
24 Widenhouse's testimony and the record
25 regarding the hemoglobin. But at the end of

1 the rest of the case, that's going to be a
2 problem. So find me something. It's very
3 close. I will grant y'all that it's very
4 close, but -- I'm having proximate cause
5 problems right now.

6 MS. DELUCA: Well, Dr. Widenhouse's
7 records, I believe, are in. I think that the
8 hemoglobin indicates a severe drop in the -- I
9 mean, a serious blood loss. We have the one
10 thirty days before, we've got the day of and
11 the one the day after, which is actually more
12 indicative than the ones taken at that time.

13 THE COURT: Okay.

14 MR. TIERNEY: In brief response,
15 my argument is very simple. That's a finding
16 to stay -- and I would have asked my expert,
17 'more probably than not, do you believe if
18 Janelle Belk had stayed there and applied
19 pressure to the wound, Mr. Evans would not
20 have ended up in the hospital.' That question
21 wasn't asked. That's what our law requires to
22 be asked in a medical malpractice case, and an
23 expert must testify to that.

24 THE COURT: I understand.

25 MR. TIERNEY: Thank you, Your

1 Honor.

2 THE COURT: I am going to look --
3 I am going to deny the Motion for a directed
4 verdict at this point. Other than I have
5 already ruled, with respect to the medical
6 bills and any lost wages testimony, uh, -- I
7 am taking the rest under advisement until the
8 end of the case. Just be ready to argue on
9 that again.

10 MR. TIERNEY: Thank you, Your
11 Honor.

12 THE COURT: Have a nice lunch. I
13 think you said that your next witness is going
14 to be ready at 1:30?

15 MR. TIERNEY: Yes, Your Honor.

16 THE COURT: I think is going to
17 come down at a certain point how much they're
18 allowed to consider lay testimony of the issue
19 of the bleeding and what kind of expert
20 testimony is required to establish proximate
21 cause. That's how I am going to be looking at
22 it, probably tomorrow about this time. But in
23 the meantime, you know, I'm happy to hear
24 anything or read anything that y'all want to
25 give me.

1 Today, before Mr. Tierney's first
2 witness comes, you take a look at the charges
3 and see if there is anything to which y'all
4 object. Everybody's charges are fine, they
5 state the law properly, I don't see much that
6 is objectionable.

7 You know, he hasn't put his case in
8 yet, so I don't know about comparative thought
9 yet. That's always tricky in a med-mal case.
10 That may or may not be charged. Okay?

11 Have a nice lunch. I will you back
12 here a little before 1:30 so that we can see
13 if there are any issues of law that we need to
14 take up before we start.

15 MR. TIERNEY: Thank you, Your
16 Honor.

17 THE COURT: And always -- always
18 chat about whether or not we can resolve this.
19 I think we've probably gotten too far down the
20 road at this point -- you know, that's never
21 'not possible.' Thank you. Have a nice
22 lunch.

23 (LUNCH RECESS)

24 (OFF RECORD DISCUSSION)

25 COURT REPORTER: Your Honor, are we

1 on the record?

2 THE COURT: No. We'll put it all
3 on the record at the appropriate time.

4 (OFF RECORD DISCUSSION)

5 THE COURT: Does anybody have
6 anything to take up before we bring in the
7 jury?

8 MS. DELUCA: Nothing.

9 THE COURT: We're ready. Thank
10 you.

11 (JURY IN @ 1:32 P.M.)

12 THE COURT: Mr. Tierney, whenever
13 you are read -- or Ms. Toporek.

14 MS. TOPOREK: The defense calls
15 Bonnie Mello.

16 (WITNESS TAKES STAND)

17 BONNIE MELLO, being duly sworn to
18 tell the truth, the whole truth and nothing
19 but the truth, testified, as follows:

20 DIRECT EXAMINATION

21 BY MS. TOPOREK:

22 Q. Ms. Mello, can you please tell the jury
23 where you live?

24 A. I live in West Ashley, Charleston.

25 Q. Could you please tell the jury about your

1 education and background, beginning with
2 college.

3 A. I went to the University of South
4 Carolina and graduated with a degree in
5 nursing; then I did about two and half years
6 of MedSearch nursing, step-down trauma unit,
7 in a hospital; then went into home health, and
8 I've been doing home health for twenty-five
9 years.

10 Q. Where are you currently employed?

11 A. Roper St. Francis Home Health.

12 Q. What is your position?

13 A. I am the director of home care services.

14 Q. What was your position with Roper St.
15 Francis in October of 2006?

16 A. I was the director.

17 Q. And as part of your position there, are
18 you familiar with the electronic charting done
19 by the nurses who work with Roper St. Francis
20 Home Health?

21 A. Yes.

22 Q. Do you have experience making entries in
23 that charting system?

24 A. Yes, I do.

25 Q. Do you also have experience correcting

1 entries in that charting system?

2 A. Yes, I do.

3 Q. Can you please explain to the jury the
4 charting system and how it works from a
5 nursing perspective, after they go to a
6 patient's home to visit a patient?

7 A. It's an electronic documentation system.
8 The clinicians have a small laptop that they
9 carry with them.

10 It starts with each day doing
11 something that is called a daily visit log.
12 That records the visit, the travel time and
13 the patients that they see for the day.
14 It's recording time spent in the home, time
15 spent traveling, their mileage and that's used
16 for the billing and payroll purposes.

17 In the computer system is the actual
18 electronic documentation of the patient's
19 record. So they have a record of each of the
20 patients that they are going to see, and they
21 will document the patient visit in that
22 system.

23 Q. Once they've documented the patient visit
24 and the travel time, what do they do with that
25 information?

1 A. When their day is complete, what they
2 have to do is -- the term that we call it is
3 "exporting", which means they are sending that
4 information back to the server. That has to
5 be done by 8:00 a.m. the next morning because
6 -- for payroll purposes the information has to
7 be there.

8 Q. So when if -- if a nurse went to go see a
9 patient at 10:00 a.m., for example, on a
10 Monday morning, they would have to complete
11 their charting and then export it to the
12 system by 8:00 a.m. that --

13 A. Yes, that's correct.

14 Q. Is that also true with their travel time?

15 A. Yes, that's correct. It's all tied
16 together.

17 Q. I am going to ---

18 MS. TOPOREK: Your Honor, may I
19 approach?

20 THE COURT: You may.

21 DIRECT EXAMINATION CONTINUED

22 BY MS. TOPOREK:

23 Q. --- hand you what is part of Plaintiff's
24 Exhibit 2, RSFH-70, ---

25 MS. TOPOREK: May I publish it

1 to the jury?

2 THE COURT: You may.

3 DIRECT EXAMINATION CONTINUED

4 BY MS. TOPOREK:

5 Q. Ms. Mello, can you please tell the jury
6 what this document is?

7 A. This is the daily log, what I term the
8 daily visit log. It has -- they're reporting
9 the activities that that clinician did on that
10 particular day.

11 Q. What does this log show for Ms. Belk's
12 travel to Finley Evans' home on October 3rd?

13 A. It has the time that she started
14 traveling to his home and the time that she
15 arrived. So at 10:03, she started traveling
16 and then at 10:51 she arrived at the home.

17 Q. Is it possible for Ms. Belk to modify
18 these times at all?

19 A. No.

20 Q. And what does the daily log show for her
21 actual visit time with Finley Evans on that
22 day?

23 A. The visit time shows 10:52 a.m. to 12:18
24 p.m.

25 Q. And, again, is it possible for the

1 nurses, Nurse Belk, to modify these times?

2 A. No.

3 Q. Ms. Mello, I am handing you RSFH-35,
4 which is also part of the Plaintiff's Exhibit
5 2.

6 MS. TOPOREK: May I publish it
7 to the jury?

8 THE COURT: You may.

9 DIRECT EXAMINATION CONTINUED

10 BY MS. TOPOREK:

11 Q. Ms. Mello, what is this document?

12 A. This is a visit note for the nurse, a prn
13 visit note.

14 Q. Is this how the patient visits are
15 documented?

16 A. Yes.

17 Q. Is this a copy of an exported note?

18 A. Yes, it is.

19 Q. When does this show the time began?

20 A. 10:52 a.m.

21 Q. And if it possible for the nurse, Nurse
22 Belk, to modify that time?

23 A. No.

24 Q. And when does it show the end time?

25 A. 12:15 p.m.

1 Q. Is it possible to modify that time?

2 A. No.

3 Q. When entries are made in this system and
4 they are exported, do they get stamped with a
5 time?

6 A. Entries are stamped at the time the
7 original entries are made. Anything after
8 that point is considered a correction or a lay
9 entry. It's automatically stamped by the
10 computer system.

11 Q. And is an original entry any entry that
12 is made before the chart is uploaded at 8:00
13 a.m.?

14 A. Yes.

15 Q. Can you explain -- if you would look at
16 RSFH-35, above midways down where it says
17 "10:52 Vital Signs."

18 A. Um-humm.

19 Q. Would that be an original entry, as
20 you've described it?

21 A. Yes.

22 Q. How do you know that that is an original
23 entry?

24 A. Because it does not say correction or
25 late entry.

1 Q. Can you explain to the jury what a
2 correction means?

3 A. A correction means that they have gone to
4 their original entry, after it was exported to
5 the server, and they have either viewed it --
6 they may not have made any kind of
7 clarification to it, or they have clarified
8 something in that original entry.

9 Q. Then when a late entry is made, will the
10 computer document who made the entry?

11 A. Yes.

12 Q. Well, the computer also documents what
13 time that the entry was made?

14 A. Yes.

15 Q. How does the time for a correction
16 appear?

17 A. The time of the correction appears within
18 the time of the visit. The first time that is
19 always going to be within time frame. But
20 then the next time is going to be the actual
21 time that it was entered, where it says
22 correction with the time.

23 Q. Can you explain what a late entry mean?

24 A. A late entry is when what I would term a
25 a subject or a field did not have something

1 entered into it in the original and they
2 logged in to clarify something or put in a
3 document something additional that they
4 forgot, so that it ends up being a late entry.

5 Q. Again, do those -- are late entries -- do
6 they show the time when they were made?

7 A. Yes.

8 Q. Will it show who made those entries?

9 A. Yes.

10 Q. If you could look back at RSFH-35 and
11 look at the bottom, the last entry, 10:52, was
12 that an entry that was made before 8:00
13 o'clock on October 4th?

14 A. Yes.

15 Q. Could you please read that entry to the
16 jury?

17 A. It says, (reading): "8-ply 4x4 applies
18 to the wound with 5 lb bag of rice over top.
19 Patient instructed to lay in bed, still. Upon
20 departure, outer dressing is dry without
21 blood. Skilled Nurse instructed spouse in
22 emergency care for bleed through continuous,
23 to call 911. Vital signs stable, no distress
24 noted."

25 Q. Again, was that entry made before the

1 chart was exported?

2 A. Yes.

3 MS. TOPOREK: May I approach?

4 THE COURT: You may.

5 DIRECT EXAMINATION CONTINUED

6 BY MS. TOPOREK:

7 Q. Ms. Mello, I've just handled you what is
8 labeled at the bottom as RSFH-36. If you
9 could, please took a look at the entry at the
10 top that page, at 10:52. Was that entry an
11 entry that was made before exporting the chart
12 on October 4, 2006?

13 A. Yes.

14 Q. Meaning that entry was made before
15 October 4, 2006?

16 A. Yes.

17 Q. How do we know that?

18 A. Because it is not stamped "correction" or
19 labeled "late."

20 Q. Just below that, the second entry, can
21 you read that to the jury?

22 A. (Reading), "On October 3, 2006, call to
23 Dr. Brian Widenhouse, spoke with Jenny.
24 Contact made regarding assess note, contact
25 notes request PT/INR. Results of contact:

1 *call completed when orders obtained."*

2 Q. Again, was that entry made at some point
3 before she exported the chart?

4 A. Yes.

5 Q. Following the visit with Finley Evans,
6 did Ms. Belk made any additional entries in
7 the chart?

8 A. Yes, she did.

9 Q. How are those shown?

10 A. They are shown with "correction",
11 "entered" and the date and time that it was
12 entered.

13 Q. As part of your position as the director
14 of home health, do you have involvement in the
15 complaint process?

16 A. Yes, I do.

17 Q. When a complaint is received, is it
18 reported to you?

19 A. Yes.

20 Q. And what is your first thing that you do
21 after you receive a complaint from a patient
22 or their family?

23 A. I normally go in and review the records
24 to see what the clinician has documented in
25 relationship to whatever the complaint is.

1 Q. And what did you do after you have
2 reviewed the chart?

3 A. Once I look at the chart, I voice mail
4 the clinician and ask that they review all of
5 their entries to make sure that they are
6 clear. I don't tell them what to look for.
7 I just ask them to review over it and let me
8 know when they are done with the review. Then
9 I can go in and do my final review.

10 Q. Is this the process that you do for any
11 complaint that comes into the office?

12 A. Yes.

13 Q. Did your office receive a complaint from
14 Mr. Evans or from his family regarding the
15 care provided by Ms. Belk?

16 A. Yes, we did.

17 Q. When was the complaint received?

18 A. I believe it was on the fourth, around
19 four o'clock in the afternoon.

20 Q. And after you received this call, did you
21 review the chart for Mr. Evans?

22 A. Yes, I did.

23 Q. What did you do after you review the
24 chart?

25 A. I left Janelle voicemail and just asked

1 her to make sure that she went in and reviewed
2 to make sure that she had all of her
3 documentation in the chart, and to let me
4 know, to voicemail me back and let me know
5 when she had done her review so that I could
6 finish up my review.

7 Q. Did Nurse Belk actually go through and
8 review her charting?

9 A. Yes.

10 Q. How do we know that she did that?

11 A. By "correction" and the time of the
12 correction.

13 Q. Does the computer sometimes document --
14 is it possible for the nurse to look at an
15 entry and not make changes, but get the
16 computer to document it as a correction?

17 A. Yes. Anytime -- if she opened the chart,
18 what we term "open" the charge and you look at
19 a subject, then it's going to say that it was
20 a correction and time-stamp it with the
21 person's name or initials.

22 Q. Looking at the page that you have in
23 front of you, if you could, look at the entry
24 at the top of the page and then the entry at
25 the bottom which says correction.

1 A. Okay.

2 Q. Is this an example of where the entry
3 was viewed but that no changes were made,
4 but "correction" was entered?

5 A. (Upon review), yes. It is. The
6 documentation -- what it is reading in both
7 of those, on the original entry and on the
8 correction, it's the exact same.

9 Q. Based on your knowledge of the computer
10 system and your review of this chart, Mr.
11 Evans chart, were all of the entries in the
12 chart that do not state "correction" or "late
13 entry" made before the call was received from
14 Mr. Evans' family?

15 A. Yes.

16 MS. TOPOREK: I have to further
17 questions. Thank you.

18 THE COURT: Thank you. Cross
19 examination?

20 MS. DELUCA: Thank you, Your Honor.

21 CROSS EXAMINATION

22 BY MS. DELUCA:

23 Q. Good afternoon, Ms. Mello. I wanted to
24 ask you about the daily logs that you all talk
25 about. In your testimony, you talk about the

1 fact that the times on here -- the one that
2 says 70, in your documents the one that says
3 70 at the bottom.

4 A. Okay.

5 Q. You talked about how these entries could
6 not be modified, I believe. But where does
7 that initial entry come from?

8 A. When the clinician is -- when they start
9 to travel to -- they have to basically make it
10 click in the computer and the computer,
11 whatever the time is at the time that they
12 click it, the computer stamps it.

13 Q. So that clinician still determines when
14 they click to signify the beginning or the end
15 of a visit?

16 A. Yes.

17 Q. Correct?

18 A. Um-humm.

19 Q. But once they make that click, they
20 cannot modify?

21 A. No.

22 Q. Okay. But they do make the initial
23 decision of when to click?

24 A. Yes.

25 Q. Talking about, back to this document that

1 you were just talking about, 36, and then on
2 to 37 and to 38, where do you see that the
3 correction and the late entries begin?

4 A. I only have 36.

5 Q. Sorry, let me get that for you --
6 (tendering).

7 A. Thank you.

8 Q. Do Ms. Belk's entries for the October 3rd
9 visit start on page 35?

10 A. Yes, they do.

11 Q. Then they continue on 36, 37 and 38?

12 A. Yes, they do.

13 Q. Where do the original entries begin and
14 the corrective and late entries begin?

15 A. The original entries end of 36 about
16 three-quarters of the way down.

17 Q. Do they end at 7:34 on October 4th?

18 A. That is a correction.

19 Q. After all the entries after that -- 36,
20 37 ---

21 A. They are corrections or late entries,
22 except for one entry on page three that is
23 not -- it's not -- sorry. Page 37.

24 Q. Okay. Is that the one at 10:57?

25 A. Yes.

1 Q. Okay. So was that an original entry or
2 how did it get Bates stamped at that time?
3 Time stamped?

4 A. It is an original entry because it does
5 not have "correction" or "late entry." So --
6 if it was made after it was exported, it would
7 say correction or late entry.

8 Q. The other original entries are all
9 entered at 10:52, correct?

10 A. Yes.

11 Q. So why would that one be entered at ---

12 A. The computer system is sequential in
13 times and it sequences the time starting at
14 the beginning of the visit and then sequence
15 entries after that by time stamp. But they're
16 always going to remain within that time of
17 their original visit time.

18 Q. Can you explain to me why the correction
19 entries start at 10:53 but you're saying that
20 the 10:57 is an original entry.

21 A. Right, because it was not done during the
22 original visit, which would show a corrected
23 or delayed entry.

24 Q. So where did the 10:57 entry time stamp
25 come from?

1 A. When she went into that subject, it
2 picked up the time within that visit, the
3 timeframe.

4 Q. And you talked earlier about the
5 correction entries. Every time that there is
6 a correction it means that entry was opened
7 and either reviewed or changed.

8 A. Right.

9 Q. Then the late entries are entries that
10 just -- they're completely new after the chart
11 was exported?

12 A. Yes.

13 Q. So they are not just a change, they are
14 an addition.

15 A. Right.

16 Q. And when you're referring to the original
17 entries and entries that were made prior to
18 the export, do you know when those were made?

19 A. The exact time of when those were made?

20 Q. Yes, ma'am.

21 A. No.

22 Q. So all you know is that it was sometime
23 between the time the visit took place and 8:00
24 a.m. the next morning?

25 A. Yes.

1 Q. And you don't know in this case when Ms.
2 Belk made her original entries?

3 A. No.

4 MS. DELUCA: That's all the
5 questions that I have.

6 THE COURT: Thank you. Any
7 redirect?

8 MS. TOPOREK: No, Your Honor.

9 THE COURT: Thank you.

10 (WITNESS STEPS DOWN)

11 THE COURT: Call your next witness,
12 please.

13 MR. TIERNEY: At this time the
14 defense calls Janelle Belk.

15 (WITNESS TAKES STAND)

16 JANELLE BELK, being duly sworn to
17 tell the truth, the whole truth and nothing
18 but the truth, testified, as follows:

19 DIRECT EXAMINATION

20 BY MR. TIERNEY:

21 Q. Good afternoon, Ms. Belk.

22 A. Good afternoon.

23 Q. We start off by taking the jury through
24 where you grew up and then I want to get into
25 some of your educational background. So let's

1 talk about where you grew up, please.

2 A. I'm a local girl. I was born in Berkeley
3 County. I've lived here in Moncks Corner. My
4 children attend school in Berkeley County. I
5 attend church in Berkeley County, I'm a member
6 of St. Stephens Evangelical Church. I'm also
7 a member of the Order of the Eastern Star and
8 Berkeley Shrine Club and work closely with
9 Relay for Life here in Berkeley County.

10 Q. Where did you go to high school?

11 A. Macedonia High School.

12 Q. What did you do when you completed high
13 school?

14 A. I went to Roper School of Practical
15 Nursing and graduated as an LPN.

16 Then in 1991, I returned to MUSC and got
17 my bachelors in Nursing and graduated in '95.

18 Q. Are you are getting your bachelors in
19 nursing in 1995, were you working during that
20 time?

21 A. Yes, I was at St. Francis Hospital
22 downtown.

23 Q. How long did you work at St. Francis
24 Hospital, downtown Charleston?

25 A. Thirteen years.

1 Q. When you graduated from MUSC, downtown,
2 did you continue to work at St. Francis?

3 A. Shortly, but then I transferred to home
4 health.

5 Q. When did you transfer to home health?

6 A. In 1997.

7 Q. Were Roper Hospital and St. Francis
8 Hospital merged in '97?

9 A. Not at that time. They merged shortly
10 after.

11 Q. Who did you work for in home health in
12 1997?

13 A. Roper Home Health.

14 Q. Then after the hospitals merged, did they
15 merge the home health programs?

16 A. They did.

17 Q. What is the name of that merger?

18 A. Roper St. Francis Home Healthcare.

19 Q. Fast forwarding a little bit, today who
20 do you work for?

21 A. Roper St. Francis Home Healthcare.

22 Q. Is that who you would have been working
23 for in 2006 when you treated Finley Evans?

24 A. Yes.

25 Q. Now, getting back to 1997, what was your

1 position with Roper Home Health in 1997?

2 A. I was a case manager for Berkeley County,
3 which is just a registered nurse that manages
4 patients in Berkeley County.

5 Q. Has that position changed at all through
6 the years?

7 A. No.

8 Q. So in 2006, would you also have been a
9 case manager for Roper Home Health in Berkeley
10 County?

11 A. Yes.

12 Q. What are the duties of a case manager?

13 A. To oversee all of the health care of the
14 patient, to coordinate with the physician, you
15 secure home safety, to make sure that they
16 have the equipment necessary in the home to
17 keep the patient at home.

18 Q. What type of patients do you see in home
19 health??

20 A. There is a wide range from diabetics to
21 wound therapy, chemotherapy, congestive heart
22 failure patients.

23 Q. Since 1997, have you seen patients that
24 have needed wound care on a continual basis?

25 A. Yes.

1 Q. Can you give an estimate of how many
2 wound care patients that you see a year?

3 A. I would feel safe in saying greater than
4 a hundred. Wound care is probably the
5 majority of our patients.

6 Q. I have noted in some of the records, that
7 we will get into in a minute, that when you
8 chart that you refer to yourself as SN.

9 A. Right.

10 Q. Could you tell the jury what an SN is?

11 A. Skilled nurse. In home health, we are
12 referred to as skilled nurses. In order to
13 have home health nurses you have to have
14 skills.

15 Q. What is the role of a skilled nurse with
16 respect to wound care when providing care in
17 the home?

18 A. It is more intermittent care. We are
19 there to assess and supervise the wound care.

20 Q. Are you there for the patients on an
21 emergent basis?

22 A. Yes, we are their support system but
23 we're not an emergency medical service.

24 That's clearly stated in our admission/consent
25 form.

1 Q. What does that mean that your duties are
2 for the patient with respect to home care?

3 A. We provide care, to instruct, assess and
4 supervise -- which in this case was wound
5 care.

6 Q. Are you there twenty-four hours a day?

7 A. No.

8 Q. Do you rely on the patient or the
9 patient's family to assist in the care of the
10 wound?

11 A. Yes.

12 Q. Is that a part of the -- I would use the
13 term "teamwork" approach?

14 A. Yes. It is actually a criteria for home
15 health. We have to have a caregiver in the
16 home, someone that we can teach and rely on
17 before we can give a patient home health
18 services. We are not the sole provider of
19 care. It is a team effort when you are
20 dealing with home health.

21 Q. Do you actually develop the plan of care
22 for patients who need home healthy?

23 A. Yes, I do on admissions. I did not
24 develop Mr. Evan's plan of care. But I have,
25 that's part of my job description.

1 Q. Is there any difference when a patient
2 has a wound as opposed to, say, a diabetic
3 that needs home healthcare?

4 A. There is a difference in the plan. Our
5 goals have to meet the diagnosis.

6 Q. I note from the records in this case that
7 are already in evidence that Judy Burbage was
8 the nurse who actually developed the plan of
9 care for Mr. Evans. Why would Judy Burbage
10 have developed that plan of care?

11 A. Judy often backed the nurses up. If we
12 were busy and did not have the ability, as a
13 wound care nurse she would help us out with
14 admissions.

15 Q. Did you have anything to do with the
16 actual plan of care that was put in place for
17 the wound care management of Finley Evans?

18 A. No.

19 Q. I am going to get ahead of myself for a
20 minute but just to chronologically get your
21 care in order, did you ever see Finley Evans
22 prior to October 2, 2006?

23 A. No.

24 Q. Did you ever have any contact with him --
25 I know that physically you did not see him,

1 but did you ever have any contact with him
2 prior to October 2, 2006?

3 A. No.

4 Q. How is it that you would have been
5 assigned Finley Evans on October 2, 2006?

6 A. Because he resides in Berkeley County and
7 he would be my patient.

8 Q. Were there any other home health nurses
9 assigned in Berkeley County in 2006?

10 A. No.

11 Q. How many patients would you estimate that
12 you would see a day, in a normal week in
13 Berkeley County in 2006?

14 A. Anywhere from six to eight.

15 Q. Was there any policy in place from Roper
16 Home Health as to how many patients that you
17 could see a day?

18 A. We do. It's not really a policy, but we
19 get paid per visit and we're required to make
20 twenty-eight visits a week in order to meet
21 productivity.

22 Q. Did you say twenty-eight a week?

23 A. Yes.

24 Q. Prior to October 2nd, 2006, did you have
25 occasion to provide care to patients that had

1 open wounds?

2 A. Yes.

3 Q. I believe you said that you have been
4 working in home health since 1997? Is that
5 correct?

6 A. That's correct.

7 Q. Could you give the jury an estimate of
8 how many patients you have cared for with open
9 wounds from 1997 to 2006?

10 A. Easily -- I -- I mean, it easily over two
11 hundred, probably. I can't do the math.

12 Q. Prior to see Mr. Evans on October 2,
13 2006, had you had occasion in the past to
14 place wound vacs on patients who had open
15 wounds?

16 A. Yes.

17 Q. Can you give an estimate on how many
18 wound vacs you may have placed prior to
19 October 2, 2006?

20 A. Easily, figuring that you may have two to
21 three a month, probably two hundred --
22 probably.

23 Q. Do you receive specific training on how
24 to place wound vacs as a home health nurse?

25 A. We do attend a training class by K.C.I.

1 It's not very much different than the
2 hospital, but K.C.I. did train us on the
3 application and the procedure for use of a
4 wound vac.

5 Yes.

6 Q. Would you have been trained by K.C.I. on
7 the application of and care with a wound vac
8 prior to seeing Mr. Evans on October 2nd,
9 2006?

10 A. Yes, that is part of my yearly mandatory
11 check-off's, so it has been checked. Yes.

12 Q. Tell the jury what you mean by your
13 mandatory yearly checkoff?

14 A. Yearly we have what we call clinical
15 checkoffs where skills have to be checked to
16 be certain that the nurses who going into the
17 field to provide care are competent in the
18 skills. It's a skills list and we have to
19 meet competencies, and we are checked off on
20 these.

21 Q. In addition to training by K.C.I., does
22 the hospital or does Roper Home Health also
23 provide yearly training on services in home
24 health?

25 A. Yes, that is part of our monthly

1 meetings. These are always educational
2 meeting. It may be on wound care or something
3 else, but we attend educational meetings on a
4 monthly basis.

5 Q. This may sound like a silly question, but
6 prior to coming to see Finley Evans on October
7 2, 2006, did you know how to place a wound
8 vac?

9 A. Yes.

10 Q. Did you have to take off a wound vac?

11 A. Yes.

12 Q. Did you know how to change a dressing?

13 A. Yes.

14 Q. Did you know how to apply a pressure
15 dressing?

16 A. Yes.

17 Q. Tell the jury what you first did when you
18 saw Finley Evans on October 2, 2006. By the
19 way, I believe that there is a copy of the
20 medical record in front of you.

21 MR. TIERNEY: May I approach the
22 witness, Your Honor?

23 THE COURT: You may.

24 MR. TIERNEY: Just to make sure
25 that's complete, (reviewing document).

1 DIRECT EXAMINATION CONTINUED.

2 BY MR. TIERNEY:

3 Q. Nurse Belk, if you need to review the
4 record, please feel free to do so. I believe
5 that my question was could you tell the jury
6 what you did when you initially saw Mr. Evans
7 on October 2, 2006.

8 A. Give me just a second to get this in
9 order.

10 Q. Okay.

11 A. Okay. What date was that, again?

12 Q. October 2, 2006.

13 A. Okay. On October 2, 2006, a home visit
14 was made to see Finley Evans. Vital signs
15 were taken, an assessment was performed of
16 the wound, a complete assessment was
17 performed: cardiac, GI. Wound care was
18 provided, instructions were given as to signs
19 of sepsis, infection. He was instructed on
20 some medication. There's some more/further
21 detail of the wound. Then a case conference
22 was provided to Judy Burbage.

23 Q. What did you learn about his wound on
24 October 2nd, as to specific location? What
25 did you observe about his wound?

1 A. On October 2nd, the patient had an open
2 surgical wound. I measured it as six
3 centimeters by one-point-two and one-point
4 in depth. Uh, -- (reviewing), and also I
5 see there that I did provide some dietary
6 education.

7 Q. Would he have had the wound vac on when
8 you arrived at the home on October 2nd?

9 A. Yes.

10 Q. Was part of your duties on the 2nd to
11 assess the wound, to do a dressing change?

12 A. Yes.

13 Q. Did you in fact do a dressing change on
14 October 2nd?

15 A. Yes.

16 Q. Would you have had to take the wound vac
17 off to do the dressing change?

18 A. Yes.

19 Q. Do you remember anything about Mr. Evans
20 reaction to you changing the wound vac -- to
21 your dressing change on October 2nd?

22 A. There was pain - often, unfortunately,
23 there is pain with dressing changes,
24 especially with wound vacs in the area of his
25 wound. It's a painful area, as well.

1 Q. I believe that the jury is well educated
2 on where the actual wound was. Did the fact
3 that he had a suture line dehiscence of his
4 groin wound and his scrotal wound cause you
5 any difficulty in taking that wound vac off?

6 A. No.

7 MS. DELUCA: Objection. Misstates
8 the evidence.

9 THE COURT: Rephrase your question.
10 I am not sure that it misstates the evidence,
11 but please restate it.

12 DIRECT EXAMINATION CONTINUED

13 BY MR. TIERNEY:

14 Q. Did you have any difficulty from the
15 wounds that you encountered on October 2nd,
16 2006?

17 A. Repeat the question please?

18 Q. Did you have any difficulty removing the
19 wound vac on October 2nd, 2006?

20 A. No.

21 Q. Do you recall having any difficulty with
22 replacing the dressings on the 2nd?

23 A. No.

24 Q. Did you have any issues with putting the
25 wound vac on -- back on on October 2nd?

1 A. No.

2 Q. Was the wound in a position that caused
3 you concern about your abilities to be able to
4 replace the wound vac back on?

5 A. No.

6 Q. Was there anything out of the ordinary
7 during that October 2nd, 2006, visit with
8 respect to the wound care that you provided
9 Mr. Evans?

10 A. No.

11 Q. When was the next time that you saw
12 Finley Evans?

13 A. On October 3rd.

14 Q. Was that a scheduled visit for you to see
15 Mr. Evans?

16 A. No, it's what was called a prn visit, an
17 actual visit that was made.

18 Q. Do you know how that visit came about?

19 A. There was a call to the office that he
20 was having increased pain, and of course
21 that's one of the reasons we'd ask that he'd
22 call, and we made a prn visit to assess.

23 Q. When you come into a home, such as you
24 did on the 2nd, before you leave you advise
25 them of what to do as far as who to call if

1 they do have an problems?

2 A. Yes.

3 Q. What do you tell them to do?

4 A. There is a nurse's number on the front of
5 the booklet, we always provide the office
6 number, the office hours -- we work Monday to
7 Friday, 8:00 to 5:00 -- and afterhours there
8 is always an on-call nurse.

9 Q. Would you have provided Mr. and Mrs.
10 Evans your cell phone number?

11 A. Yes.

12 Q. Would you have provided them with a
13 number for you at work?

14 A. Yes.

15 Q. Would you have provided an emergency
16 number for them to call?

17 A. Yes.

18 Q. Were you called directly to schedule the
19 prn visit on October 3rd, 2006?

20 A. No, I was called by the office.

21 Q. When would the office have called you
22 about that visit?

23 A. That morning.

24 Q. The morning of the 3rd?

25 A. Yes.

1 Q. Did you already have other appointments
2 scheduled on the 3rd?

3 A. Yes.

4 Q Do you recall going to the Evans' home on
5 the 3rd?

6 A. Yes.

7 Q. What was the reason for the prn visit on
8 October 3rd? The reason the agency gave you
9 that you needed to go back to see Mr. Evans?

10 A. An increase in pain.

11 Q. What did you do when you arrived -- let's
12 go back for a second. Bear with me for one
13 second.

14 MS. DELUCA: If I may publish an
15 exhibit that is already in evidence? The
16 daily log?

17 THE COURT: Yes. What is the
18 exhibit number?

19 MR. TIERNEY: It is part of
20 Plaintiff's Exhibit 2.

21 DIRECT EXAMINATION CONTINUED

22 BY MR. TIERNEY:

23 Q. Ms. Evans (sic), I am going to hand you
24 what is already in evidence. Plaintiff's
25 Exhibit 2. I believe that you were here for

1 Ms. Mello's testimony a moment ago.
2 A. (Affirmative nod).
3 Q. Could you please identify for the jury
4 what Plaintiff's Exhibit 2 is, please?
5 A. My daily log.
6 Q. What does this signify?
7 A. My travel, home visits for that day, what
8 was going on throughout the day.
9 Q. I've redacted other information on this
10 log, so could you tell me please what your
11 first appointment would have been on October
12 3rd, 2006?
13 A. My first appointment was a prn visit. It
14 has been redacted.
15 Q. What time was that?
16 A. 9:33 to 10:03.
17 Q. Were you scheduled to see the Evans after
18 that 10:03 a.m. visit?
19 A. Not prior to getting the call, no.
20 Q. Okay. But did you in fact go see the
21 Evans after that 10:03 visit?
22 A. Yes.
23 Q. What time did you arrive at the Evans
24 home?
25 A. I arrived at 10:52 a.m.

- 1 Q. How would that 10:52 time have been
2 logged on this daily log?
- 3 A. By clicking on the computer the travel
4 time stops.
- 5 Q. Do you as home health nurses carry laptop
6 computers with you?
- 7 A. Yes.
- 8 Q. How often do you go into -- let me back
9 up a second. Is there actually a home office
10 somewhere?
- 11 A. Yes.
- 12 Q. Where is the home office?
- 13 A. West Ashley.
- 14 Q. How often do you go to the West Ashley
15 office?
- 16 A. I may go once a month. I have a
17 satellite facility here at Roper Berkeley that
18 I work out of.
- 19 Q. Where is that facility?
- 20 A. Stoney Landing.
- 21 Q. Have you had an office there at Stoney
22 Landing?
- 23 A. Yeah, a little area.
- 24 Q. Is physically located where the Roper
25 Berkeley Hospital is at Stoney Landing?

1 A. Yes.

2 Q. That is where your office is?

3 A. Yes.

4 Q. Do you know the people, the staff, at
5 Stoney Landing?

6 A. A few, yes.

7 Q. How long have you had a satellite office
8 there?

9 A. And probably since about '03. It was a
10 along about the same time of the merger. I am
11 not certain of the date.

12 Q. I presume since you don't go to the West
13 Ashley office that you can see patients and do
14 your charting in your laptop without having to
15 go into any office; is that accurate?

16 A. Correct.

17 Q. Is that why you carry your computer with
18 you?

19 A. Yes.

20 Q. Would you have had your computer with you
21 when you went to see Finley Evans on October
22 3?

23 A. Yes.

24 Q. And would you have opened it, which
25 signifies that you got there to the Evans

1 home at 10:52 a.m.?

2 A. Yes.

3 Q. Nurse Belk, I now want you to refer to
4 what's been previously marked in Plaintiff's
5 Exhibit 2 as RSFH-0035.

6 MR. TIERNEY: May I publish that
7 to the jury, Your Honor?

8 THE COURT: You may.

9 DIRECT EXAMINATION CONTINUED

10 BY MR. TIERNEY:

11 Q. Have you got that document in front of
12 you?

13 A. Yes, sir.

14 Q. Does RSFH-0035 reflect the computerized
15 nursing notes that you made as a result of the
16 visit on October 3rd, 2006?

17 A. Yes.

18 Q. Do you actually chart on the computer,
19 while you're a patient's home?

20 A. No, usually not.

21 Q. Why don't you do that?

22 A. Because when I am in a patient's home, I
23 want to be focused on the patient and provide
24 hands-on care. A lot of times, I'll carry a
25 little notebook or a little piece of paper in

1 my bag and that's where I will make my notes
2 at.

3 Q. Is that a common practice, for nurses to
4 make their notes on a notebook?

5 A. Yes.

6 Q. Have you ever heard that referred to as
7 their "brain"?

8 A. Yes.

9 Q. When do you transcribe the notes from
10 your notebook into the computer chart?

11 A. Throughout the day, usually at the end of
12 my day.

13 Q. Do you try to be accurate in what you
14 write in your notes as far as the care that
15 you provided and the times that you provided
16 the care?

17 A. Yes.

18 Q. Does the charting take precedence over
19 patient care?

20 A. No.

21 Q. What is the heaviest day that you have,
22 just an estimate as far as how many patients
23 you would seen?

24 A. In my entire career in home health? It
25 would be nine.

1 Q. And what is an average day?

2 A. Five to six.

3 Q. If you're not able to chart during the
4 day because you are seeing patients, when do
5 you chart?

6 A. At the end of my day.

7 Q. If I understood Ms. Mello's testimony
8 correctly, as long as you have everything
9 charted by 8:00 a.m., you're following
10 policies and procedures for the hospital.
11 Correct?

12 A. Correct.

13 Q. Because the chart gets exported at 8:00
14 a.m., correct?

15 A. Correct.

16 Q. All right. Do you know if you performed
17 any computerized charting while you were
18 actually in the Evans home on October 3rd,
19 2006?

20 A. No.

21 Q. Do you know from reviewing RSFH-0035 if
22 you would have opened Mr. Evans' chart at some
23 time the morning of October 3rd, 2006?

24 A. Yes.

25 Q. Where does that reflect in RSFH-0035?

1 A. The beginning time, the upper right-hand
2 corner.

3 Q. That is where the 10:52 comes from?

4 A. Yes.

5 Q. When you came and saw Mr. Evans on
6 October 3rd, 2006, what was your chief concern
7 as a home health nurse?

8 A. His pain.

9 Q. What was the first thing you did when you
10 came into the Evans home on October 3, 2006,
11 medically speaking?

12 A. Performed wound care.

13 Q. Why did you perform wound care?

14 A. Because that's where the pain was at.

15 Q. Please tell the jury what you recall,
16 and if you need to refer to your notes,
17 specifically what you did on that morning
18 initially when you came there?

19 A. Upon arrival, Mr. Evans was in pain.

20 So I began wound care by removing the
21 wound vac -- or stopping the machine, first,
22 which stops the pressure. I removed the wound
23 vac, did an assessment. I did find bleeding
24 at the site. Applied pressure.

25 Contacted the doctor. I wanted to draw

1 labs for the Coumadin and after several
2 attempts to reach the doctor, I did get the
3 orders and performed a vena puncture.

4 At the completion of the visit, I did a
5 final assessment and then departed the home.

6 Q. Let's take that step by step. Okay?

7 A. Okay.

8 Q. When you came in, did you take the wound
9 vac off?

10 A. Yes.

11 Q. Was Mr. Evans in a lot of pain when you
12 took the wound vac off?

13 A. Yes.

14 Q. What did you do with the dressings that
15 he had on when you took the wound vac off?

16 A. Discarded the dressings.

17 Q. When did you notice any bleeding.

18 A. Upon removal of the dressing, when I
19 assessed the wound bed.

20 Q. What type of bleeding did you note?

21 A. It was active, slow ---

22 Q. Nurse Belk, tell me where you are looking
23 so that I can show this to the jury, please.

24 A. 0036.

25 Q. 0036, okay. Can you tell me specifically

1 the line or paragraph where you're looking?

2 A. At the left scrotal assessment.

3 Q. Okay. Tell the jury again what you found
4 out about the blood?

5 A. It was bright red and actively bleeding,
6 slow trickle-like but continuous.

7 Q. What does that mean "slow trickle-like,
8 continuous"?

9 A. It's more or less a controlled bleed.
10 Like if you're performing a vena puncture on
11 someone and maybe they continue to bleed from
12 the site and we have to apply slight pressure.
13 It's a slow continuous bleed, a controlled
14 bleed.

15 Q. Does the wound vac have a component of it
16 called a cannister?

17 A. Yes.

18 Q. What is the purpose of the canister in a
19 wound vac?

20 A. The cannister captures the drainage and
21 contains the drainage there.

22 Q. Does the cannister have an alarm on it?

23 A. Yes.

24 Q. Why does the cannister have an alarm on
25 it?

1 A. Because when the cannister is full, the
2 system will alarm saying 'cannister is full.'

3 Q. If there was an excessive bleeding from a
4 wound, would the cannister first catch the
5 blood?

6 A. Yes.

7 Q. Would the alarm go off?

8 A. Yes.

9 Q. Were you told when you arrived October 3,
10 2006, if Mr. Evans' alarm on the cannister had
11 gone off?

12 A. No.

13 Q. Do you recall what you saw in the
14 canister when you arrived October 3, 2006?

15 A. I don't.

16 Q. Did you chart that anywhere?

17 A. No. That's not typically part of our
18 policy, because the cannister is to be changed
19 once a week and there's a packet in the
20 cannister that -- when it reaches it, it will
21 actually gel and the fluid in the cannister
22 actually turns to a gel-like substance. So it
23 is not proper assessment.

24 Q. If the canister have been full of blood
25 and the alarm had gone off, would you have

1 charted that?

2 A. Yes.

3 Q. Were you here when plaintiff's expert,
4 Lauren Cauwels, testified?

5 A. Yes.

6 Q. Have you ever heard the term "frank red
7 blood' before?

8 A. Yes.

9 Q. Is that a term that you use anywhere in
10 this medical record?

11 A. No.

12 Q. What does frank red blood mean to you?

13 A. Frank is a much more extreme, volume.

14 Q. Did you note any frank red blood when you
15 arrived on October 3rd, 2006, or when you
16 changed that bandage?

17 A. No.

18 Q. Tell the jury what you did after you
19 encountered the bleeding, when changing the
20 bandage.

21 A. First I applied pressure, pressure
22 dressing.

23 Q. Let me ask you an elementary question,
24 why would you apply pressure?

25 A. Because he was bleeding.

1 Q. And were you able to stop the bleeding by
2 applying pressure?

3 A. Yes.

4 Q. What did you do after you stopped the
5 bleeding?

6 A. Called the doctor to get the order -- per
7 my assessment, I knew that he was on Coumadin
8 and I need an order to do a PT/INR.

9 Q. Did you redress the wound?

10 A. Yes.

11 Q. How did you redress it?

12 A. With a gauze pressure dressing.

13 Q. Is that reflected anywhere on your
14 October 3rd, 2006, notes?

15 A. Yes.

16 Q. Where is that reflected? If you could,
17 give us that number again, Nurse Belk.

18 A. On page 0035 at five, Integumentary
19 Notes.

20 Q. Read that to the jury, please?

21 A. (Reading): *"Five 8-ply 4x4's applied to*
22 *the wound with five pounds of rice over top.*
23 *Patient instructions to remain in bed and*
24 *still. Upon departure, outer dressing dry*
25 *without out, still nurse instructed spouse of*

1 *the emergency care -- for bleeding through,*
2 *continuous, call 911. Vital signs stable, no*
3 *distress noted."*

4 Q. As part of your visits and as part of
5 being a home health nurse, do you counsel
6 patients that if they ever have any problems
7 that 911 is the call that they should make?

8 A. Yes.

9 Q. Is that part of your not being an
10 emergent service?

11 A. Yes, that's part of our mission process.

12 Q. You were here for Ms. Mello's testimony
13 about an hour about how the computerized
14 charting works.

15 A. Yes.

16 Q. Do you know specifically when you entered
17 this time, 10:52, on the bottom of page one of
18 RSFH-0035?

19 A. Not specifically. It would have been
20 within the day, yes.

21 Q. Would you have entered this note as a
22 result of whatever notes that you took during
23 the visit?

24 A. Yes.

25 Q. I note that the last sentence refers to

1 vital signs. Could you read that to the jury
2 again?

3 A. (Reading): "Vital signs stable, no
4 distress noted."

5 Q. Did you replace the wound vac after you
6 reapplied the pressure dressing on the wound?

7 A. No.

8 Q. Why did you place the five-pound bag of
9 rice on top of the wound?

10 A. As extra precaution because he was on
11 Coumadin.

12 Q. Did you ever leave that wound open on
13 October 3rd, 2006, without any dressing on it?

14 A. No.

15 Q. Did you ever simply put a towel over the
16 top of the wound and put a bag of rice over
17 top of it?

18 A. No.

19 Q. Did you apply a pressure dressing to that
20 wound after you initially stopped the
21 bleeding?

22 A. Yes.

23 Q. Are you told in your training with Home
24 Health to find anything that you can that will
25 assist with pressure?

1 A. Yes.

2 Q. Was the five pound bag of rice the best
3 thing that you could find at the Evans home?

4 A. Yes.

5 Q. Or the best thing that they could find
6 for you?

7 A. Yes.

8 Q. Why did you want to get a PT/INR?

9 A. Because Mr. Evans was on Coumadin, which
10 is a blood thinner.

11 Q. What is the concern with Mr. Evans being
12 on a blood thinner?

13 A. The blood thinner is going to slow the
14 clotting time.

15 Q. Do you, as a skilled nurse, an RN, have
16 to have a physician's order to perform a
17 PT/INR?

18 A. Yes.

19 Q. Do you know the physician was that had
20 originally ordered the patient's Coumadin?

21 A. Yes. Dr. Campbell originally placed Mr.
22 Evans on Coumadin.

23 Q. Is Dr. Campbell in Dr. Widenhouse's
24 practice?

25 A. No. She is his primary care physician.

1 Q. They are not affiliated with each other?

2 A. No.

3 Q. Did you attempt to call Dr. Campbell to
4 get an order to do the PT/INR test?

5 A. Yes.

6 Q. Is that reflected anywhere in your
7 October 3rd, 2006 visit notes?

8 A. Yes.

9 Q. Where is that reflected for this?

10 A. 0036.

11 Q. Please tell the jury what it says in
12 0036.

13 A. Actually there are two notes -- it's the
14 third administrative note.

15 Q. Read that for the jury, please.

16 A. (Reading): "Dr. Campbell wanted Dr.
17 Widenhouse called. Three calls made to M.D.
18 prior to return.

19 Q. Let me go back for one second. Was this
20 note ever corrected or was it ever a late
21 entry, the note that you just read?

22 A. No.

23 Q. Does that mean that this note would have
24 been entered sometime before 8:00 a.m. the
25 next morning?

1 A. Yes.

2 Q. Was it your testimony that you believe
3 that you entered these notes into the chart
4 sometime during the day of October 3rd?

5 A. Correct.

6 Q. Were you -- did you ever actually speak
7 with Dr. Campbell that morning?

8 A. No.

9 Q. Who did you speak with?

10 A. Let me refer to my notes -- (upon
11 review), Suzanne.

12 Q. Do you know who Suzanne is?

13 A. Suzanne is Dr. Campbell's nurse.

14 Q. I live in Charleston and I know you're a
15 life-long resident of Berkeley County. Is Dr.
16 Campbell a Family practice doctor here in
17 town?

18 A. Yes.

19 Q. Are there many Family practice doctors
20 here in town?

21 A. Not a lot.

22 Q. Do you know them?

23 A. Yes.

24 Q. Do you know their assistants?

25 A. Yes.

1 Q. And their nurses?

2 A. Yes.

3 Q. Do you recall actually speaking with
4 Suzanne?

5 A. Yes, I did speak with Suzanne.

6 Q. And what did Suzanne tell you to go?

7 A. She requested that I get orders from Dr.
8 Widenhouse.

9 Q. Did you then attempt to call Dr.
10 Widenhouse?

11 A. Yes.

12 Q. Is that reflected somewhere on your
13 October 3rd, 2006 visit note?

14 A. Yes.

15 Q. Where is that reflected?

16 A. 0036.

17 Q. Okay.

18 A. Second entry down, (reading): "Called
19 Dr. Widenhouse, spoke with Jenny, contact made
20 regarding integumentary assessment, contact
21 requesting PT/INR. Call complete and orders
22 obtained."

23 Q. Did you perform the blood draw, what I
24 think you called the venal puncture?

25 A. Yes.

1 Q. Is that right, is that the same thing as
2 getting a blood sample?

3 A. Yes.

4 Q. Did you perform the blood sample prior to
5 getting an order from Dr. Widenhouse?

6 A. No.

7 Q. Did you ---

8 A. I have to have the order first.

9 Q. What did you do as a result of getting
10 the order from Dr. Widenhouse for getting the
11 PT/INR?

12 A. Followed his orders and obtained the
13 venal puncture -- obtained the PT/INR.

14 Q. Do you have any idea of what time you
15 would have actually performed the venal
16 puncture?

17 A. I would because that would be on the lab
18 slip. We have to label the exact time that we
19 draw it. That time has to match the lab slip.

20 Q. I am going to hand you what has been
21 admitted into evidence as Defendant's Exhibit
22 1.

23 MR. TIERNEY: May I publish?

24 THE COURT: You may.

25 DIRECT EXAMINATION CONTINUED

1 BY MR. TIERNEY:

2 Q. Nurse Belk, is that the lab slip that
3 you're referring to?

4 A. Yes.

5 Q. Is this a document that you actually fill
6 out?

7 A. Yes.

8 Q. Does it reflect the time that you
9 actually drew the blood at the home?

10 A. Yes.

11 Q. What time was that?

12 A. 11:45 a.m.

13 Q. What do you do with this lab slip?

14 A. I turned it into the lab, with the blood.

15 Q. Does Roper Home Health have a policy as
16 to how long you can maintain a blood sample?

17 A. Yes, there is a two-hour limit.

18 Q. What did you do after you did the vena
19 puncture and obtained the blood sample?

20 A. Did a complete assessment of Mr. Evans,
21 provided instructions to Ms. Evans, then took
22 the blood to the lab at Roper Berkeley.

23 Q. Was Mr. Evans bleeding from his wound
24 dehiscence site at the groin on on his scrotum
25 when you left the Evans home to go to the lab?

1 A. No.

2 Q. Was there a pressure dressing in place
3 when you left the Evans home to go to the lab?

4 A. Yes.

5 Q. What lab did you take the blood sample
6 to?

7 A. Roper Berkeley.

8 Q. Where is the Roper Berkeley lab?

9 A. On Stoney Landing.

10 Q. Where your office is?

11 A. Yes.

12 Q. Are there other labs in Berkeley County
13 that you take bloodwork to?

14 A. No.

15 Q. Is that the only lab that you ever use?

16 A. Yes.

17 Q. Your territory is Berkeley County,
18 correct?

19 A. Correct.

20 Q. Do you know what time you would have
21 dropped off the blood sample at the Roper
22 Berkeley lab?

23 A. It would be on the lab run slip.

24 MR. TIERNEY: Your Honor, for ID
25 purposes, I would like to Ms. Belk a copy of

1 the Roper Berkeley lab sheet that we referred
2 to yesterday.

3 THE COURT: Right. You may let her
4 review it for ID purposes, subject to
5 counsel's prior objection.

6 MR. TIERNEY: I don't think that
7 you had an objection.

8 MS. DELUCA: No objection, Your
9 Honor.

10 MR. TIERNEY: For ID purposes
11 only.

12 THE COURT: ID Only.

13 DIRECT EXAMINATION CONTINUED

14 BY MR. TIERNEY:

15 Q. Would you take a look at this document,
16 please, Ms. Belk?

17 A. (Reviewing).

18 Q. Have you ever seen a document like that
19 before?

20 A. Yes.

21 Q. What is it?

22 A. This is actually the admission record for
23 your demographics patient.

24 Q. Did Roper -- first of all, does it say
25 Roper Berkeley Hospital anywhere on that

1 record?

2 A. (Upon review), yes. Service, Berkeley.

3 Q. Where is that on that document?

4 A. At the -- one, two, three, four, fifth
5 block over.

6 Q. Can you spell out exactly what it says on
7 there?

8 A. It says "Service, BER."

9 Q. What do you interpret that to mean?

10 A. Roper Berkeley.

11 Q. What time was the lab actually run at
12 Roper Berkeley?

13 A. 12:36.

14 Q. What time did you draw the blood from Mr.
15 Evans at his home?

16 A. 11:45.

17 Q. Getting back to your daily log, what time
18 does your log in reflect that you left the
19 Evans home?

20 A. 12:18.

21 Q. All right. So you drew the blood at
22 11:45, you left the Evans home at 12:18 and
23 the lab run the blood sample at 12:36.

24 A. Correct.

25 Q. How far is the Roper Berkeley lab at

1 Stoney Landing from the Evans home?

2 A. Five miles.

3 Q. Could you have gotten from their home to
4 the lab in that timeframe?

5 A. Yes.

6 Q. How many times did you actually leave the
7 Evans home on the morning of October 3, 2006?

8 A. Once.

9 Q. Did you ever take the sample to the Roper
10 Berkeley lab and was told that they would not
11 run the sample?

12 A. No.

13 Q. Is the Roper Berkeley lab owned by the
14 Roper Hospital?

15 A. Yes.

16 Q. Are you -- are you a Roper employee?

17 A. Yes.

18 Q. Is that the lab that you always use?

19 A. Yes.

20 Q. Have you ever had a sample that you took
21 the Roper Berkeley lab they refused to run, or
22 be rejected by them?

23 A. No.

24 Q. Did you ever tell Mr. or Mrs. Evans that
25 you needed to go to Goose Creek for anything?

1 A. No.

2 Q. Do you know of any labs in Goose Creek?

3 A. No, there are none.

4 Q. Do you know of any reason why you would
5 tell them that you'd need to go to Goose
6 Creek?

7 A. No.

8 Q. Did you ever go to the Berkeley lab, come
9 back to the Evans home and then tell them that
10 you needed to go to Goose Creek?

11 A. No.

12 Q. You only left the Evans home one time?

13 A. Correct, to take the blood to the lab.

14 Q. That was at 12:18?

15 A. Yes.

16 Q. When you left the Evans home at 12:18,
17 was Mr. Evans stable?

18 A. Yes.

19 Q. Had you advised Mr. and Mrs. Evans that
20 you were getting a PT/INR done?

21 A. Yes.

22 Q. Did you tell them the reason why you
23 wanted the PT/INR done?

24 A. Yes.

25 Q. Did you replace the wound vac back on Mr.

1 Evans?

2 A. No.

3 Q. Why didn't you replace the wound vac?

4 A. I needed to know what the lab results
5 were; to see what the Coumadin level was,
6 since that is possible where the bleeding
7 could be coming from. I needed to know if the
8 cause of it was his blood being too thin, if
9 his Coumadin level was too high.

10 Q. Could the plan of care change as a result
11 of the lab results?

12 A. Yes, definitely.

13 Q. Were the lab results to be faxed to or
14 sent to Mr. Evans' doctors?

15 A. Yes.

16 Q. Were you waiting for those results to
17 determine what the next step was going to be
18 in the plan of care?

19 A. Yes, and I'd actually asked them to call
20 the results to me -- on the lab slip.

21 Q. Ms. Evans (sic), I now am going to hand
22 you what as been marked as Defendant's Exhibit

23 2. Ms. Belk. I'm sorry. I apologize.

24 A. That's okay.

25 MR. TIERNEY: May I publish this

1 to the jury, Your Honor?

2 THE COURT: You may.

3 DIRECT EXAMINATION CONTINUED

4 BY MR. TIERNEY:

5 Q. Nurse Belk, is this the actual lab
6 results from the lab on October 3rd?

7 A. Yes, it is.

8 Q. What time did the lab actually report the
9 findings?

10 A. 1348.

11 Q. That's military time. So what time is
12 that?

13 A. 1:48.

14 Q. Could you have done anything with respect
15 to the plan of care for Mr. Evans until you
16 got these results back?

17 A. No.

18 Q. Or until the doctor got those results?

19 A. No.

20 Q. Did you tell the Evans before you left
21 that you would return to their home that day?

22 A. Yes.

23 Q. Did you ever have an opportunity to
24 return to their home that day?

25 A. No.

1 Q. Why not?

2 A. Because 911 was called and he was
3 transported.

4 Q. Do you know what time 911 was called?

5 A. I'd have to refer ---

6 Q. Hold on a second. Have you ever seen the
7 DHEC run report in this case?

8 A. No, I haven't.

9 Q. Have you seen a DHEC run report before?

10 A. Yes.

11 Q. Can you look on there, please, and tell
12 the jury what time 911 was called by the
13 Evans?

14 A. (Upon review), 1340. 1:40.

15 Q. Do you remember what time that you
16 testified that the lab results actually came
17 back?

18 A. Yes, 1:48.

19 Q. When you left the lab, did you have
20 another patient scheduled?

21 A. Yes.

22 Q. What time with the patient is scheduled
23 for?

24 A. The next patient was seen at 1:01.

25 Q. 1:01 p.m.

1 A Yes, to 1:50 p.m.

2 Q. Is there travel time on your daily log
3 which shows what you did prior to that 101
4 visit?

5 A. Yes. From 12:18 to 1:01, I was on
6 travel.

7 Q. Did you have your cell phone with you
8 that day?

9 A. Yes, I always have my phone.

10 Q. Do you tell patients that if they need to
11 get in touch with you to call you on your cell
12 phone?

13 A. Yes.

14 Q. Did you in fact go see another patient at
15 1:01 p.m. on October 3rd, 2006?

16 A. Yes.

17 Q. Did you ever receive a phone call from
18 Mrs. Evans on October 3rd, 2006?

19 A. Yes.

20 Q. Do you know what time that you received
21 that phone call?

22 A. No, not for certain.

23 Q. Do you recall given a deposition wherein
24 Ms. Deluca, counsel for the plaintiff, asked
25 you questions about what time you received

1 phone calls?

2 A. Yes.

3 Q. Do you recall what our response was to
4 Ms. Deluca when she asked you what time you
5 received a call from Mrs. Evans?

6 A. She asked where I thought I was at the
7 time of the call, and I was thinking I was
8 in my car in travel.

9 Q. Do you recall the exact time that you
10 received the call from Mrs. Evans?

11 A. No.

12 Q. What did the call -- what was the
13 substance of the call from Mrs. Evans?

14 A. Mrs. Evans called, hysterical, to say
15 that Mr. Evans was bleeding.

16 Q. What was your response to that call?

17 A. I told her to hang up and call 911.

18 Q. Is that proper procedure for a Roper Home
19 Health nurse?

20 A. Yes.

21 Q. Was there anything that you could have
22 done for Mr. Evans at that point?

23 A. No.

24 Q. If it was a patient other than Mr. Evans
25 that made that call, would you have told them

1 to call 911?

2 A. Yes.

3 Q. Did you take any action yourself as a
4 result of getting that call from Mrs. Evans?

5 A. Yes, I called over to Roper ER to give
6 them a report.

7 Q. Why did you call over to the Roper
8 Berkeley ER?

9 A. It's just common courtesy to call and
10 make them aware. You can give them kind of
11 the history of the patient, let them know
12 what is going on so that they're prepared on
13 arrival.

14 Q. Do your October 3rd visit notes reflect
15 where you made that call?

16 A. Yes, on 0037.

17 Q. 0037?

18 A. Yes.

19 Q. Where is that reflected on 0037?

20 A. It is the entry on October 3rd, 2006, at
21 1:26, (reading): "Call to Roper Berkeley,
22 spoke with Dr. Potts, patient transported to
23 ER due to bleeding. Dr. Potts suggested
24 patient be transported to Trident since Dr.
25 Widenhouse was a Trident doc. Results of

1 *contact: Call completed."*

2 Q. From a date standpoint, when did you make
3 that computer entry?

4 A. October 4th.

5 Q. Why would you wait until October 4th to
6 make that entry?

7 A. I was collecting my thoughts and getting
8 all my notes together as far as Dr. Potts, the
9 emergency. So many calls were made.

10 Q. Did you receive a call from Bonnie Mello
11 or a voicemail from Bonnie Mello?

12 A. Yes.

13 Q. Was that on October 4th?

14 A. Yes.

15 Q. Did you hear about a complaint during the
16 October 4th voicemail from Bonnie Mello?

17 A. Yes.

18 Q. Did Bonnie Mello tell you to go back and
19 review the chart?

20 A. Yes.

21 Q. Did you make late entries as a result of
22 that?

23 A. Yes. I wanted to be certain that the
24 picture was clear.

25 Q. Did you call anyone else on October 3rd,

1 2006, after you got the call from Mrs. Evans?

2 A. I did call back to Mrs. Evans to tell her
3 to go to the Trident.

4 Q. Why would you call her back and tell her
5 to go to Trident?

6 A. Because I'd spoken with Dr. Potts and
7 that's what he'd suggested.

8 Q. Did you call any other physicians
9 involved in Mr. Evans' care?

10 A. I did. I did call Dr. Widenhouse back
11 and let him know that 911 had been called and
12 that he was en route.

13 Q. Did you tell Dr. Widenhouse -- did you
14 speak with Dr. Widenhouse himself?

15 A. Yes.

16 Q. Did you tell him where his patient was
17 going?

18 A. Yes.

19 Q. All right. Do your notes reflect when
20 that phone call was made, or is that phone
21 call reflected on your visit notes of October
22 3rd?

23 A. Yes, it is on mine.

24 Q. Look at RSFH-0038.

25 A. Okay.

1 Q. Does that note or does RSFH-0038 have
2 an entry regarding a call to Dr. Brian
3 Widenhouse?

4 A. Yes.

5 Q. Read that for the jury, please.

6 A. (Reading): "On October 3, 2006, at 1:28,
7 called Dr. Brian Widenhouse, spoke with Jenny.
8 Contact notes: Notified that skilled nurse
9 instructed spouse to call 911, patient being
10 transported to ER. Results of Contact: Call
11 Complete."

12 Q. Do you know if you actually spoke with
13 Dr. Widenhouse that day?

14 A. Not on the 3rd.

15 Q. At some point after the third, you did
16 have a conversation with Dr. Widenhouse?

17 A. I did.

18 Q. I note that that entry is also a late
19 entry. When did you make that entry?

20 A. On October 4th.

21 Q. You said that there was a second call
22 with Mrs. Evans, is that correct?

23 A. Yes.

24 Q. Do you know if EMS has arrived at the
25 Evans home when you had the second phone call

1 with Mrs. Evans?

2 A. I don't know for certain, no.

3 Q. Would you have been traveling from the
4 lab to your 1:00 appointment when you received
5 the phone call from Mrs. Evans and you told
6 her to call 911?

7 A. Yes. No. Repeat that again?

8 Q. My question was, would you have been
9 traveling from the lab to your next
10 appointment when Mrs. Evans made the first
11 phone call and you told her to call 911?

12 A. No, not according to my log.

13 Q. When you were deposed by Ms. Deluca, I
14 believe that you testified that you thought
15 that you were traveling during that time when
16 the call was made; correct?

17 A. Correct.

18 Q. Do we know from looking at your daily log
19 that your next patient visit was at 1:00
20 o'clock? Correct?

21 A. Correct.

22 Q. Do we know from the DHEC run sheet that
23 EMS was actually called at 1:40, is that
24 correct?

25 A. Right.

1 Q. If EMS was actually --

2 MS. DELUCA: Objection, Your Honor.

3 There has been a series of leading questions.

4 THE COURT: Sustained. Mr.

5 Tierney, how much longer do you have?

6 MR. TIERNEY: I think I have
7 probably got thirty more minutes, maybe.

8 THE COURT: Does anybody need a
9 break or do we want to finish with the direct
10 testimony and then take a break? Ms. Evans
11 needs -- let's take a ten-minute break. Is
12 that -- is this a good place.

13 MR. TIERNEY: Sure.

14 THE COURT: Thank you. We will
15 take our ten-minute break.

16 (JURY OUT @ 3:00 P.M.)

17 THE COURT: You may step down. You
18 are still under oath and you're not allowed to
19 discuss your testimony.

20 THE WITNESS: Yes, ma'am.

21 (BRIEF RECESS)

22 (WITNESS RESUMES STAND)

23 MR. TIERNEY: We would like to
24 enter Defendant's Exhibit 9, Your Honor.

25 THE COURT: Defendant's Exhibit 9,

1 is it by consent?

2 MS. DELUCA: Yes.

3 THE COURT: Okay.

4 (SO ENTERED AS DEFENDANT'S EXHIBIT 9)

5 THE COURT: Thank you. Are we
6 ready for the jury?

7 MR. TIERNEY: Yes, ma'am.

8 (JURY IN @ 3:10 P.M.)

9 THE COURT: Thank you, Ladies and
10 Gentlemen. Mr. Tierney, you may continue with
11 your direct examination.

12 DIRECT EXAMINATION RESUMED

13 BY MR. TIERNEY:

14 Q. Ms. Belk, I believe that when we left off
15 that I'd asked you about traveling from the
16 lab to the next visit when you got the call.

17 A. (Affirmative nod).

18 Q. Could you have known that Mr. Evans was
19 going to the ER without getting a call from
20 Mrs. Evans?

21 A. No.

22 Q. Would you have conveyed that information
23 to Dr. Campbell's office without getting that
24 call from Mrs. Evans?

25 A. No.

1 Q. Could you have conveyed that information
2 to Dr. Widenhouse's office without getting
3 that information from Ms. Evans?

4 A. No.

5 Q. The DHEC run report reflects that the
6 call for EMS was made at 1:40, correct?

7 A. Correct. (Upon review), yes.

8 Q. Could you have been traveling from the
9 lab to your 1:01 p.m. visit when the call from
10 Mrs. Evans occurred?

11 A. No.

12 Q. How is that?

13 A. Because from 1:01 to 1:50 I was in my
14 next visit in a patient's home.

15 Q. What time was the EMS call?

16 A. 1:40.

17 Q. What time did you call Dr. Widenhouse?

18 A. It would have to have been after that.

19 Q. What do your notes say, Roper 0038?

20 A. My notes say 1:28.

21 Q. What time does the note say, on 0037,
22 that the call to Dr. Campbell was?

23 A. (Reviewing).

24 Q. Do you recall testifying that it was
25 1:26?

1 A. Yes.

2 Q. You did transcribe -- or when did you
3 transcribe the information about the call into
4 the actual record?

5 A. The following day, October 4th.

6 Q. Could you have been off by ten to twelve
7 minutes with the times?

8 A. Yes.

9 Q. Are your October 4th, 2006, late entries
10 more accurate than your memory in 2011?

11 A. Yes. Absolutely.

12 Q. Bear with me for one second. Do you try
13 to be accurate with the times that you place
14 on your notepad?

15 A. Yes.

16 Q. Are the times that you place on your
17 notepad always accurate?

18 A. No.

19 Q. Did you ever have any additional calls
20 with Dr. Widenhouse after he found out that
21 his patient was in the hospital?

22 A. Yes.

23 Q. Were you present for his testimony
24 yesterday?

25 A. Yes.

1 Q. When you left Finely Evans' home on
2 October 3rd, 2006, were his vital signs
3 stable?

4 A. Yes.

5 Q. Was there an active bleed?

6 A. No.

7 Q. Did you abandon Mr. Evans?

8 A. No.

9 Q. Why did you go to get the PT/INR test?

10 A. To find out what his Coumadin level was,
11 to determine how thin the blood was.

12 Q. Is that because you were concerned of a
13 potential bleed?

14 A. Yes.

15 Q. Having that concern, would you ever leave
16 a patient with an active bleed?

17 A. No.

18 Q. Thank you.

19 MR. TIERNEY: No further questions.

20 THE COURT: Cross-examination.

21 CROSS EXAMINATION

22 BY MS. DELUCA:

23 Q. Good afternoon, Ms. Belk.

24 A. Good afternoon.

25 Q. Ms. Belk, do you admit that you made all

1 of the entries on the pages that you've been
2 looking at -- marked 0035 through 0038?

3 A. Yes.

4 Q. You've testified here today that Mr.
5 Evans did not have an active bleed when you
6 left, is that correct?

7 A. That's correct.

8 Q. And do you recall in your deposition
9 about him continuing to bleed after you left?

10 MR. TIERNEY: Objection, Your
11 Honor. That's improper use of deposition
12 testimony.

13 THE COURT: Sustained. Go through
14 and ask her the proper way.

15 MS. DELUCA: Yes, ma'am.

16 CROSS EXAMINATION CONTINUED

17 BY MS. DELUCA:

18 Q. Would you agree that Mr. Evans bleeding
19 continued after you left his home on October
20 3rd?

21 A. No.

22 Q. Do you recall giving a deposition on
23 January 9th, 2011?

24 A. Yes.

25 Q. Do you remember stating in there that "it

1 was unfortunate that the bleeding continued
2 after I left."

3 MR. TIERNEY: Same objection,
4 Your Honor.

5 THE COURT: Overruled.

6 THE WITNESS: Yes. You will
7 recall that I also said -- could you read my
8 next line in the deposition?

9 CROSS EXAMINATION CONTINUED

10 BY MS. DELUCA:

11 Q. Sure. You said, "but I did everything
12 over-and-above and did everything possible."

13 A. Right.

14 Q. Are you familiar with the Roper St.
15 Francis protocols, home health protocols?

16 A. Yes.

17 Q. Did your care and treatment of Mr. Evans
18 comply with those protocols?

19 A. Yes.

20 Q. Are you familiar with the wound care
21 practices protocol?

22 A. For Roper St. Francis?

23 Q. Roper Home Health.

24 A. Yes.

25 Q. Are you familiar with the Roper St.

1 Francis home care protocol for documenting
2 wound measurements and assessments?

3 A. Yes.

4 Q. Are you familiar with the Roper St.
5 Francis home care protocol or nonsterile
6 dry gauze dressing application?

7 A. Yes.

8 Q. Do you contend that your care of Mr.
9 Evans complied with those protocols?

10 A. Yes.

11 Q. Looking back on your second visit, made
12 on October 2nd, did you note that Mr. Evans
13 was experiencing significantly increased pain?

14 A. Yes.

15 Q. Did you report that to a physician?

16 A. No, not in my notes.

17 Q. And does the Roper St. Francis home care
18 protocol for wound care practices require the
19 nurse to report any adverse symptoms or
20 changes in a wound's disposition?

21 A. Yes.

22 Q. And did you do that on October 2nd?

23 A. No, but I wouldn't see his pain as being
24 an adverse reaction. Pain is expected with
25 wound care, to a degree. We often pre-

1 medicate prior wound dressing changing because
2 of that, whether a nurse or a physician. Any
3 one who has had a dressing changed, even at a
4 physician's office, knows that it can be
5 painful.

6 Q. Do you recall earlier testifying to this
7 jury that you did not have any difficulty
8 applying the wound vac on October 2nd?

9 A. Yes.

10 Q. If you would, look at Page 0042.

11 A. Okay.

12 Q. Actually it is page 0038. I apologize.

13 I'm sorry, I'm still wrong. Page 0031.

14 A. Okay.

15 Q. Do you see your first entry there?

16 A. Yes.

17 Q. Can you read that for me, please?

18 A. (Reading): "Case conference with Judy
19 Burbage. The following participated in a case
20 conference: Janelle Belk and Judy Burbage.
21 Skilled nurse note: Notified of difficulty
22 in applying wound vac, pain level increase
23 significantly."

24 Q. So on October 2nd you did document that
25 you had difficulty applying the wound vac to

1 Mr. Evans, is that correct?

2 A. That's what I documented, yes.

3 Q. Did the protocols that I referenced
4 previously require you to document the
5 drainage in the cannister?

6 A. No. Drainage from the wound, yes. It's
7 considered small, moderate or large. But as
8 far as assessment of the cannister, no.

9 Q. Do protocols require documentation of the
10 wound, including pain?

11 A. Yes.

12 Q. Including the amount and color exited or
13 drainage?

14 A. Yes.

15 Q. Exited and drainage are the same thing?

16 A. Yes.

17 Q. Do the protocols require that the wound be
18 measured on the first visit of the week?

19 A. Yes.

20 Q. Did you do that for Mr. Evans?

21 A. No, because Judy had done the eval.

22 Technically Friday would have been the first
23 day of the week, because we had just completed
24 the eval.

25 Q. While you were treating -- so Friday is

1 the first day of the week?

2 A. No, but when an assessment falls on
3 Friday, my return visit was Monday. Wound
4 assessments were just taken on the prior
5 visit.

6 Q. So isn't Monday still the first visit of
7 the week?

8 A. Yes, but -- (pause).

9 Q. While you were treating Mr. Evans, did
10 you observe any change in the wound?

11 A. Yes.

12 Q. Did you note the wound measurements as
13 required by the protocols when there is a
14 change in the wound?

15 A. Yes, and I measured, I believe, on October
16 3rd -- if I can refer?

17 Q. Sure.

18 A. (Upon review), I actually did. I knew
19 that I had just read them. On October 2nd, I
20 did perform wound measurement assessment.

21 Q. And did you do it on the 3rd when there
22 was a change in the wound, as required by the
23 protocol?

24 A. No.

25 Q. Was your documentation of the wound

1 assessment and measurement clear, consistent
2 and accurate, as required by the protocol?

3 A. Yes.

4 Q. Did you document the wound location
5 clearly in your notes?

6 A. There was a change. I wanted to --
7 there was a change in the location and the
8 description. I believe that Judy entered it
9 as a peritoneal scrotum wound. I focused on
10 the groin area, because -- you know, you had
11 an open wound here and an open wound here, and
12 the two basically met as one.

13 Q. So what two wounds did you treat?

14 A. I treated one groin wound.

15 Q. So you only treated one groin wound?

16 A. It's documented as two wounds but they met
17 as one. It was just the anatomical location,
18 but it was one wound -- they both, together.

19 Q. In your notes, do you described two
20 wounds?

21 A. Yes, I know that I did.

22 Q. But today you're testifying that there was
23 only one wound?

24 A. Well, there's -- there are two wounds but
25 they're connected, which forms one.

1 Q. Ms. Belk, if you could just clarify for
2 me. So was that one wound or two wounds?

3 MR. TIERNEY: Objection, Your
4 Honor. Asked and answered.

5 THE COURT: I think that there's
6 been some confusion about the answer, so I am
7 going to overrule it. Let a have a second to
8 review, then ask the question and we'll move
9 on.

10 THE WITNESS: There were two
11 wounds.

12 CROSS EXAMINATION CONTINUED

13 BY MS. DELUCA:

14 Q. Are you familiar with Roper St. Francis
15 Home Health policies and procedures?

16 A. Yes.

17 Q. Do you contend that your care of Mr. Evans
18 met those policies and procedures?

19 A. Yes.

20 Q. Are you familiar with the K.C.I. protocols
21 for wound vac usage?

22 A. Yes.

23 Q. And dressing changes?

24 A. Yes.

25 Q. Did you comply with the K.C.I. protocol

1 for dressing removal?

2 A. Yes.

3 MR. TIERNEY: Can you give me a
4 copy of whatever you're about to ask?

5 MS. DELUCA: I don't have a copy.

6 MR. TIERNEY: I haven't seen that
7 produced before today, Your Honor.

8 MS. DELUCA: It's not been produced.
9 I don't know that I am going to enter it. I
10 am simply going to ask questions about it.

11 THE COURT: I think that he needs a
12 chance to look at it if it's a document that
13 you are going to use in the trial of the case.

14 MS. DELUCA: Let me move on and we
15 can take this up.

16 THE COURT: Okay. Do we need to
17 take it up now? I mean, you just started.
18 You've got plenty of leeway.

19 MS. DELUCA: We can come back to
20 that and I'll -- maybe we can combine it with
21 other things.

22 THE COURT: Okay.

23 CROSS EXAMINATION CONTINUED

24 BY MS. DELUCA:

25 Q. Ms. Belk, are you familiar with the Nurse

- 1 Practice Act?
- 2 A. Not right off the top of my head.
- 3 Q. Are you aware that there is a South
- 4 Carolina Nurse Practice Act?
- 5 A. Yes.
- 6 Q. As a registered nurse you are required to
- 7 comply with that Act?
- 8 A. Yes.
- 9 Q. And you're not familiar with that Act?
- 10 A. Not right off the top of my head, no.
- 11 Q. Do you contend that your care of Mr. Evans
- 12 in this case complied with the South Carolina
- 13 Nurse Practice Act?
- 14 A. I can't say. I don't know.
- 15 Q. Does your documentation of your care of
- 16 Mr. Evans omit any information that would be
- 17 relevant to his condition?
- 18 A. No.
- 19 Q. You testified earlier to this jury that
- 20 you took Mr. Evans' vitals and that he was
- 21 stable prior to your leaving?
- 22 A. Yes.
- 23 Q. Where is that documented?
- 24 A. On 0035.
- 25 Q. When did you take those vitals?

- 1 A. After completion of the vena puncture.
- 2 Q. Approximately what time?
- 3 A. I can't say with certainty.
- 4 Q. So you can't say exactly when you took
- 5 those vitals?
- 6 A. No.
- 7 Q. Did you only take one set of vitals on
- 8 that visit?
- 9 A. No. I know that I took more.
- 10 Q. Where are those documented?
- 11 A. I did not document those.
- 12 Q. Are you -- were you taught in nursing
- 13 school that if it is not documented that it
- 14 was not done?
- 15 A. Yes.
- 16 Q. Did your documentation of the care of Mr.
- 17 Evans comply with the Nurse Practice Act?
- 18 A. I can't say if I am not certain.
- 19 Q. Looking at Pages 0035 through 0038, how
- 20 many late and correction entries did you make
- 21 the day after you treated Mr. Evans?
- 22 A. Do you want to know date?
- 23 Q. How many correction and late entries
- 24 appear in the record?
- 25 A. (Upon review), fourteen.

1 Q. And they start on Page 0036, continue all
2 through 0037 and 0038?

3 A. Not all three. On 0037.

4 Q. On 0037 there is one entry?

5 A. Right.

6 Q. Would you agree that there are more late
7 entries on October 3rd than there are original
8 entries?

9 A. As I said, some of them were reviewed and
10 there was no change in the subject matter. I
11 reviewed them.

12 Q. And every time that you went into a note
13 it's indicated in the record?

14 A. It shows it, (affirmative nod).

15 Q. Then on Page 0042, you also made entries
16 the morning of October 4th, as well? Late and
17 other types of entries, on Page 0042?

18 A. Yes.

19 Q. Your first late entry -- are there three
20 entries on that page?

21 A. What page are you on?

22 Q. 0042.

23 A. Yes. There's actually four -- well,
24 three.

25 Q. And the first one, at 6:15 was a late

1 entry?

2 A. A late entry was created.

3 Q. It was that evening?

4 A. Yes.

5 Q. Why does it say 6:15 a.m.?

6 A. I don't know.

7 Q. And then the administrative note, when was
8 that made?

9 A. It would have been made at 6:15 that
10 morning. It was a charting session that I was
11 doing.

12 Q. So that was made at 6:15 in the morning on
13 October 4th?

14 A. Yes.

15 Q. And the case conference note was made at
16 6:15 that morning, as well?

17 A. Yes.

18 Q. So there is the fourteen that we have
19 already talked about and then these three,
20 so there's a total of seventeen late and
21 corrected entries?

22 A. No, this is a charting session. This is
23 totally different.

24 Q. So there is one more late entry noted on
25 this page?

1 A. Yes, but this is late for the charting
2 session.

3 Q. You testified earlier that you instruct,
4 assess and supervise wound care?

5 A. Yes.

6 Q. Is that what you did in this case?

7 A. Yes.

8 Q. Did you also perform wound care?

9 A. Yes.

10 Q. Were you also supposed to provide overall
11 care to the patient?

12 A. Yes.

13 Q. You testified earlier that you applied a
14 pressure dressing to Mr. Evans?

15 A. Yes.

16 Q. Where is that documented?

17 A. (Upon review), 0035,

18 Q. Can you guide me to it?

19 A. At the bottom under the integumentary
20 notes.

21 Q. The last entry?

22 A. Yes.

23 Q. Where does it say that you applied a
24 pressure dressing?

25 A. Well, it's -- at the bottom.

1 Q. On the lab slip for the bloodwork that
2 you took to the lab, do you have a copy of
3 Defendant's Exhibit 1?

4 A. Yes.

5 Q. Did you fill out the information on this
6 page?

7 A. Yes.

8 Q. So you entered the specimen collection
9 time as 11:45?

10 A. That's correct.

11 Q. Is there any independent or objective
12 source that would indicate what time you drew
13 the blood sample? Is there any other
14 information anywhere in the record that would
15 indicate what time that blood sample was
16 drawn?

17 A. No, I don't believe so. It would be on
18 the tube itself.

19 Q. So you have written it on the tube and you
20 would have written it on that sheet?

21 A. Yes.

22 Q. I mean, you left Mr. Evans -- you left a
23 five-pound bag of rice over the top of his
24 wounds?

25 A. Over the dressing.

1 Q. But his wounds were completely covered by
2 that bag of rice?

3 A. Well, no completely. The 4x4 and the --
4 the gauze was there, the dressing was there.
5 Then, yes, the bag of rice was on top.

6 Q. Well, the 4x4 would fit under this bag of
7 rice, wouldn't it?

8 A. Yes.

9 Q. And his wounds would fit under that bag of
10 rice, wouldn't it?

11 A. Yes.

12 Q. So were his wounds completely covered by
13 that bag of rice when you left?

14 A. Yes.

15 Q. Is that a "yes"?

16 A. Yes.

17 MS. DELUCA: No further questions.

18 THE COURT: Thank you.

19 MR. TIERNEY: Just briefly.

20 MS. DELUCA: Your Honor, if we could
21 possibly take up that other issue.

22 THE COURT: Do you have more
23 questions?

24 MS. DELUCA: (No verbal response).

25 THE COURT: Okay. I am going to

1 get you all to return to your jury room for
2 just a short period of time while we discuss
3 this issue. Thank you.

4 (JURY OUT @ 3:44 P.M.)

5 THE COURT: Okay.

6 MS. DELUCA: Your Honor, I was just
7 going to ask her about how she removed the
8 dressing. In here it just says "gently
9 stretch" -- you know, it talks about how to do
10 it and then she talks about pulling it off
11 like a piece of tape.

12 THE COURT: I mean, you can ask her
13 how she removed the dressing.

14 MR. TIERNEY: The inference has
15 already been made to the jury that it's from
16 the K.C.I. manual. I don't even know what
17 date this manual is from. For one thing, it's
18 hearsay. For another thing -- and a third
19 thing, it's never been produced. In fact, in
20 our interrogatories, request for production,
21 we asked for anything that you intend to cross
22 examine our witnesses on.

23 THE COURT: I am concerned about
24 the fact that it wasn't produced.

25 MS. DELUCA: Well, I just obtained a

1 copy of it. It's from 2004 and it's only used
2 for cross-examination of this witness.

3 THE COURT: Right, but generally
4 the way that a discovery question is raised is
5 'any material you intend to use at trial.'

6 MR. TIERNEY: That's exactly how
7 it was phrased.

8 THE COURT: I remember -- Mr.
9 Tierney used to serve discovery requests on
10 us, so I remember what they say. I am not
11 sure that it qualifies, necessarily, as a
12 learned treatise.

13 MS. DELUCA: I've been asking all of
14 these witnesses if it is a reliable source of
15 information and they have all testified that
16 they followed the K.C.I.'s manufacturer's
17 manual.

18 THE COURT: I am not going to take
19 judicial notice of a manufacturer's manual.
20 If you want to -- well, we are in the
21 defendant's case now. I will let you reopen
22 your cross just briefly to ask her how she
23 removed the dressing, if you want to. But I
24 am not going to allow you to read anything
25 from that manual -- you can ask about the

1 K.C.I. manual. I think that's already been
2 asked about by both of y'all. Correct me if I
3 am wrong. You know, 'did you follow the
4 K.C.I. instructions, did you get training
5 through K.C.I.?'

6 MR. TIERNEY: That's true.

7 THE COURT: But that's going to be
8 the extent of it.

9 MS. DELUCA: So I can ask her about
10 it but it is not going to go into evidence?

11 THE COURT: No, it's not. It
12 definitely is not going into evidence. The
13 rules say that it doesn't go into evidence,
14 under 803(18).

15 MS. DELUCA: Right.

16 THE COURT: You can't hold that
17 book up and ask her about it. You can come
18 back up and ask her about it -- ask if she is
19 familiar with the K.C.I. protocol. Just like
20 you asked her about the Nurse Practice Act.
21 But that's the extent of it.

22 That's it, though, because you are
23 technically finished.

24 MS. DELUCA: Okay.

25 THE COURT: Anything else before we

1 bring in the jury?

2 MR. TIERNEY: No.

3 THE COURT: Bring in the jury.

4 MR. TIERNEY: And not everything
5 that we've asked in the past about the K.C.I.

6 ---

7 THE COURT: We're done with the
8 K.C.I. manual. You can ask her how she
9 removed the gauze.

10 MS. DELUCA: Okay.

11 (JURY IN @ 3:49 P.M.)

12 THE COURT: We are not quite
13 finished with cross-examination yet. We are
14 going to follow up with a few more questions
15 and then redirect.

16 MS. DELUCA: Actually, Your Honor, I
17 don't have any further questions at this time.

18 THE COURT: Okay. Well, --
19 excellent. Redirect?

20 MR. TIERNEY: Briefly on
21 redirect.

22 REDIRECT EXAMINATION

23 BY MR. TIERNEY:

24 Q. When you were asked, Nurse Belk, about
25 testimony you gave in your deposition, I

1 believe it was Page 69, the question was:

2 "Q. And this was on October 3rd?

3 A. Yes. So I did everything I
4 could within the home. It's unfortunate that
5 bleeding continued after I left. But I feel
6 that I went over and above and did everything
7 possible."

8 Did that response state, from your
9 recollection, that there was active bleeding
10 when you left?

11 A. There was not active bleeding when I left.

12 Q. What did you mean by the statement that
13 "it's unfortunate that bleeding continued
14 after I left."

15 A. I should have said that it occurred again
16 after I left. It's unfortunate that that
17 wasn't the end.

18 MR. TIERNEY: That's all the
19 questions that I have. Thank you.

20 THE COURT: Thank you. Anything
21 further?

22 MS. DELUCA: Nothing, Your Honor.

23 THE COURT: You may step down.

24 (WITNESS TAKES STAND)

25 THE COURT: Mr. Tierney, I know

1 that you have a witness that is coming in the
2 morning. Do you have anyone else this
3 afternoon?

4 MR. TIERNEY: No, Your Honor.
5 She will be my final witness.

6 THE COURT: Okay. Ladies and
7 Gentlemen, I thought that might be the case
8 because I didn't see anybody else sitting out
9 in the audience and we haven't asked that the
10 witnesses be sequestered.

11 I am going to let y'all go a little
12 bit early today. I anticipate that we will be
13 able to finish the trial tomorrow. Mr.
14 Tierney said that he's got one more witness,
15 I believe. Then we will see if there is any
16 reply by the plaintiff.

17 We will argue and charge together, so
18 hopefully you will have the case sometime
19 tomorrow afternoon.

20 In the meantime, this afternoon we
21 can work on some matters of law that hopefully
22 will keep us from having to send you back to
23 the jury room too much tomorrow before you
24 deliberate.

25 Again, you have not heard all the

1 evidence. So please do not discuss the case.
2 I hope that you have a nice evening. I will
3 see you all in the morning at 9:30.

4 (JURY OUT @ 3:51 P.M.)

5 THE COURT: Do you have anything?

6 MR. TIERNEY: No, I'm sorry that
7 timewise that it did not work out.

8 THE COURT: That's okay. I think
9 that they are tired. You have gotten a lot of
10 testimony in today that -- you know, it hasn't
11 been that long since I was on that side of the
12 able. Even when we leave here, they go back
13 to the office and work for 'six more hours' to
14 get ready for the next day. So I'm fine with
15 that.

16 I think tonight you need to take a
17 look at *Melton v. Medtronic*, 698 SE 2nd 886.
18 It's not the same situation but there are some
19 similar proximate cause issues. Again, that
20 is the legal issue that we are going to be
21 taxed about arguing at the end of defendant's
22 case, I anticipate.

23 Also if you have any objections to
24 the jury charge, I'll be happy to take that up
25 now or tomorrow.

1 MR. TIERNEY: We can go ahead and
2 do that today.

3 THE COURT: You want to do that
4 now?

5 MR. TIERNEY: Sure.

6 THE COURT: Is -- the more that we
7 can get done now, the better. I have got the
8 defendant's requests to charge and the
9 plaintiff's requests to charge. Okay. Let's
10 start with the plaintiff's requests to charge.
11 Do you want to tell me any that you object to?

12 MS. TOPOREK: I do have an
13 objection to some of the damages charges. She
14 included -- those may be worked out, but she
15 included an actual damages charge, a pain and
16 suffering charge -- I'm trying to find ---

17 THE COURT: That's okay.

18 MS. TOPOREK: I know there has
19 been a claim for damages on ---

20 THE COURT: There has. I will have
21 to redact the charges based on that. The
22 actual damages, I don't know if there is some
23 way to combine it into one if you are going to
24 use it.

25 THE COURT: The way that I do the

1 charges, it all comes out as a narrative. I
2 don't say "Damages", I just start talking
3 about it.

4 I think the first charge that she
5 has, called actual damages, looks fine to me.

6 Pain and suffering, is fine.

7 I would certainly combine those two.

8 MS. TOPOREK: Is the personal one
9 -- language "expenses incurred for necessary
10 medical treatment, loss of time, ...

11 COURT REPORTER: Your Honor, I ---

12 THE COURT: Yeah. I'm sorry, I
13 need for you to speak up.

14 MS. TOPOREK: I'm sorry. The
15 the second paragraph, third sentence at the
16 end, expenses incurred for necessary medical
17 treatment, loss of time and income resulting
18 from the impairment, loss of ability to work,
19 and earn a livelihood. Loss of enjoyment of
20 life. The whole third paragraph speaks to
21 damages, which I don't believe that there is
22 any evidence on.

23 THE COURT: Okay.

24 MS. TOPOREK: And similarly in
25 the second paragraph there is, the last

1 sentence, that the plaintiff makes the claim
2 for lost wages.

3 THE COURT: I don't think that we
4 have any testimony on that. I think that we
5 addressed that at the directed verdict stage.

6 MS. DELUCA: Yes, Your Honor, I
7 would agree to eliminate the last paragraph in
8 its entirety.

9 THE COURT: Okay.

10 MS. DELUCA: The second paragraph, I
11 think that if we eliminated the last sentence
12 that ---

13 THE COURT: Well, I don't think
14 that there has been any evidence that there is
15 going to the future pain and suffering. I
16 think that she addressed that. I am concerned
17 about that, but I am happy to hear from you.
18 I don't think there is any future impairment
19 that there has been any evidence, --- or
20 disfigurement.

21 Paragraph two starts "actual damages"
22 -- y'all keep saying three paragraphs, but I
23 think for paragraphs.

24 MS. DELUCA: There is a little one
25 that snuck in at the top, yes, ma'am.

1 THE COURT: Okay.

2 MS. DELUCA: Okay, we can eliminate
3 where it says "both past and future."

4 THE COURT: Okay.

5 MS. DELUCA: We can eliminate
6 "disfigurement".

7 THE COURT: Okay.

8 MS. DELUCA: And that last sentence.

9 THE COURT: Okay. I still don't
10 understand what the evidence of impairment has
11 been. I don't ---

12 MS. DELUCA: Well, I mean, at the
13 time that -- he's in pain on October 2nd, then
14 he is in pain and bleeding out on October 3,
15 and then is hospitalized.

16 THE COURT: Right. I am just
17 remembering from Dr. Gezen's testimony, and I
18 think that you've got pain and suffering --
19 we have got a whole charge on it -- in line
20 two, as well as mental anguish. That's it.
21 I mean, it's pain and suffering and any
22 anguish and anxiety. I know that there has
23 been any -- no impairment. That's a loaded
24 term. I am not permitted to charge on
25 something when no evidence came in the record.

1 I mean, we can make the proposed charge a
2 court's exhibit, but ---

3 MS. DELUCA: No, I'm fine with, uh,
4 ending it after "anguish".

5 THE COURT: Okay. I think that the
6 third paragraph needs to be redacted, as well;
7 which we can do. I mean, you have e-mailed
8 them to me.

9 MS. DELUCA: So eliminate the second
10 answer.

11 THE COURT: No, I think in the
12 third paragraph, in determining the amount of
13 compensation for personal injuries that it is
14 proper to consider past and present aspects of
15 the injury.

16 I don't think that there have been
17 "expenses incurred for necessary medical
18 treatment, loss of time and income which
19 resulted from the inability to work and earn
20 a livelihood."

21 I don't know about loss of enjoyment
22 of life. I will hear from you on that. I
23 don't know that there has been any testimony
24 that he cannot do things that he used to do
25 because of what happened here.

1 MS. DELUCA: Temporarily. But not
2 ongoing or future.

3 THE COURT: Okay. That I think
4 that it should read "which would include
5 mental pain and suffering and any other losses
6 which are reflected by the character of the
7 injury."

8 What I am still trying to grasp here,
9 and I am going to be brutally honest with you,
10 particularly now that your folks are gone, I
11 don't know what the character of their injury
12 is here. I am trying to figure out what the
13 injury is. That's why I need for you to look
14 at *Medtronic*.

15 I mean on directed verdict
16 extensively tomorrow, when we argue, I want
17 you to be able to tell me what evidence there
18 is that he was actively bleeding when she left
19 and that she just left him.

20 I know that the five pound bag of
21 rice makes a wonderful exhibit, but you know
22 that they use salt bags in cath labs. That is
23 not a completely unheard of thing to do. I
24 think that is probably getting ready to come
25 out tomorrow.

1 MS. DELUCA: They do make that
2 analogy quite often throughout the case, but
3 the problem is that in a cath lab that you are
4 monitored.

5 THE COURT: Sure.

6 MS. DELUCA: There is close
7 supervision because that is a risky situation.
8 That is why I talked about the distinction, is
9 because in the hospital ---

10 THE COURT: I understand. I agree.

11 MS. DELUCA: And I think some of the
12 bleed is an actual admission by Ms. Belk
13 herself. She goes both ways but she does
14 provide evidence that there was an active
15 bleed when she left.

16 THE COURT: That is the thread
17 keeping you in right now.

18 MR. TIERNEY: That's semantics.
19 I mean, I understand that. But it was damn
20 semantics.

21 THE COURT: I understand that.
22 But, you know, I'm -- that's -- that might not
23 still be a thread tomorrow is what I'm saying.
24 I need you to look at *Medtronic* and some of
25 the other cases. I know that I'm still going

1 to be reading tonight.

2 MR. TIERNEY: We will have a
3 brief for you.

4 THE COURT: Okay. All right.
5 I think that there was a pre-existing injury,
6 we heard that from Dr. Widenhouse. I think
7 the plaintiff is allowed that charge.

8 Uh-oh, I think I have -- you may have
9 that back. I am not sure where that came from
10 but I think that it might be yours. It's
11 somebody's opening statement. You can tell
12 that I read these on the computer, so I did --
13 I did not look at that even.

14 Mr. Tierney and Ms. Toporek, y'all
15 talk to me about comparative fault. I am not
16 sure what -- we may hear something tomorrow, I
17 don't know, but ---

18 MR. TIERNEY: I will tell you
19 right now that the testimony so far in this
20 record, by Finley Evans and Mrs. Evans, is
21 that around lunchtime -- and we have
22 established the timelines pretty throughly --
23 my lady left. They say there was an active
24 bleed. Well, if there was an active bleed
25 when my lady left, they waited an hour and ten

1 minutes before they called EMS. She's got an
2 exhibit sitting over there saying that he lost
3 one liter or blood. If they waited an hour
4 and ten minutes, maybe that's why there is one
5 liter of blood sitting in there -- or maybe
6 there could have been more, depending on how
7 you determine from the evidence. I mean --
8 personally, I believe that he would be dead.

9 THE COURT: Let me ask you all this
10 question. I am just trying to recall the
11 testimony because it was an emotional day when
12 Mrs. Evans was here. She testified that she
13 was not sure when the bleeding started but she
14 lifted up the blanket and that there was a lot
15 of blood.

16 MR. TIERNEY: Blood spurting
17 everywhere.

18 THE COURT: Is that a fair
19 characterization of her testimony? I thought
20 that there might be some speculation that due
21 to the amount of blood and the blood spurting
22 that the nurse must have left him with an
23 active bleed. Tell me about that.

24 MS. DELUCA: Well, my understanding
25 of it is that there is a bleed, the bag is

1 used as a weight and that would slow the
2 bleed. Mr. Evans testified about feeling a
3 trickle or tickle or "bug" and ---

4 THE COURT: But then he said that
5 he didn't know what was going on.

6 MS. DELUCA: Right. Then I think
7 that he testified that it got worse, so he
8 told her to look. When she lifts off the
9 pressure, it spurts. She puts it back down
10 and they start making phone calls.

11 I think that they were led to believe
12 that he could sit like that until she
13 returned, and they -- they waited it out.
14 Their suspicions kept increasing to the point
15 where you gotta look, you check it out and you
16 find that you can't wait, you need to call
17 911. Well, they made the call to her to call
18 911.

19 MR. TIERNEY: Let me give you the
20 converse of that. At 1:40, this all happened.
21 All right? Janelle Belk is gone by 12:18.
22 There is no doubt about it, because she's at
23 the lab and the lab runs the blood.

24 THE COURT: I know.

25 MR. TIERNEY: The lab couldn't

1 run the blood without her taking it there.

2 So, I mean, ---

3 THE COURT: I understand.

4 MR. TIERNEY: Which way does it
5 go?

6 THE COURT: That is my issue here.

7 MS. DELUCA: No, I think that there
8 can be a bleed. Having a five-pound bag of
9 rice, I think, is going to slow it down. All
10 of the people in this case has testified that
11 you can't quantify a rate or anything else.
12 It does depend on the pressure -- you know, it
13 depends on a lot of things. I think his
14 having that weight and him not moving could
15 certainly slow that down.

16 THE COURT: We will see about
17 comparative fault. Right now I am trying to
18 see if we get to the jury charges. A lot of
19 it is based on what plaintiff's (sic) expert
20 says.

21 You know, he wasn't having any kind
22 of hemorrhagic reaction in the ambulance. It
23 was a vasovagal episode. His hemoglobin was
24 fine when he got to the hospital, it was lower
25 the next day. You need to show me -- you keep

1 saying that the hemoglobin was not fine when
2 he got to the hospital, but I don't recall the
3 evidence that indicates that it was not ---

4 MS. DELUCA: Well, his hemoglobin
5 was significantly lower than it was the month
6 before.

7 THE COURT: Okay.

8 MS. DELUCA: The month before, which
9 would be his baseline, it was 16.4 and ---

10 THE COURT: But, in any event, you
11 don't transfuse unless it gets to a certain
12 degree.

13 MR. TIERNEY: Right.

14 THE COURT: So those are the issues
15 that you need to be ready to deal with
16 tomorrow. I see it more as a mitigation of
17 damages issue than a comparative fault issue,
18 however I am still trying to find what is it
19 -- what the injury is that anybody caused or
20 -- what did she do or not do that proximately
21 caused an injury, and has there been any
22 testimony to establish that, that is not
23 purely speculative.

24 Then the next step is, in this kind
25 situation when you've got to have an expert to

1 say what the proximate cause is and to the
2 establish the affirmative causal link, have we
3 gotten there yet? So, anyway, that is just
4 food for thought since you all get to leave
5 early today. We will work on jury charges
6 more tomorrow.

7 MR. TIERNEY: Okay. I've got
8 that done already.

9 THE COURT: You can see where my
10 thought process is. Read about it and you can
11 argue about it with me tomorrow. You have
12 both done a great job, all three of you. I'm
13 going to teach you (Ms. Toporek) to talk
14 louder.

15 MS. DELUCA: What time should we be
16 here in the morning?

17 THE COURT: 9:30. We are going to
18 hear his last witness before we argue directed
19 verdict. I will have some kind of draft
20 outline for charges, for y'all to look at.

21 (COURT IN RECESS)

22 (TRANSCRIPT CONTINUED NEXT PAGE)

23

24

25

1

2 JANUARY 12, 2012

9:30 A.M.

3

4 THE COURT: Good morning, every-
5 body. We had one issue. One of the bailiffs
6 was getting something for the jury room.

7 BAILIFF: We're ready, Judge.

8 THE COURT: Great. Whenever you
9 all are ready, we're ready to proceed with the
10 next witness. Bring in the jury.

11 (JURY IN @ 9:49 A.M.)

12 THE COURT: Good morning, Ladies
13 and Gentlemen. I hope had a nice evening.
14 Thank you for your patience this morning.
15 We're ready for the defense's next witness.

16 MS. TOPOREK: The defense calls
17 Renee Epting.

18 THE COURT: Thank you so much.

19 MS. TOPOREK: Thank you, Your
20 Honor.

21 (WITNESS TAKES STAND)

22 ALMA RENEE EPTING, being duly sworn
23 to tell the truth, the whole truth and nothing
24 but the truth, testified as follows:

25 DIRECT EXAMINATION

1 BY MS. TOPOREK:

2 Q. Good morning, Ms. Epting. Can you please
3 tell the jury where you live, a little bit
4 about yourself, where you grew up?

5 A. Sure. I grew up in Little Mountain, South
6 Carolina, which is between Columbia and
7 Greenville. That's where I still live.

8 Q. Can you give them a summary of your
9 educational background, beginning with
10 college?

11 A. Sure. I graduated from Lander College,
12 which is in Greenwood, South Carolina. I have
13 a bachelors degree in Nursing from that
14 college. I graduated there in 1988.

15 I have a master's in Nursing degree from
16 the University of South Carolina, Columbia
17 campus. I got that in 1993.

18 I also attended Emory University in
19 Atlanta, their wound osteocondritis nursing
20 education program. I am nationally certified
21 through the Wound Osteocondritis Nurses
22 Society in wound care, osteo care and in
23 condritis care.

24 Q. Do you hold any licenses to practice
25 nursing in the state of South Carolina?

1 A. Yes.

2 Q. Can you please tell the jury what those
3 licenses are?

4 A. It is a registered nurse's license in
5 South Carolina.

6 Q. And where are you currently employed?

7 A. I am employed by Palmetto Health on the
8 Baptist Campus in Columbia, South Carolina.

9 Q. What is your position there?

10 A. I am a member of the osteo wound care team
11 at that facility, I'm also considered a wound
12 nurse specialist with that department, and I
13 currently manage that department.

14 Q. Can you please tell the jury some of the
15 duties that you have in that position at
16 Palmetto?

17 A. With regard to patient care or managerial
18 duties?

19 Q. With regard to patient care, please.

20 A. Okay. I am responsible for -- I receive
21 consults from physicians and/or staff at the
22 hospital. I am responsible for going and
23 evaluating the patient, trying to determine
24 the etiology of the wound, trying to determine
25 any factors that may delay wound healing, to

1 come up with an appropriate plan of care.
2 Topical care meaning care of the wound itself.
3 To educate the staff if they need educating on
4 that plan of care. To do any patient
5 education that needs to be done, and to follow
6 that patient -- not necessarily every day but
7 while they are in the hospital, to track that
8 patient and to be available to come back if
9 need be.

10 Q. So as part of your current practice, do
11 you provide direct care to patients with
12 wounds?

13 A. I do.

14 Q. And as part of your practice, have you
15 treated surgical wounds?

16 A. Yes.

17 Q. In this case, Mr. Evan's, the plaintiff's,
18 physician ordered a wound vac placed on some
19 of his wounds. Have you used a wound vac to
20 treat wounds in your practice as a nurse?

21 MS. DELUCA: Objection, Your Honor.
22 There has been a series of leading questions.

23 THE COURT: There may have been,
24 but that is not a leading question. So I'm
25 not go overrule the objection. I need you to

1 address the specific question. I think the
2 question was "have you"?

3 MS. TOPOREK: Yes, ma'am. It
4 was.

5 DIRECT EXAMINATION CONTINUED

6 BY MS. TOPOREK:

7 Q. Have you used a wound vac in treating
8 wounds?

9 A. Yes.

10 Q. Have you in your practice provided
11 treatment to patients when their wounds began
12 bleeding?

13 A. Yes.

14 Q. Are the standards of education and
15 licensure for registered nurses the same
16 whether the registered nurse practices in a
17 hospital setting, a home health setting or
18 some other setting?

19 A. Yes.

20 Q. Are you familiar with the standards of
21 professional care generally observed by nurses
22 for the treatment of open surgical wounds?

23 A. Yes.

24 Q. Are the nursing interventions used for
25 treating a bleeding open surgical wound the

1 same in both the hospital and home health
2 setting?

3 A. Yes.

4 Q. Are the procedures for applying and
5 removing a wound vac and also performing wound
6 vac dressing changes the same in the hospital
7 as the home setting?

8 A. Yes.

9 MS. TOPOREK: Your Honor, at this
10 time I would move, pursuant to Rule 702, to
11 have Nurse Epting qualified as an expert in
12 the fields of nursing and wound care.

13 THE COURT: Anything from the
14 plaintiff?

15 MS. DELUCA: I would agree to her
16 being an expert in the practice of nursing and
17 in the area of wound care.

18 THE COURT: Counsel, is that
19 sufficient?

20 MS. TOPOREK: Nursing and wound
21 care, yes.

22 MS. DELUCA: That's fine.

23 THE COURT: Thank you. She is so
24 qualified.

25 DIRECT EXAMINATION CONTINUED

1 BY MS. TOPOREK:

2 Q. Nurse Epting, as we go through your
3 testimony today, I will ask you from time to
4 time your opinion on certain nursing issues
5 in the case. Is it fair to assume that if you
6 answer a question then you are answering to a
7 reasonable degree of nursing certainty, most
8 probably?

9 A. Yes.

10 Q. Were you asked by my firm to review some
11 records in this case?

12 A. Yes.

13 Q. And did you review records from Roper St.
14 Francis Home Health related to treatment
15 provided to Mr. Evans on October 2nd and 3rd,
16 2006?

17 A. Yes.

18 Q. Were you asked by my firm to give opinions
19 about the care provided by Nurse Belk on
20 October 2nd and 3rd, 2006?

21 A. Yes.

22 Q. After completing your review, did you come
23 to any conclusions about that care?

24 A. Yes.

25 Q. And can you please tell the jury your

1 opinions regarding the care provided by Nurse
2 Belk?

3 A. It's was appropriate at the time.

4 Q. The records show that Mr. Evans' doctor
5 ordered a wound vac be placed on his wounds.
6 Is a physician's order required for the
7 placing of a wound vac?

8 A. Yes.

9 Q. Can you explain to the jury how a wound
10 vac works?

11 A. You want the mechanics of how it actually
12 works on the wound itself?

13 Q. Just generally what a wound vac does for
14 wounds?

15 A. Okay. A wound vac applies negative
16 pressure -- a suction, if you will, -- to the
17 wound bed itself. That suction actually
18 stretches the cells in the wound and sort of
19 "irritates" them. That makes them grow more
20 tissue. We call it granulation tissue. It
21 actually is just scar tissue.

22 It also pulls the fluid from around the
23 wound, causing swelling. It pulls that away.
24 It can also pull any bacteria that is on the
25 surface of the wound, where the dressing

1 itself is touching, and pull that bacteria
2 away.

3 A big part of what it does is that is
4 pulls the edges of the wound together. So if
5 you think about cutting your finger with a
6 knife and that wound gaping open. Then as
7 that wound heals, you notice that the gapped
8 area pulls back together and the wound knits
9 back together. The wound vac actually does
10 that for the wound, ahead of when the body
11 would do it on its own.

12 Q. I am going to hand you what has been
13 previously marked as Plaintiff's Exhibit 2.
14 This is a copy of the home health records for
15 Mr. Evans. If you could, turn to the visits
16 on October 2nd, 2006, please. I believe it's
17 page twenty-nine.

18 A. Okay.

19 Q. What was the reason for -- or who visited
20 Mr. Evans on October 2nd, 2006?

21 A. Janelle Belk.

22 Q. And what was the reason for the visit?

23 A. It says a regular skilled nurse visit.

24 Q. Was she there to perform a dressing change
25 that day?

1 A. Yes.

2 Q. Can you take the jury through the process
3 of performing a dressing change with a wound
4 vac?

5 A. Yes. Can I ask if they're familiar with
6 the dressing itself?

7 Q. Can you just take them through the whole
8 process?

9 A. Sure. The wound vac dressing itself is a
10 foam, or some people call it a sponge
11 dressing, I typically call it a foam dressing.
12 There are different types of foam. The most
13 common one that we use is called black foam.
14 If you think about a sponge like you can buy
15 at the grocery store, if you look at that
16 sponge it has lots of large pores in it.
17 Well, this dressing also has lots of large
18 pores.

19 The dressing itself is cut exactly to the
20 size of the wounds. It should not overlap
21 onto the intact skin because it can actually
22 irritate the skin, the suction from the wound
23 vac will irritate the skin. So you want it
24 only to fit inside of the open wound.

25 When you're applying a wound vac dressing,

1 of course you assess the wound.

2 You cleanse the wound.

3 You cut the foam to fit inside the wound
4 itself.

5 You put another type of dressing, called a
6 skin graft, to the skin around the wound.

7 Then you're going to apply another type of
8 dressing on top of that black foam. It's a
9 clear dressing that we call "drape." That
10 actually makes -- it's an air-tight dressing.
11 That drape has an adhesive on the back of it
12 that can be very, very irritating to the skin
13 when that is pulled off, so that's why we put
14 the skin prep on the skin. When you put it
15 off, you're pulling off the skin graft rather
16 than the skin itself.

17 Once the foam is put in the wound, the
18 skin graft is put around the wound.

19 Then that clear draft, looking kind of
20 like Sarah Wrap, adhesive is put over the
21 wound.

22 Then we cut a large hole, about the size
23 of a quarter, in the opening of the dressing
24 itself and put a -- we call it a "track pad",
25 it's an adhesive disk that has tubing coming

1 for it, it's put over that hole.

2 That tubing allows the suction from the
3 machine to go to the wound.

4 So the tubing that is connected to the
5 dressing, if you follow it up to the machine
6 itself, it connects to a cannister that is in
7 the machine.

8 Q. And is that what was done in the visit on
9 October 2nd, 2006?

10 A. Yes.

11 Q. Based on your review of the documents in
12 this case, in your opinion was Nurse Belk
13 qualified to perform the wound vac dressing
14 change on October 2nd?

15 A. Yes.

16 Q. Then the subsequent treatment she provided
17 on October 3rd?

18 A. Yes. The plaintiff -- there has been some
19 testimony that there was pain experienced
20 during the dressing change. In your
21 experience, providing patients with wound
22 vacs, do they have feelings of pain when the
23 dressing change is occurring?

24 A. Quite frequently, unless they do not have
25 feeling in the area of the wound.

1 Q. Can you explain why this is?

2 A. There's a couple of reasons. Some places
3 on the body are more sensitive than others
4 just because of the nerves that are in the
5 area.

6 Also the foam dressing itself, when we put
7 it the wound, that standard black foam, is a
8 dry dressing and it's a little bit -- it's a
9 little bit scratchy feeling; not horribly, but
10 a little bit.

11 When the turn the machine, that dressing
12 -- turn the suction on, it sucks all of the
13 air out of that dressing. So you may have a
14 wound that's the size of -- hypothetically,
15 the size of a dinner plate and it may shrink
16 down to the size of a salad plate, because
17 when you turn the suction on it sucks all of
18 the air out of that dressing. It contacts the
19 wound.

20 That contracture, that suction application
21 to the wound bed, is often a painful process
22 for the patient.

23 Also if you remove a dressing that has
24 been in the wound for two or three days and
25 the wound vac is doing what we want it to do,

1 which is to make the granulation tissue grow
2 faster, it sounds horrible but actually it's
3 what we -- it's what we want. We don't
4 exactly "want" it, but it's what happens.
5 The flesh will actually grow up in the pores
6 of that sponge dressing. So when we go to
7 take that dressing out, it actually adheres to
8 the wound bed and we have to actually peel it
9 away from the wound bed, as gently as we can.
10 That's painful.

11 I have never had a wound vac on an open
12 wound myself, but I have -- but's that a
13 painful process for the patients.

14 Q. You may recall from the records that the
15 wound vac was placed for the first time on
16 September 29th, 2006.

17 The dressing was changed for the first
18 time on October 2nd, 2006.

19 In your experience, is that first dressing
20 change more or less painful than the other
21 dressing changes?

22 A. It has been my experience that it is more.
23 A big part of the first dressing change is
24 that a lot of times the patient does know what
25 to expect and so it's very anxiety-producing

1 event. A big part of preparing the patient
2 for that first dressing change is to try to
3 explain to them what is going to happen. But
4 it's hard to explain that to somebody. They
5 really have to experience it. The anxiety, in
6 addition to those other things I was talking
7 about, do tend to make that dressing change
8 more painful -- in my experience.

9 Q. And if a patient does report pain during
10 that dressing change, is that a reason to
11 immediately contact a physician?

12 A. No.

13 Q. And based on your review of the records,
14 did Nurse Belk assess the wounds before
15 changing the dressing on October 2nd, 2006?

16 A. Could I have a minute to look.

17 Q. Yeah. Absolutely.

18 A. (Upon review), it looks like she did a
19 pain assessment; she is an integumentary note
20 noting that the patient complained of numbness
21 and tingling left thigh, but denied numbness
22 in the toes. She reported a pain level of six
23 after the dressing change. She noted that the
24 wound care was extremely painful.

25 Q. But she did do an assessment of the wound?

1 A. Yes.

2 Q. In your opinion, was it reasonable and
3 within the standard of care for Nurse Belk to
4 place the wound vac back on the wounds that
5 day, on October 2nd, 2006?

6 A. Yes.

7 Q. We know from testimony in the case that at
8 some point during the evening of October 2nd,
9 2006, that Mr. Evans called the home health
10 office to report pain. That as a result, a
11 visit was scheduled for October 3rd, 2006.
12 What type of visit -- if you could turn to
13 page thirty-five.

14 A. Okay.

15 Q. What type of visit did Nurse Belk perform
16 on October 3rd, 2006?

17 A. A skilled nurse prn visit.

18 Q. Can you explain what a prn visit means, to
19 the jury, please?

20 A. "prn" means "as needed."

21 Q. Was the purpose of this visit to address
22 Mr. Evans' complaints of pain?

23 A. Yes.

24 Q. Now, Nurse Belk has testified that the
25 first thing that she did was to remove the

1 wound vac on that visit. In your opinion, was
2 it reasonable for Nurse Belk to remove the
3 wound vac and address the pain of the patient
4 on that visit?

5 A. Yes.

6 Q. Was it reasonable not to do the vital
7 signs prior to doing that?

8 A. I would not have. I would have addressed
9 the pain.

10 Q. And is there a way to assess a patient
11 without necessarily taking their vitals to
12 make sure that they are stable enough for the
13 removal of the wound vac and dressing change?

14 A. If a patient is alert and oriented and
15 their general color is good, they're able to
16 move around, that tells you a lot about a
17 patient.

18 Q. In your opinion, was it reasonable for
19 Nurse Belk to remove the wound vac dressing on
20 October 3rd, 2006?

21 A. Yes.

22 Q. We also know that at some point bleeding
23 occurred during the visit. How did -- was
24 there any -- how did Nurse Belk describe the
25 bleeding? If you could, look at the record on

1 page thirty-six.

2 A. (Upon review), a little over halfway down
3 it says the left groin assessment was
4 completed, that she "could not visualize the
5 wound bed due to the bleeding, pressure
6 applied; left scrotal wound assessment
7 completed, wound bed bright red bleeding, slow
8 trickle continuous."

9 Q. You described earlier for us the cannister
10 that is attached to the wound vac. Is there
11 any documentation there about the contents' of
12 the cannister?

13 A. (Upon review), none that I see.

14 Q. How much fluid can that cannister hold?

15 A. I believe during that time that it held
16 around 300cc's.

17 Q. Can you give the jury an idea of how much
18 300cc's is?

19 A. Sure. If you think about one of the white
20 standard Styrofoam coffee cups, that would be
21 -- we consider that to be 240cc's. So about
22 two more ounces than that.

23 Q. Is it about this size (displaying
24 Styrofoam cup)?

25 A. Yes, that plus two ounces.

1 Q. Okay. If a cannister has drainage in it
2 or it's full, what does the wound vac machine
3 do?

4 A. It will alarm.

5 Q. And I believe that you may have testified
6 in your deposition that if the cannister has
7 some contents in it that that is a significant
8 finding. Is that -- do you recall giving that
9 testimony?

10 A. Yes.

11 Q. In your opinion, if there is significant
12 about it, if it is not full, the alarm is not
13 sounding, is there any reason to document what
14 is in the cannister?

15 A. It's helpful to document. If there's not
16 anything significant there, I don't think that
17 it contributes to any harm to the patient.

18 Q. When bleeding occurs in a patient with an
19 open wound and wound vac dressing, what
20 nursing intervention should a reasonable nurse
21 undertake to stop that bleeding?

22 A. Apply direct pressure to the wound.

23 Q. Can you explain how you would apply direct
24 pressure?

25 A. I would put a gauze dressing over it and

1 hold firm pressure with my hand, not lift it
2 up for five minutes.

3 Q. And when you're applying pressure, what is
4 the goal?

5 A. The goal is to slow the bleeding down and
6 give the body a chance to form a clot in that
7 area, so that it stops the bleeding.

8 Q. Would you also apply a pressure dressing?

9 A. You could, yes.

10 Q. And if you -- would you apply a pressure
11 dressing -- how long would you apply a
12 pressure dressing before you made a decision
13 whether or not to either -- to reapply the
14 wound vac?

15 A. If a wound bled heavily, I would apply the
16 pressure and then talk with the physician.
17 It's really up to the physician but if I were
18 uncomfortable putting the wound vac back, I
19 would talk with the physician and debate with
20 that physician whether it should go back on or
21 not. I wouldn't want to put that wound vac
22 back on right away. I'd want to wait and see
23 if -- to be sure that it was clotting.

24 Q. And if you applied the pressure, like
25 you've testified, for about five minutes and

1 the bleeding stops, would you monitor the site
2 after that or what would you do?

3 A. Would you repeat that?

4 Q. Would you monitor the site after you
5 applied the pressure dressing?

6 A. Yes.

7 Q. And I believe in your deposition that you
8 testified that you would probably wait at
9 least an hour before coming back to assess a
10 patient?

11 A. Yes.

12 Q. Have there been incidents where you have
13 waited an hour before doing a re-assessment?

14 A. Yes.

15 Q. Have there been incidents where you have
16 waited longer than an hour before reassessing
17 the wound?

18 A. Yes.

19 Q. What can happen if a dressing is disturbed
20 while you are monitoring a site that was
21 previously bleeding?

22 A. If the dressing is disturbed, you can
23 dislodge the clot. That creates a potential
24 for the bleeding to reoccur.

25 Q. And could that also happen if the patient

1 moves around?

2 A. Yes.

3 Q. Are you familiar with a PT/INR test?

4 A. Yes.

5 Q. In general terms, does a PT/INR test
6 evaluate the ability of a patient to form
7 clots?

8 A. It tells you how long it takes them to
9 form a clot, for the blood to clot; yes.

10 Q. Is an order required before a nurse can
11 draw blood for a PT/INR?

12 A. Yes.

13 Q. When you're treating a patient who is
14 on a wound vac and is also on Coumadin and
15 experiences a bleed, are the results of a
16 PT/INR necessary in determining the next step
17 in the patient's treatment?

18 A. If it is difficult to get the bleeding to
19 stop, yes.

20 Q. Are those decisions after the PT/INR
21 results are obtained, the physician's
22 decisions?

23 A. Yes.

24 Q. I would like to turn now to Nurse Belk's
25 wound on October 3rd, 2006.

1 A. Okay.

2 Q. I believe that you testified in your
3 deposition something to the effect that when
4 you were reviewing the documentation that it
5 might not have been the best documentation.

6 MS. DELUCA: Objection, Your Honor.

7 THE COURT: Sustained.

8 DIRECT EXAMINATION CONTINUED

9 BY MS. TOPOREK:

10 Q. When you reviewed the document from
11 October 3, 2006, did you find it -- did
12 you find the substances of the notes under-
13 standable?

14 A. Yes.

15 Q. And did you understand the care that was
16 provided by Nurse Belk in reading the note?

17 A. Yes.

18 Q. Was the sequence of the events based on
19 the electronic charting a bit difficult to
20 understand, to you?

21 A. Yes.

22 Q. In your opinion as a registered nurse,
23 what takes precedence: documentation or
24 patient care?

25 A. Patient care, always.

1 Q. And in your opinion, did Nurse Belk
2 adequately document her visit note with Mr.
3 Evans on October 3rd, 2006?

4 A. Yes.

5 Q. How did Nurse Belk apply pressure to Mr.
6 Evans' wound, based on ---

7 A. She applied pressure -- she said that she
8 applied direct pressure and also a pressure
9 dressing.

10 Q. Did she also apply a five-pound bag of
11 rice?

12 A. Yes.

13 Q. In your opinion, was it reasonable and
14 within the standard of care to apply the five-
15 pound bag of rice?

16 A. I think it was an excellent secondary safe
17 measure.

18 Q. Did the bleeding resolve?

19 A. According to her documentation, the
20 dressing was dry and intact.

21 MS. TOPOREK: Your Honor, may I
22 publish this blowup to the jury?

23 THE COURT: You may.

24 DIRECT EXAMINATION CONTINUED

25 BY MS. TOPOREK:

1 Q. If you could -- how do we know that, that
2 the bleeding has resolved?

3 A. We -- the outer dressing had no signs of
4 blood on it.

5 Q. Is that in her 10:52 integumentary note at
6 the bottom of page thirty-five?

7 A. (Upon review), yes. It says "outer
8 dressing dry, without blood."

9 Q. And did Nurse Belk make calls to any of
10 Mr. Evans' doctors during that visit?

11 A. Yes.

12 Q. What was the purpose of those calls?

13 A. She called Dr. Widenhouse to talk to him
14 several times, from what I understand in the
15 record. When she could not get him, she tried
16 another physician -- who I've come to
17 understand was Finley's primary physician, Dr.
18 Gene Campbell.

19 Q. And what was she requesting from those
20 doctors?

21 A. Permission to draw a PT/INR.

22 Q. In your opinion, was it reasonable for
23 Nurse Belk to request an order to draw the
24 PT/INR?

25 A. Yes.

1 Q. Do you have some understanding of how
2 quickly once the blood is drawn that it needs
3 to get to a lab for the testing to be done?

4 A. I am not an expert on labs, by any means,
5 but I know that when you're working with a lab
6 that involves a clotting time that is -- it is
7 very advisable to get there as fast as
8 possible. I believe that the Home Agency's
9 protocol is within two hours.

10 Q. Once Ms. Belk had drawn the blood, did she
11 -- did she ensure that the wound was not
12 bleeding?

13 A. She documented that when she left that the
14 outer dressing was dry and that there were no
15 signs of bleeding.

16 Q. Based on the documentation that the outer
17 dressing was dry, once the blood was drawn,
18 based on your opinion, was it reasonable for
19 Nurse Belk to leave the home to take the blood
20 to the lab?

21 MS. DELUCA: Objection, Your Honor.

22 THE COURT: Leading?

23 MS. DELUCA: Well, -- and I think
24 this exceeds the scope of what the witness has
25 been qualified to testify to.

1 THE COURT: I don't think it
2 exceeds the scope but I do think it is
3 somewhat leading, so I am going to partially
4 sustain the objection. I am going to ask you
5 to rephrase your question.

6 DIRECT EXAMINATION CONTINUED

7 BY MS. TOPOREK:

8 Q. In your opinion, was it reasonable for
9 Nurse Belk to leave the home on October 3rd,
10 2006, to take the blood to the lab?

11 A. Yes.

12 Q. Okay. Did Nurse Belk make a notation
13 about Mr. Evans' vital signs prior to leaving
14 for the lab?

15 A. Yes.

16 Q. What was that entry?

17 A. It was at 10:52. Temperature 97.0, Pulse
18 72, Respiratory 20, Blood Pressure 120/84.

19 Q. In your opinion, are those vital signs
20 stable vital signs?

21 A. They were very close to the baseline of
22 what she got the day before.

23 Q. And going back to the PT/INR request, is
24 the fact that Nurse Belk called the physician
25 for the PT/INR evidence that she was informing

1 Mr. Evans' physicians of his status on October
2 3rd, 2006?

3 MS. DELUCA: Objection, Your Honor.

4 THE COURT: Sustained.

5 DIRECT EXAMINATION CONTINUED

6 BY MS. TOPOREK:

7 Q. If you could look at page thirty-six,
8 please.

9 A. Okay.

10 MS. TOPOREK: May I publish the
11 blowup to the jury?

12 THE COURT: You may. I am going to
13 get you to speak up just a tiny bit because I
14 am kinda blocked by those placards.

15 DIRECT EXAMINATION CONTINUED

16 BY MS. TOPOREK:

17 Q. Can you please look at the second entry
18 down, the 10:52 note on October 3rd?

19 A. Yes.

20 Q. What does that note say about the contact
21 made with Dr. Widenhouse's office?

22 A. She spoke with someone named Jenny
23 "regarding integument assessment note, results
24 of contact: call completed and order
25 obtained."

1 Q. The integumentary assessment note, did
2 that note identify that the patient had been
3 bleeding?

4 A. Yes.

5 Q. Based on the 10:52 call to -- the 10:52
6 notation that a call was made to Dr. Brian
7 Widenhouse, do you believe that the doctor was
8 notified of the patient's status on October
9 3rd, 2006?

10 MS. DELUCA: Objection, Your Honor.

11 THE COURT: Sustained.

12 MS. TOPOREK: I will rephrase the
13 question.

14 DIRECT EXAMINATION CONTINUED

15 BY MS. TOPOREK:

16 Q. What does that note tell you about what
17 Dr. Brian Widenhouse's office was told about
18 the patient?

19 A. The second entry?

20 Q. Yes.

21 A. It says that they were told "regarding
22 integumentary assessment note," which included
23 the bleeding of the wounds.

24 Q. Did Nurse Belk give Mr. Evans any
25 instructions prior to leaving the home that

1 day?

2 A. The third entry on page thirty-seven says
3 that "Patient instructed to remain in bed and
4 still. SN instructed spouse for emergency
5 care for bleeding through or continuous, call
6 911."

7 Q. In your opinion, why does -- why does a
8 nurse that has stopped a bleed on a patient
9 instruct them not to move? What is the
10 purpose of that instruction?

11 A. You would not want to dislodge a clot that
12 may have formed.

13 Q. In your opinion, was it appropriate and
14 within the standard of care to give that
15 instruction to Mr. Evans?

16 A. Yes.

17 Q. Did Nurse Belk give any instruction as to
18 what to do in the event of an emergency?

19 A. (Affirmative nod), call 911.

20 Q. And in your opinion, was it reasonable
21 and within the standard of care to give that
22 instruction?

23 A. Yes.

24 Q. If the bleed restarted at some point after
25 Nurse Belk left and there were no nurses in

1 the home, would it be the responsibility of
2 the patient, here Mr. Evans, to call 911?

3 A. The patient or his wife, yes.

4 Q. Is there were any delay by the patient in
5 calling 911, if there were any delay by Mr.
6 Evans or his wife in calling 911, could this
7 have caused any injury or damage to him?

8 A. Yes.

9 Q. In your opinion, did Nurse Belk abandon
10 Mr. Evans on October 3rd, 2006?

11 A. No.

12 Q. Do you hold that opinion to a reasonable
13 degree of nursing certainty, most probably?

14 A. Yes.

15 MS. TOPOREK: I have no further
16 questions.

17 THE COURT: Thank you. Cross-
18 examination?

19 MS. DELUCA: Thank you, Your Honor.

20 CROSS EXAMINATION

21 BY MS. DELUCA:

22 Q. Good morning, Ms. Epting.

23 A. Good morning.

24 Q. Can you tell me what experience you have
25 in home health care?

1 A. I have none.

2 Q. Would you agree that home health care is a
3 different environment from your experience in
4 the hospital, from a safety standpoint?

5 A. Yes.

6 Q. And would you agree that home health is a
7 different environment than a hospital setting
8 from a regulatory standpoint?

9 A. Yes. Can I ask you what you mean by
10 regulatory?

11 Q. The laws, the regulations that apply to
12 the setting, that your care needs to comply
13 with.

14 A. I think basis nursing care is basic
15 nursing care no matter where you are.

16 Q. But do different regulations govern the
17 practice of nursing and patient care in the
18 hospital setting versus a home health care
19 setting?

20 A. The care is the same. The setting may
21 differ but the care is the same.

22 Q. Is the monitoring of the patient at home
23 the same as in the hospital?

24 A. No.

25 Q. Is the supervision of the patient the

1 same at home as in the hospital?

2 A. No.

3 Q. Is the proximity of healthcare providers
4 available the same in the hospital as in the
5 home?

6 A. No, not unless the family has a healthcare
7 provider in their family.

8 Q. Are you aware of the doctor, Dr. Widen-
9 house, ordering the pressure on the wound vac
10 to be set at 125?

11 A. Yes.

12 Q. Was that order properly transcribed?

13 A. I believe that it was transcribed as 125
14 to 150.

15 Q. What did Ms. Belk set the pressure setting
16 at?

17 A. I believe that it was 125. Which day are
18 you referring to?

19 Q. On October 2nd.

20 A. (Reviewing).

21 Q. Ms. Epting, you take your time to review
22 the record but I will tell you what I am
23 looking at is at the bottom of page thirty.

24 A. Okay.

25 Q. That last paragraph?

1 A. She says, "pressure set at 125 to 150
2 continuous therapy."

3 Q. Is that possible, to set the machine at
4 125 to 150?

5 A. No. It would have to be one or the other.
6 It's a possibility that the machine could vary
7 in the pressure setting if the dressing does
8 not have a tight seal on it, if there is a
9 small leak in the dressing, the pressure that
10 machine is showing is actually been -- the
11 pressure that is actually being received by
12 the wound can vary. It can go down to 75, up
13 to 150. I am not sure if that is what she is
14 referring to versus the actual -- what the
15 machine was set, what was the intent to
16 deliver versus what is actually getting to the
17 wound bed.

18 Q. When you set the pressure, you have to
19 decide one number that you're going to set it
20 at?

21 A. Yes.

22 Q. Ms. Belk documents pressure set at 125 to
23 150, right?

24 A. Yes.

25 Q. Would you describe the manner in which you

1 remove the transparent dressing from a wound
2 like pulling off a piece of tape?

3 A. No. You actually stretch that dressing to
4 try to release it easily from the skin. It is
5 pulling it away from the skin.

6 Q. You would do that gently?

7 A. Yes.

8 Q. And on both sides?

9 A. Yes, you would peel up the corner and you
10 would stretch it to gently release it from the
11 skin.

12 Q. You talked about how a dressing change can
13 be painful. The removal of the sponge can be
14 painful, correct?

15 A. Yes.

16 Q. Are there steps that you can take to make
17 that less painful?

18 A. Yes.

19 Q. What are some of the steps that you can
20 take to make that less painful for the
21 patient?

22 A. It's important that the patient take pain
23 medicine ahead of time for the dressing
24 change. There's -- also, you can wet the
25 sponge. You can turn the machine off ahead of

1 time and wet the sponge and that makes it a
2 little less traumatic when you pull it away
3 from the wound bed. If you don't have time to
4 do that, you could actually wet the foam with
5 wound cleanser or with saline to do the same
6 thing.

7 Q. And then would you allow some time for the
8 saline to sink in, to loosen?

9 A. It sinks in very quickly because of the
10 pores in the sponge.

11 Q. How long would you wait before you remove
12 that sponge?

13 A. If I had saturated the dressing, I would
14 go ahead and remove it.

15 Q. Are you familiar with the K.C.I.
16 guidelines?

17 A. Yes.

18 Q. Do you know what K.C.I. recommends?

19 A. I would have to see the guidelines to be
20 able to tell you exactly.

21 Q. So you are not -- you don't know what the
22 recommendation is from K.C.I. as far as
23 soaking the dressing to lessen the pain and
24 the pulling of the wound?

25 A. Those guidelines are think. I don't

1 remember the exact wording of that.

2 Q. Well, do you remember how much time that
3 they say to wait to allow the saline to loosen
4 the sponge from the wound bed?

5 A. I don't remember exactly, no.

6 Q. Do you know what Roper Home Healthcare's
7 protocols require the home health nurse to
8 report to the doctor as far as pain?

9 A. I would have to look back at that
10 protocol.

11 Q. Is intractable pain something that a nurse
12 should report to a doctor?

13 A. Yes.

14 Q. You mentioned in your testimony where you
15 might wait an hour, maybe longer, before
16 reapplying a wound vac. During that time that
17 you're waiting to reapply the wound vac, are
18 you monitoring the patient or having another
19 nurse monitor the patient while you're in a
20 hospital setting?

21 A. I would not be directly at the bedside
22 monitoring but I would have someone looking in
23 on the patient, yes.

24 Q. So someone would be monitoring that
25 patient ---

- 1 A. Yes.
- 2 Q. --- during that time?
- 3 A. Yes.
- 4 Q. Looking at Ms. Belk's documentation, do
- 5 you know when she took the vitals on October
- 6 3rd?
- 7 A. (Reviewing).
- 8 Q. Or how many times that she took vitals?
- 9 A. I see one set of vitals in the
- 10 documentation.
- 11 Q. And do you know when she took those?
- 12 A. I don't, because it is in the notes part
- 13 of the documentation. There's not a time
- 14 attached to it.
- 15 Q. How big was the dressing that Ms. Belk put
- 16 on Mr. Evans' leg after she removed the wound
- 17 vac on October 3rd?
- 18 A. Could you repeat that?
- 19 Q. Sure. How big was the dressing or the
- 20 gauze pad that Ms. Belk put on Mr. Evans after
- 21 she removed the wound vac?
- 22 A. She said that she put five 4x4's.
- 23 Q. Does that means that they are four inches
- 24 by four inches?
- 25 A. Yes. Four inches wide, four inches long.

1 Q. And that she reapplied the bag of rice
2 over that?

3 A. Yes.

4 Q. So the bag of rice would be covering that
5 dressing, correct?

6 A. Yes.

7 Q. You wouldn't be able to see the 4x4 piece
8 of gauze under the bag of rice?

9 A. No.

10 MS. DELUCA: No further questions.

11 THE COURT: Thank you. Any
12 redirect?

13 MS. TOPOREK: Just briefly, Your
14 Honor.

15 REDIRECT EXAMINATION

16 BY MS. TOPOREK:

17 Q. Nurse Epting, you were asked some
18 questions about your practice in the hospital
19 setting versus the home health setting. Does
20 the fact that you don't practice in a home
21 health setting prevent you from commenting on
22 the care provided by Nurse Belk, as a
23 registered nurse?

24 A. No, not at all.

25 Q. Why is that?

1 A. Because basic nursing care is the same no
2 matter what the setting.

3 MS. TOPOREK: Thank you.

4 THE COURT: Thank you. Anything
5 further?

6 MS. DELUCA: Nothing further, Your
7 Honor.

8 THE COURT: May this witness be
9 excused?

10 MS. TOPOREK: Please.

11 MS. DELUCA: Yes.

12 THE COURT: Ma'am, you may step
13 down. Thank you. You may be excused.

14 (WITNESS STEPS DOWN)

15 THE COURT: Yes, sir?

16 MR. TIERNEY: Your Honor, at this
17 time the defense rests.

18 THE COURT: Okay. Thank you.

19 Ladies and Gentlemen, we have some issues that
20 I need to take up with the attorneys at this
21 point that are matters of law. This may take
22 us a little while. I am going to ask you to
23 go to your jury room. Please don't discuss
24 the case yet. You have not been released to
25 deliberate and you have not heard the closing

1 arguments and the charge on the law. Just
2 bear with us for a little bit, I am going to
3 hear from the attorneys. Thank you.

4 (JURY OUT @ 10:35 A.M.)

5 THE COURT: Do y'all need about
6 five minutes before we get rolling or do you
7 want to go now?

8 MR. TIERNEY: That would be
9 great. We will be at-ease.

10 (BRIEF RECESS 10:35 - 10:45 A.M.)

11 THE COURT: Anything for the
12 record?

13 MR. TIERNEY: Yes, Your Honor.
14 I would make a Motion as to actual damages,
15 which I believe the court has already ruled
16 on. Specifically the issues that were denied
17 at the close of the plaintiff's case were that
18 the defendant made a Motion for directed
19 verdict based on no proximate cause, testimony
20 being offered my defendant, and in a medical
21 malpractice case it is incumbent on the
22 plaintiff to present, by way of expert
23 testimony, testimony that causally links the
24 alleged deviation from the standard of care to
25 the injury.

1 Two experts were offered on behalf of
2 the plaintiff in this case, Lauren Cauwels,
3 she was an RN, and Dr. Gezen, a physician.

4 With respect to Dr. Gezen, he testified
5 specifically that he did not intend to render
6 any opinions with respect to proximate cause.

7 The second expert, Lauren Cauwels,
8 was never asked during her direct examination
9 or on cross examination by myself whether or
10 not the actions of the Roper Home Health
11 nurses were the proximate cause of any jury to
12 Mr. Evans.

13 Therefore, I believe that we're
14 entitled to a directed verdict based on the
15 necessity of that testimony being in the
16 record and that fact that that testimony was
17 not elicited, nor is it a part of the record
18 of this case.

19 We did have a chance to review the
20 case of *Melton v. Medtronic*, which is 389 SC
21 641, a 2010 case. Interestingly enough, not
22 only did they address proximate cause in that
23 case but they also addressed the common
24 knowledge exception. So if there were to be
25 an argument in this case that abandonment --

1 which I should mention again is not a separate
2 cause of action here in South Carolina, it's a
3 component of a medical malpractice negligence
4 action -- that if there were an argument that
5 abandonment fell under the common knowledge
6 exception, or the fact that Mr. Evans had a
7 bleed and a bleed needed to be stopped or
8 something to that effect, whether that type of
9 testimony falls under the common knowledge
10 exception.

11 I would say that the plaintiff, under
12 the case of *Welch v. Whittaker* has to offer
13 evidence that rises above mere speculation or
14 conjecture.

15 I don't believe that in the light
16 most favorable to the plaintiff that any
17 testimony by Laurens Cauwels would ever arise
18 over mere speculation or conjecture as to how
19 the bleed occurred, because she never went
20 into any specifics of how a dressing change
21 caused the bleed, how the removal of the wound
22 vac caused the bleed, how the putting on of
23 the wound vac caused the bleed. She didn't
24 give any testimony, period, about how Janelle
25 Belk caused the bleed. So not only do I think

1 that it is not there, but I don't think that
2 any of the testimony rises above mere
3 speculation or conjecture.

4 Also with respect to the common
5 knowledge exception, I believe that the jury
6 would have to determine that Janelle Belk
7 caused a bleed by her application of the wound
8 vac or the changing of a pressure wound
9 dressing.

10 For them to be able to do that, I
11 believe that is highly technical. Obviously
12 there are people who are certified wound care
13 nurses. Janelle Belk was not. She was an RN.

14 But for a jury to be able to consider
15 the testimony of a lay witness or a layperson,
16 or to not need the testimony from an expert
17 witness, one would have to assume that the
18 jury understands how a wound vac works, how
19 the application of pressure dressings work,
20 what the standard is for a nurse -- nurses go
21 to nursing school. In this particular case,
22 Janelle Belk has a four-year nursing degree.

23 I don't think that it's within the
24 common ambient of knowledge of a layperson to
25 understand how a nurse who is in a home health

1 setting, applying a wound vac or applying a
2 pressure dressing, or any of those things that
3 nurses had to do, that that is something that
4 is within that common knowledge exception.
5 Therefore, I believe that it is incumbent on
6 the plaintiff to present expert testimony on
7 that issue.

8 Then getting back to proximate cause,
9 once again in the *Melton v Medtronic* case,
10 which was a case about a heart defibrillator,
11 where we just spoke about where this common
12 knowledge exception testimony was, they also
13 addressed proximate cause. Interestingly
14 enough, they found that the plaintiff in that
15 particular case failed to introduce evidence
16 that the different selection of the actual
17 defibrillator in that case would have not
18 caused the plaintiff the same or similar
19 problems.

20 I think you can directly relate that
21 case to the case at-hand. In this particular
22 case, Laurens Cauwels did not state that
23 Janelle Belk was the cause of the bleed. She
24 offered no testimony that the bleed would not
25 have occurred regardless of the care provided

1 by Nurse Belk; ergo, the plaintiff failed to
2 prove evidence that the plaintiff would not
3 have had the same or similar problems or
4 result regardless of the actions of Janelle
5 Belk.

6 Therefore, I believe, similar to the
7 *Melton v. Medtronic* case, where there was
8 summary judgment granted, a directed verdict
9 Motion should be granted for the same reasons.
10 Because if you cannot establish that Janelle
11 Belk was the proximate cause of the bleeding
12 or that that there is causal connection there,
13 then what we have is a patient who had a
14 bleed, who needed medical attention.
15 Regardless of Janelle Belk staying there or
16 leaving, the result would have been the same.
17 He needed medical attention, which is exactly
18 what he got in this case. Thank you, Your
19 Honor.

20 THE COURT: Yes, sir. Yes, ma'am?

21 MS. DELUCA: Thank you, Your Honor.

22 I know that the court is aware, but just to
23 start at the beginning. When ruling on a
24 Motion for directed verdict, the trial court
25 must view the evidence and inferences that

1 reasonably can be drawn therefrom in the light
2 most favorable to the party opposing the
3 Motion. If the evidence as a whole is
4 susceptible to more than one reasonable
5 inference, a jury issue is created and the
6 Motion should be denied.

7 So in the case at-hand, I guess that
8 I want to start with the most simple facts
9 that I can set forth. This would be among
10 other things but just to give one simple
11 example, Ms. Cauwels clearly testified that
12 Ms. Belk breached the standard of care in the
13 removal of the dressing and changing the
14 dressing. Ms. Cauwels testified -- and Ms.
15 Belk put in her own documentation that the
16 dressing change caused the bleed. So we've
17 got ---

18 THE COURT: Can you show me where
19 the documentation shows that?

20 MS. DELUCA: On page sixty-four of
21 the Roper St. Francis -- can I?

22 THE COURT: You are welcome to come
23 up?

24 MS. DELUCA: And there is one other
25 ---

1 THE COURT: If you would, just hand
2 that up too.

3 MS. DELUCA: It is in there. I'll
4 give you the page reference.

5 THE COURT: And this is part of
6 Plaintiff's Exhibit 2, correct?

7 MS. DELUCA: Right.

8 THE COURT: At page sixty-four?

9 MS. DELUCA: On page sixty-four and
10 then also ---

11 THE COURT: Do you need this back?

12 MS. DELUCA: Yes, if you don't mind.

13 THE COURT: I've got it.

14 MS. DELUCA: Thank you. Then also
15 in her notes for that day, and I'll get you
16 that page. On page thirty-six she notes,
17 "With removal of sponge, bleeding noted."

18 Then Dr. Gezen testifies that "the
19 bleeding caused a vasovagal event, which
20 caused him to be hypotensive, bradycardic and
21 present to the emergency room the way that he
22 did." That's shown on the report, among
23 other things that are in evidence.

24 So that, among other things, at a
25 minimum, I believe shows that the plaintiff

1 has met the burden in showing the duty, the
2 breach of the duty, that there is proximate
3 cause between the breach of that duty in
4 changing the dressing and the bleeding that
5 occurred that caused him to be in the
6 condition that he was, the vasovagal events,
7 hypotensive and all of that.

8 Then I previously gave the Court the
9 case of *Green v. Lilliwood* from the Supreme
10 Court of South Carolina. In that case the
11 plaintiff's testimony regarding the
12 defendant's admission, which in that case
13 was a nod of the head, that admission by a
14 defendant was accorded high probative value
15 tantamount to expert testimony.

16 Which I would argue is analogous to
17 this situation where we have the defendant
18 herself, twice in her documentation, stating
19 that her dressing change caused the bleed.

20 In addition, we have the expert
21 testimony from Lauren Cauwels and from Dr.
22 Gezen.

23 Going back to the *Green* case, in that
24 case the court found that they did not need to
25 meet the most probably standard because both

1 expert testimony and circumstantial evidence,
2 from which a jury could infer negligence by
3 the defendant was present.

4 I would say that this case is
5 analogous to that. We have expert testimony
6 and we all have -- we also have a great deal
7 of circumstantial evidence about what did
8 happen that day and what did not happen that
9 day, from the live testimony, the deposition
10 testimony and the records -- the Roper Home
11 Health records themselves.

12 In that case the court found that --
13 they did not think that it was necessary that
14 the admission by the defendant meet the most
15 probably standard of expert medical testimony
16 because there was both expert medical
17 testimony and circumstantial evidence from
18 which the jury could have inferred negligence
19 by the defendant.

20 In that case, again, the were relying
21 solely on the plaintiff's testimony. Here we
22 actually have the defendant's own documenta-
23 tion stating that her dressing removal caused
24 the bleed.

25 And I do think that this is a case

1 that falls within the common knowledge
2 exception. This is not some heightened
3 technical case. You can make it very
4 complicated and technical but the basis of
5 removing a dressing off of the wound, which
6 are analogous to removing a Band Aid, which is
7 a dressing, I think most people can relate to.
8 They know that when you pull something up off
9 of a wound that bleeding can occur and what
10 happens. So it's not like heart, an implanted
11 device or something that is not within the
12 common knowledge of everyone on the jury.

13 There also is all the circumstantial
14 evidence from that day, from the testimony of
15 the plaintiff, the defendant and the records
16 in this case.

17 In the Green case, the Supreme Court
18 stated that where the plaintiff does not rely
19 solely on the opinion testimony of medical
20 experts to establish the casual connection,
21 the most probably rule has not been strictly
22 applied.

23 In that case they said that both the
24 expert testimony and the circumstantial
25 evidence of the defendant's culpability were

1 presented. Therefore the inquiry need only be
2 whether there was sufficient competent
3 evidence from which the jury may have inferred
4 a causal connection.

5 THE COURT: Correct me if I am
6 wrong, but from what I recall, Green is the
7 case in which there was a tubal ligation but
8 the surgeon left an IUD in place, as well?

9 MS. DELUCA: Yes, Your Honor.

10 THE COURT: Okay.

11 MS. DELUCA: The Court stated that
12 considering the sufficiency of circumstantial
13 evidence, the facts and circumstances should
14 be assessed in light of ordinary experience
15 and common sense. And that that is applied in
16 general medical malpractice cases as an
17 exception to the general rule requiring expert
18 medical testimony to establish proximate
19 cause.

20 And in the *Melton v Medtronic* case,
21 they reiterated that while expert testimony is
22 generally required that it is not required if
23 the subject matter lies within the ambient of
24 common knowledge, so that no special learning
25 is required to evaluate the conduct of the

1 defendants.

2 Then, Your Honor, in the Martisan
3 case, they reiterated the standards that we
4 have previously discussed. The Court found in
5 that case that there was sufficient evidence
6 for a reasonable jury to conclude that the
7 alleged acts of two of the defendants deviated
8 from the standard of care and were a proximate
9 cause. Reversed the trial court's granting of
10 a directed verdict as to those two. Again
11 talked about when expert testimony is relied
12 upon solely.

13 That Court did overturn -- it over-
14 turned the directed verdict against two of the
15 physicians. The only one that it upheld was
16 the one in which the experts testified that
17 there was only a one-in-three chance of
18 survival. One in three is not more likely
19 than not, so on its face it did not meet the
20 standard.

21 With respect to the others, the Court
22 found that the entirety of the evidence
23 persuaded them that there was sufficient
24 evidence to withstand a directed verdict
25 Motion, that a reasonable jury could have

1 found as a fact that the death in that case
2 was most probably the result of the medication
3 there.

4 Then in *Whittle v. Brown*, --
5 (tendering), I apologize.

6 THE COURT: That's okay. I am
7 happy to read whatever you have.

8 MS. DELUCA: I gave that to them on
9 a break.

10 THE COURT: Thank you.

11 MS. DELUCA: In that case the
12 Supreme Court stated that -- it is not a
13 medical malpractice case but the court stated
14 that an entry that may have occurred in one of
15 several ways does not preclude recovery if the
16 evidence tends to sustain a reasonable
17 probability that the entry occurred in the way
18 in which the plaintiff relied.

19 They said that it must be kept in
20 mind that the fact that an injury may have
21 occurred in one of several ways does not
22 defeat a plaintiff's right of recovery if the
23 evidence tends to sustain the reasonable
24 probability of the one relied on.

25 So, Your Honor, I would argue that

1 this case is analogous to those referenced in
2 that. We have facts which are within the
3 common knowledge of the jurors. We also do
4 have expert testimony that I believe does
5 meet the standard. In Ms. Cauwels' testimony,
6 I did ask her -- not on each question, but I
7 did ask her the question, 'Are all of your
8 opinions today to a reasonable degree of
9 nursing certainty?' -- to which she agreed.
10 So it wasn't "is it a most probable on every
11 question" but ---

12 THE COURT: No, you asked her
13 everything that you were allowed to ask her.
14 I have no quarrel with that whatsoever. You
15 were constrained by the court's rulings. I
16 understand Mr. Tierney's point, but you asked
17 her everything that you needed to ask her. So
18 that's not a concern at all.

19 MS. DELUCA: So I think that Ms.
20 Cauwels clearly testified as to the breach or
21 breaches in the change of that dressing. She
22 testified, and Ms. Belk herself documents,
23 that the dressing change caused the bleeding.
24 Analogous to the *Green v Lilliwood* case,
25 that's a defendant's admission, which is given

1 high probative value. In that case that
2 admission was coming through the testimony of
3 the plaintiff. Here we have the defendant
4 herself giving us that information. There is
5 no question about that. She states at least
6 two times in the record that the dressing
7 change caused the bleeding. Then Dr. Gezen
8 testified that the bleed caused the vasovagal
9 event, bradycardia, etc.

10 So I think that when you put together
11 the pieces of the puzzle that it is there. It
12 may not be all termed "most probably" on each
13 and every question, but as a whole the
14 evidence -- both expert and circumstantial
15 evidence -- clearly presents the proximate
16 cause necessary to go forward. It clearly
17 presents -- the entirety of the evidence
18 presents sufficient evidence to withdraw a
19 directed verdict Motion.

20 THE COURT: Okay.

21 MS. DELUCA: Is there anything else
22 that the court would like me to address?

23 THE COURT: You've addressed all of
24 my questions. I'm happy to hear anything else
25 you want in the record.

1 MS. DELUCA: Nothing at this time,
2 Your Honor.

3 THE COURT: Okay. Anything
4 further?

5 MR. TIERNEY: Yes, Your Honor.
6 Thank you. First of all, I take exception to
7 those two records that were mentioned by Ms.
8 Deluca. I believe that she said five times
9 that Janelle Belk said, in those records, that
10 she caused the bleed. That's absolutely not
11 in those records.

12 "Cause" in a medical malpractice case
13 has a very special meaning, especially when
14 you are inferring that is causation.

15 Ms. Belk, in both of those records,
16 and Your Honor has a copy of those records,
17 uh, in the order written by Dr. Widenhouse she
18 says, (reading): "SN may obtain PT/INR due to
19 bleeding with dressing change." "Due to
20 bleeding" does not say cause. That other
21 record says, I believe, that she encountered
22 bleeding or something to that effect. Never
23 does she ever say that she caused the
24 dressing, that the dressing change -- that she
25 caused the bleeding with the dressing change.

1 Secondly, once again getting back to
2 *Melton v. Medtronic*, interestingly they
3 address the issue of the common knowledge
4 exception where there are experts who have
5 testified. They said, in that particular
6 case, that the plaintiff relied on expert
7 testimony to support the case to the jury.
8 It is now contradictory to make an argument
9 that you don't need expert testimony.

10 I think that is exactly where we are
11 here today. She relied on expert testimony to
12 prove expert testimony to prove her case to
13 the jury, the Evans did, and now you can't
14 take the position that it would be
15 contradictory that now we don't need it,
16 it's within the common knowledge exception.

17 As far as Dr. Gezen is concerned,
18 once again I will state for the record that he
19 absolutely said that there was no way that he
20 was going to comment on proximate cause. I
21 asked him that question directly, it was read
22 into the record, and he said that he intended
23 to give no opinion on that.

24 As far as the *Martisan* case is
25 concerned, and I -- I told this court that I

1 was part of the *Martisan* case. I was the one
2 who actually examined the experts during that
3 trial for my client, Dr. Gary Thomas. In that
4 case it wasn't a question of whether or not
5 the experts actually said that the physicians
6 were the cause of the injury. It's how they
7 phrased it. In that case they were particular
8 about using that terminology, the magic words,
9 that the experts don't have to say the magic
10 words.

11 In this case the questions were never
12 specifically asked of the expert as to whether
13 or not Janelle Belk was the cause of the
14 bleeding. So I think that distinguishes the
15 *Martisan* case.

16 In closing, I do want to mention once
17 again what we filed our Motion in *limine*
18 about, which I believe, based on what I am
19 hearing from the plaintiff in response to the
20 renewed directed verdict Motion, that she is
21 arguing a *res ipsa* theory, which is not
22 recognized by our courts. I believe that we
23 are entitled to a directed verdict if the
24 testimony is in fact *res ipsa*, meaning 'there
25 was bleeding, Janelle Belk was the last person

1 there and therefore Janelle Belk must have
2 caused the bleeding.'

3 I also don't believe that I mentioned
4 in my directed verdict Motion -- I did ask for
5 a directed verdict on the emotional distress
6 claim, and I would just like to renew that
7 Motion. Thank you, Your Honor.

8 THE COURT: Yes, sir. I'm happy to
9 hear anything in response.

10 MS. DELUCA: Your Honor, with regard
11 to the emotional distress, it's my
12 understanding that it is not in the case as a
13 separate cause of action but definitely as
14 part of the negligence cause of action.

15 THE COURT: My understanding is
16 that we just have the negligence/malpractice
17 cause of action, but that the emotional
18 distress would be a component of damages.
19 That's my understanding of what we have left.

20 MS. DELUCA: Yes, Your Honor. Then
21 to address the cases that have been set forth,
22 looking at the Supreme Court cases of *Green v.*
23 *Lilliwood* and *Whittle v. Brown*, in *Green* the
24 Court found that evidence -- (pause) -- which
25 in that case was the plaintiff's testimony,

1 but the defendant gave a nod indicating that
2 his negligence was responsible for the pain,
3 discomfort, etc. that she was experiencing
4 was admissible and that the admission by a
5 defendant has been accorded high probative
6 value, tantamount to expert testimony.

7 So here, I think that we do have
8 expert testimony. We do have admissions by
9 the defendant that are tantamount to expert
10 testimony. When it is an admission by the
11 defendant, the court found that it did not
12 need to meet the most probable standard
13 because both the expert testimony and the
14 circumstantial evidence were sufficient for
15 the jury to infer negligence by the defendant.
16 Here we have expert testimony.

17 And Ms. Cauwels did testify, not to a
18 medical degree of certainty, but to a nursing
19 degree of certainty that the breaches and what
20 those breaches caused.

21 And Defendant Belk admits in the
22 documents in the record that the dressing
23 removal -- and, Your Honor, if you would like
24 more, I would ask for a minute to look at her
25 deposition and find additional things, but ---

1 THE COURT: You're welcome to have
2 them in it, but as I recall I ruled that she
3 was not qualified to testify as to the
4 proximate cause of the bleed that resulted,
5 as Dr. Gezen said, in the vasovagal episode.
6 She was allowed to testify as to the
7 deviations of standard of care. She did.
8 There were a few that she testified to. But
9 I don't think that she is qualified to testify
10 as to the cause of the bleed and I don't think
11 that she did so. I think she gave an opinion
12 as to what she thought might have caused it.

13 MS. DELUCA: It was my understanding
14 that she provided her nursing diagnosis, to a
15 nursing degree of medical certainty, that the
16 dressing removal, for example, caused --
17 resulted in the bleed.

18 We covered it at different points
19 where we walked through what happened and
20 then at the end I asked her the conclusion
21 question.

22 But when we walked through what
23 happened with the various breaches, we talked
24 about the dressing change -- among other
25 things -- resulting in that bleed, and then

1 different ways of assessing that bleed. So
2 I would contend that Ms. Cauwels did testify
3 to a nursing degree of certainty, but in this
4 case it's nursing care that is at issue. So
5 she testified to a nursing degree of
6 certainty.

7 Ms. Belk, in her words, in the
8 documents, states that the dressing change --
9 "due to bleeding with dressing change."

10 THE COURT: Okay.

11 MS. DELUCA: On page sixty-four.
12 Then elsewhere in the record, she says "with
13 removal of sponge, bleeding noted." So that's
14 very specific to -- she was the one that
15 removed the sponge. When she removed the
16 sponge, she noted bleeding. That gets very
17 specific into dressing change causing the
18 bleeding.

19 THE COURT: I understand. I under-
20 stand.

21 MS. DELUCA: We are putting the
22 pieces together but the expert sets forth all
23 of the breaches. One of those is the dressing
24 change. So that's why I am just focusing on
25 that to try to simplify this argument.

1 I believe Ms. Cauwels, in her
2 detailed testimony of how things unfolded,
3 talked about how the dressing removal resulted
4 in the bleeding and how that was addressed, or
5 not.

6 Ms. Belk talks, in a couple of
7 different places, how with her removal of the
8 sponge bleeding is noted. How due to bleeding
9 with the dressing change, she drafted that
10 order.

11 So we've got -- you know, we've got
12 the standard by the expert and then we've got
13 the breaches of that standard by the expert,
14 as well as Ms. Belk herself. Although she
15 doesn't testify "most probably", it's an
16 admission by the defendant -- which the
17 Supreme Court, in *Green*, gave high probative
18 value.

19 Then we have Dr. Gezen who states
20 that the bleed caused his medical conditions.

21 THE COURT: Okay.

22 MS. DELUCA: So I think when you put
23 those together and look at the entirety of the
24 evidence, as the case is discussed, that it
25 more than meets -- it more than sufficient to

1 survive directed verdict.

2 We're not arguing *res ipsa*. We are
3 not saying that nothing but that somebody was
4 there -- there were many standards and many
5 breeches of that standard that were testified
6 to.

7 It seems like there were multiple
8 breaches, but now I am hearing *res ipsa*, which
9 to me is the opposite -- where you don't know
10 anything went wrong, but you think something
11 did. Here we said multiple things went wrong.
12 The Supreme Court, in *Whittle v Brown*, stated
13 the fact that an injury may have occurred in
14 one of several ways does not preclude recovery
15 if the evidence tends to sustain the
16 reasonable probability that the injury
17 occurred in the way on which the plaintiff
18 relied. I think that applies to this case as
19 well.

20 We are not arguing *res ipsa*. We have
21 many breaches of the standard of care; one of
22 which I am bringing up with you, but I would
23 be happy to address more. I thought that this
24 one example is sufficient to overcome the
25 directed verdict.

1 THE COURT: I have my notes from
2 Nurse Cauwels' testimony. I'm happy for you
3 to address anything you like, but that's all
4 part of the record and I'm incorporating all
5 that.

6 MS. DELUCA: Yes, Your Honor.

7 THE COURT: I'm happy to hear
8 anything that you want to put on the record
9 now.

10 MS. DELUCA: Well, the Court in
11 *Whittle* stated in determining whether there
12 was sufficient evidence to warrant submission
13 of the case to the jury, it must be kept in
14 mind that the fact that an injury may have
15 incurred in one of several ways does not
16 defeat a plaintiff's right of recovery if the
17 evidence tends to sustain the reasonable
18 probability of the one relied on.

19 Then *Martisan*, I wasn't involved in
20 the case, so I am going to the published
21 Opinion. This is the Court of Appeals ---

22 THE COURT: I've read it.

23 MS. DELUCA: Okay.

24 THE COURT: As I recall, one
25 directed verdict was upheld and two were

1 reversed.

2 MS. DELUCA: Correct. And the one
3 that was upheld, the experts specifically
4 opined that there was only a one-in-three
5 chance that the fatal problem could have been
6 prevented. So I think in that case the expert
7 specifically -- I mean directly -- stated that
8 it was not more likely than not and not most
9 probably.

10 Going on what the published Opinion
11 says, the other two were overturned -- the
12 grant of directed verdict was overturned
13 because the entirety of the evidence persuaded
14 the appellate court that the plaintiff did
15 present sufficient evidence to withstand the
16 directed verdict Motion as to those two other
17 doctors.

18 Again, that case discussing when one
19 relies solely upon the opinion of the medical
20 experts.

21 So I don't think here it's relying
22 solely on it. We do have medical experts. We
23 have circumstantial evidence and we -- we also
24 have the factual situation that is within the
25 common knowledge. So -- so a number of the

1 cases talk about when you are solely
2 presenting expert testimony, so it is not that
3 you have to opt for one or the other.

4 THE COURT: No. I agree with you.
5 I am not factoring that into my consideration.

6 MS. DELUCA: Then *Melton v Medtronic*
7 is also an appellate court case. It states
8 that while expert testimony is generally
9 required, it is not if the subject matter
10 dealt lies within the common knowledge. Now,
11 that dealt with a completely different factual
12 scenario than this. So in that case they
13 found that it was not within the common
14 knowledge, but -- uh -- I think a wound
15 covered with a simple gauze dressing is
16 something that is within the common knowledge
17 of this jury.

18 So, Your Honor, I've narrowed it down
19 to that one instance to try to streamline the
20 argument. But, you know, I could go further
21 into what the breach is and what the testimony
22 was, the records as well ---

23 THE COURT: I am happy for you to
24 argue whatever you like. I think the record
25 speaks for itself. I've taken notes, I recall

1 what they've said. It's your choice. I've
2 got enough to rule. It is Mr. Tierney's
3 motion, so he will have the last word whenever
4 you all finish putting everything on that you
5 want on.

6 MS. DELUCA: I was going to try to
7 find the cite in Janelle Belk's deposition
8 testimony that I read in yesterday, if the
9 specific cite would be helpful at this point.

10 THE COURT: I think that it is on
11 Page 68 where she talks about the continuance
12 of the bleed. I'm happy for you to put it in,
13 if you like. I reread everything last night
14 that y'all had submitted. You make sure that
15 our court reporter does have the deposition
16 designation list.

17 MS. DELUCA: I don't ---

18 MR. TIERNEY: We're working on
19 that as well.

20 THE COURT: Perfect.

21 MS. DELUCA: Yes, Your Honor, on
22 Page 69 of her deposition, Janelle Belk also
23 testified that it was unfortunate that the
24 bleeding continued after she left. She cannot
25 pinpoint what time that it began or what time

1 that it stopped. She doesn't document him
2 bleeding when she arrives. She goes through
3 the measures that she has taken, specifically
4 the dressing change and the sponge removal
5 that she admits caused the bleeding.

6 Thank you, Your Honor.

7 THE COURT: You're welcome.

8 Anything further?

9 MR. TIERNEY: I don't have
10 anything further, Your Honor. Thank you.

11 THE COURT: I appreciate that and I
12 appreciate the zealous advocacy of all the
13 attorneys on behalf of their clients. This
14 has been a joy to try with you all. Everybody
15 has been very professional.

16 Mr. and Mrs. Evans, I know that this
17 was a horrible day for you. I can tell --
18 it's nice to look out and see how close the
19 two of you are, and I am so sorry that it was
20 so hard on the stand. It's hard when you're
21 not familiar with the courtroom to have to
22 come in and tell stories about your health and
23 you our private life. It's pretty brave for
24 you to do that. I hate for you to have relive
25 that, but I'm glad that you got to have your

1 day in court.

2 I want to tell you that your lawyer
3 has done an excellent job. Medical
4 malpractice cases -- and I hope that they told
5 you this when you came in and met with the
6 lawyer in the beginning -- are some of the
7 hardest to prove, period, in court.

8 I thought the way that she used that
9 liter of blood (sic) and the rice was
10 effective. I think that really gets your
11 point across to the jury.

12 Unfortunately, and as I am sure your
13 attorney has told you, in South Carolina --
14 really in any state where you have a medical
15 malpractice case, there are very specific
16 requirements that must be met in order for the
17 jury to ever get to consider a medical
18 malpractice case.

19 Without a doubt in my mind, although
20 I never know what that they are going to do in
21 Columbia, they certainly correct those of us
22 on the trial level when we make a mistake, or
23 mistakes; which does happen.

24 If Janelle Belk had come and changed
25 that wound dressing on what sounds like a very

1 painful wound vac in a very painful area and
2 it had spurting blood, Ms. Evans, as you
3 described it when you lifted the blanket and
4 the towel and saw it, and if she had just left
5 right then when she saw that objectively, no
6 question about it -- in my mind -- that
7 would've fallen within the common knowledge
8 exception and could have been held to a
9 proximately have caused what you went through.

10 The evidence that I am bound by is
11 what everybody put in and what the evidence in
12 the case is.

13 Particularly what resonated with me
14 was Dr. Gezen's testimony and Dr. Widenhouse's
15 testimony, even more than the nursing experts,
16 of that there was no hemorrhagic event in the
17 ambulance. The hemoglobin was higher when Mr.
18 Evans left the hospital than it was when he
19 got there, and he didn't have to have
20 transfused blood products. It was IV saline
21 solution. When Janelle ---

22 MS. DELUCA: Your Honor, I apologize
23 but it was not higher when he left.

24 THE COURT: I thought it was
25 fourteen upon discharge and eleven when he --

1 it was lower when he left the hospital. I'm
2 sorry. I misspoke.

3 MS. DELUCA: Okay.

4 THE COURT: My understanding is
5 that he hemoglobin was fourteen upon his
6 admission to the hospital on the day of the
7 event, that it was eleven when he left.
8 Thank you for correcting that.

9 MS. DELUCA: I apologize for ---

10 THE COURT: No, no, I appreciate
11 it. But that confirms my ruling, the fact
12 that he didn't have to have transfused IV
13 blood products.

14 The situation here is that no one --
15 not Ms. Cauwels, not any of the doctors, can
16 testify as to what caused the bleeding event
17 that led to the calling of the EMS. No
18 question about it that when she changed the
19 dressing on that wound and took the wound vac
20 off, as all the experts have said, and as I
21 think anybody in their common knowledge can
22 figure out, it's painful when you take off a
23 wound vac. It's painful when you change a
24 dressing on just a skinned knee on a child,
25 much less a groin area hydrodenitis wound that

1 has had a skin graph. That was painful and it
2 caused bleeding. But when she left that day to
3 go get the blood checked at the lab, because
4 of the Coumadin, the testimony in the record
5 is that the outer dressing was dry, that Mr.
6 Evans was stable and the bleeding was
7 controlled if not completely stopped. The
8 rice was there. Even Dr. Gezen admits in his
9 deposition, in what I read, that those salt
10 bags that are used in cath labs are a standard
11 of care that is followed. We also heard from
12 the expert this morning that the bag of rice
13 was an extra precaution.

14 No doubt about it, if Ms. Belk had
15 left when there was an active spurting bleed,
16 or even if the outer dressing had shown blood,
17 I think that you could get to the jury. But I
18 don't have any evidence to show that anything
19 that Ms. Belk did, no matter how many times
20 she may have violated the standard of care, --
21 she might have been the rudest nurse that
22 y'all have ever dealt with, but unless that
23 caused the second bleed, the later bleed that
24 led to the vasovagal event, that is not proof
25 of proximate cause that allows me to let the

1 case go to the jury.

2 So under Melton v Medtronic and
3 more specifically under Watson v Ford Motor
4 Company, I do believe that the defendant is
5 entitled to a directed verdict in this matter.

6 Dr. Gezen specifically testified that
7 there was no hemorrhagic event, that it was a
8 vasovagal event. Dr. Widenhouse testified
9 that even panic can trigger a vasovagal event
10 and a transient drop in blood pressure.
11 Which, I know that was horrifying but that's
12 what we had here -- a vasovagal event with a
13 transient drop in blood pressure.

14 Nobody, expect, laywitness,
15 otherwise, can testify to -- at all, much
16 less "more probably than not" what caused the
17 second bleed, that caused the vasovagal event.

18 No question about that removing the
19 wound vac caused the first bleed. That's what
20 happens when you dress a wound. But right
21 here in this case we are dealing with the
22 treatment of hydradenitis, which causes very
23 difficult wound healing problems. The groin
24 area, which Dr. Widenhouse testifies does not
25 heal easily, and which is very easily

1 disturbed -- I think the example that he used
2 was ambulation. Any kind of strange movement
3 could have dislodged that granulation tissue
4 and caused it to bleed again.

5 Wound vacs cause granulation tissue.
6 That's what they want them to do.
7 Unfortunately, granulation tissue is subject
8 to bleeding. That's one of the complications.
9 In fact, complications from a bleed are known
10 to occur just from the hydradenitis surgery
11 later. Dr. Widenhouse testified as to that.

12 So under the *Medtronic* decision,
13 *Melton v. Medtronic*, and the other line of
14 cases in South Carolina, there is no proximate
15 cause that allows me to send this to the jury.

16 Your record is protected. I'm happy
17 for you to do whatever you need to do.

18 MS. DELUCA: If I would be free to
19 respond, Your Honor, ---

20 THE COURT: I've ruled. But you
21 can. Don't do that with anybody else, but I
22 am going to let you put that on the record.
23 Don't do that with Judge Dennis.

24 MS. DELUCA: I do appreciate it,
25 Your Honor. I feel like I was addressing the

1 initial bleed and you've raised the issue of
2 the second, which I did not address ---

3 THE COURT: Okay.

4 MS. DELUCA: --- because I was
5 looking at the testimony by Ms. Belk that she
6 said that it continued. But then I would want
7 to relate to the Green case by the Supreme
8 Court to her testimony about it continuing.
9 So, the same as I discussed before, wherein
10 Green they deemed the admission by the
11 defendant of such high probative value, I
12 think that the fact that she said that it
13 continued should be given high probative value
14 in this case.

15 THE COURT: I do give it high
16 probative value. In fact that's how you got
17 past directed verdict in the beginning. I
18 wanted to hear the rest of the evidence. But
19 even then I -- I should have granted it after
20 the plaintiff's case. I should have granted
21 the directed verdict as to the whole trial.
22 I'm sorry that I put you all through it, but I
23 wanted to make sure that I was comfortable in
24 my mind on the proximate cause issue.

25 In Green, to me the issue isn't

1 really the admission or denied. It's the fact
2 that when you do a tubal ligation on somebody,
3 anybody knows that you don't leave an
4 intrauterine device. I mean, you don't need
5 an intrauterine device if you've had a tubal
6 ligation.

7 Here, you don't leave a patient if
8 they've got an active bleed and aren't stable.
9 But if the wound is stabilized and you're
10 going to check to make sure that the clotting
11 is okay at the lab because of Coumadin that
12 another doctor prescribed, that's not the
13 proximate cause of the second bleed. It may
14 or may not even be a violation of the standard
15 of care.

16 I'm assuming that there were multiple
17 violations of the standard of care, because
18 that is what I have to infer. All inferences
19 are taken in the light most favorable to the
20 plaintiff. Even if I infer that every single
21 thing that Lauren Cauwels said was true and
22 even if I give ever beneficial inference to
23 Ms. Belk's continuance of the bleed testimony
24 from her deposition, I still can't get past
25 the proximate cause hurdle. That's what is

1 hanging me up.

2 I honestly don't think that there was
3 any other way that you could have tried this
4 case to show that, because the evidence just
5 is not there in my opinion.

6 Again, they can correct me if I am
7 wrong, in Columbia. But, honestly, Dr.
8 Gezen's testimony, your own expert, to me was
9 one of the more damning aspects for the
10 plaintiff's case.

11 MS. DELUCA: Well, Dr. Gezen was
12 just asked to testify as to the medical
13 causation since the wound care is really in
14 the nursing provence. So that's what he was
15 asked to do. The nurses are the ones that
16 provide the care. So that's why that
17 testimony was from the nurses.

18 THE COURT: Right, but the medical
19 problem that we're attempting to sway the jury
20 with, as I see it, which I think is exactly
21 the right way to try it, is that liter of
22 blood. He did not have a hemorrhagic event
23 that day.

24 MS. DELUCA: No, but Dr. Gezen
25 testified, pointblank, that the bleeding

1 caused the vasovagal event, the ---

2 THE COURT: I understand.

3 MS. DELUCA: --- bradycardia and ---

4 THE COURT: You're correct. You
5 are absolutely correct. I read it several
6 times.

7 MS. DELUCA: So I just want to bring
8 in a couple of things that happened this
9 morning. This morning, Ms. Epting talked
10 about the facts that you wouldn't go get a
11 PT/INR unless there has been difficulty in
12 getting a wound to stop bleeding. Which I
13 think also goes to the continuance of the
14 bleeds, supporting Ms. Belk's own admission.
15 Then the bag of rice covers a 4x4. So they
16 can't tell whether it's bleeding. All they
17 can see is that that outer dressing is dry.
18 So those are things that I brought up with Ms.
19 Epting and that I know I brought up with one
20 or two of the other people that sort of brings
21 ---

22 THE COURT: You brought up
23 everything that you needed to bring up.

24 MS. DELUCA: Then there was the
25 continuation of the bleeding. So, I mean that

1 was the circumstantial evidence.

2 THE COURT: I understand.

3 MS. DELUCA: And -- coupled with the
4 admission by the defendant that she caused the
5 bleed, that it continued after she left and
6 then Dr. Gezen saying the bleeding did cause
7 the damages -- and I realize that it is not --
8 that it is not shock and it is not -- but he
9 specifically says the bleeding caused the
10 vasovagal event, which ---

11 THE COURT: I understand. What I
12 am not allowed to do, in this function, -- it
13 would have been much easier for me to let this
14 go to the jury. That is what I wanted to do.
15 I have to make the tough call.

16 I can't allow them to speculate as to
17 what might have been under the bag of rice, or
18 what might not have been. I have to have
19 testimony to show that something about that
20 proximately caused the event or the damages,
21 which are the -- the mental distress really is
22 all that we have, or any pain and suffering,
23 because we don't have anything to tie the
24 hospital visit in.

25 I can't allow them to rely on their

1 passion and prejudice or sympathy.

2 However, I welcome you to argue all
3 of this to the Court of Appeals. If I am
4 wrong, they will fix it. But I feel
5 comfortable under the case law that this is
6 the decision that I have to make.

7 You tried a wonderful case. I think
8 you did the best that you could with the
9 evidence that you had. I mean, we all know
10 that you have to -- that you play the
11 evidentiary hand that you're dealt.

12 So I apologize. I do have to grant
13 the Motion for a directed verdict. I have
14 enjoyed trying this with you. I wish you good
15 luck and I hope to see you all again in court
16 real soon.

17 Make sure that you get the exhibits
18 all straight with Ms. Vivian, the court
19 reporter, before we go.

20 Before we go, I would like to -- I
21 need to talk to the jury. I'll go talk to
22 them in the jury room. They don't need to
23 come back out unless the lawyers just want
24 them to. Do you have a preference either way?

25 MR. TIERNEY: No, Your Honor.

1 THE COURT: I'll talk to them. I
2 am going to tell them too, because this may
3 help you for purposes of what you decide that
4 you need to do next, that I am going -- I'll
5 tell them that I will let you contact them if
6 you want to, but they don't have to talk to us
7 unless they want to. Usually they do want to
8 talk to you and tell you what they thought but
9 -- that may help you figure out what the next
10 step is. Again, good luck to you.

11 (TRIAL CONCLUDED)

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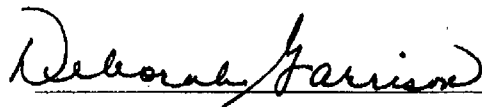
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CERTIFICATE OF REPORTER

I, the undersigned, Deborah Garrison,
official court reporter for the 9th Judicial
Circuit of the State of South Carolina, do
hereby certify that the foregoing is a true,
accurate and complete transcript of the
hearing held before The Honorable Stephanie
P. McDonald on January 9-12, 2012, as prepared
from the audio notes of Vivian Cross, Official
Court Reporter;

I further certify that I am neither kin
nor counsel to any of the parties and have no
interest in the outcome of this action.

A handwritten signature in cursive script, reading "Deborah Garrison", is written over a horizontal line.

Deborah Garrison
Circuit Court Reporter
9th Judicial Circuit

Charleston, South Carolina
September 18, 2012

Finley C. Evans,) Transcript of Record
Plaintiff,) 2009-CP-08-03237

Roper Hospital, Inc. D/B/A)
Roper St. Francis Healthcare)
and D/B/A Roper-St. Francis)
Home Heath,)

Defendants.)

Charleston, South Carolina

The Honorable Stephanie P. McDonald, Judge

Christy DeLuca, Esquire
Attorney for the Plaintiff

SHARON L. VIZER-HANKS

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I N D E XThursday, March, 2012

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Certificate of Reporter.....	17

NO EXHIBITS WERE INTRODUCED

1 Thursday, March 15, 2012

2 THE COURT: All right, Ms. DeLuca. It is your
3 motion. I'm ready to hear from you whenever. You're
4 welcome to stand right there, come to the podium, However
5 you want to do it.

6 MS. DELUCA: Okay. Thank you, Your Honor.

7 We're here on plaintiff's motion to reconsider,
8 alter and amend the directed verdict that was granted at
9 the trial in this matter in January of this year. So I
10 guess I'll start at the beginning --

11 THE COURT: Sure. I'm happy to hear from you.

12 MS. DELUCA: -- with the directed verdict standard.

13 The plaintiffs believe that this is an issue of
14 fact and that a directed verdict should be granted only
15 where the evidence raises no issue for the jury.

16 That in ruling on a motion for a directed verdict
17 the trial court must view the evidence in the light most
18 favorable to the nonmoving party and must draw all
19 inferences reasonably deducible from the evidence in
20 favor of the nonmoving party and construe the facts as
21 liberally in the opposing party's favor; and that a trial
22 judge has the authority to direct a verdict where the
23 case presents only questions of law.

24 That in directed verdict there should not be any
25 credibility issues or conflicts in the testimony

1 resolved. It's a focus solely on the existence or
2 nonexistence of evidence and not the credibility or
3 weight given to that evidence.

4 In South Carolina the case law holds generally that
5 a directed verdict is not favored and must be denied if
6 there is even a scintilla of evidence tending to prove
7 the allegations of the complaint.

8 Now, in this case it was my understanding from the
9 original directed verdict motion that it was based just
10 on a proximate cause issue and their contention that
11 there was a second bleed that began after the nurse left.

12 Now, the motion that I received within the last
13 couple hours doesn't raise that. It talks more about the
14 nurse's departure.

15 THE COURT: I think that the issue I need you to
16 address for me is what the error was in ruling that there
17 wasn't enough evidence of causation between any deviation
18 from the standard of care and any injuries that were
19 actually caused such that the link was there that I could
20 send it to the jury.

21 MS. DELUCA: Sure. Well, my understanding was the
22 last time when we argued this initially I have focussed
23 on the breaches and the causation from when the nurse
24 first came in and what she did and didn't do. It was my
25 understanding from the argument and your ruling that

1 there was a focus on a proposed or alleged rebleed or
2 second bleed, which I believe to be completely an issue
3 of fact.

4 So correct me if I'm wrong on that, but I felt like
5 last time I focussing on the initial part and y'all were
6 focussing on that after her departure or the rebleed.

7 THE COURT: Honestly, all I focussed on was whether
8 the plaintiff had put in enough evidence, expert or
9 otherwise, to establish a deviation from the standard of
10 care that caused a bleed that caused him damage that
11 wasn't outside the norm of what the normal problems that
12 might occur with the vac could be.

13 And the issue I believe that we had was that it was
14 a classic, at least in the Court's opinion, res ipsa
15 loquitur situation, and truly that's what I need you to
16 convince me that it wasn't, that there wasn't a causation
17 problem and that there was enough of an issue of fact on
18 proximate cause to send the issue to the jury, that there
19 was more than one inference that the jury could draw.

20 MS. DELUCA: Okay. So focussing on that I'll go to
21 the nurse's initial arrival. There was the issue of the
22 pressure setting that doctors ordered being erroneously
23 transcribed into the nursing record at a higher setting;
24 the issue of it possibly, although it's not documented,
25 of it being set at that higher setting as the initial

1 nurse transcribed it into the record.

2 Incorrect application of the wound vac. The way
3 she documents it she did not put the black sponge in
4 there, which would cause a bleed.

5 Her failure to evaluate, failure to assess because
6 had she done a proper evaluation and assessment the nurse
7 expert opined that if it was bleeding you would not have
8 even removed the bandage, and therefore not of had a
9 bleed to begin with.

10 Then her failure to remove the dressing properly.
11 She says it was like removing a piece of tape whereas
12 even their own expert and the plaintiff's expert talked
13 about how you don't do that, how you gently lift it up on
14 both sides, so the improper removal of it.

15 Failure to contact the doctor with significant
16 changes before it even got to that critical stage, and
17 then of course if she stayed there, applied pressure, got
18 an assistant sooner, and then there's the whole factual
19 issues as to when she left, when she took the blood, what
20 she did whatever she did leave. So those were the
21 breaches that were set forth in the expert testimony.

22 Then I at least attempted to elicit from the expert
23 the causation. I guess my -- there was some difference
24 of opinion as to what actually got in. I tried to elicit
25 the testimony. I asked the questions. There were

1 objections. There was much discussion. But I believe
2 the expert did testify some as to what the standard of
3 care was, that it wasn't met and what happened as a
4 result of these breaches.

5 Then doctor -- so she set forth the breaches, how
6 the breaches caused the bleeding. And then in addition
7 to the expert's own testimony there was Ms. Belk's
8 testimony, her deposition testimony, her trial testimony
9 and the records that speak to her causing the bleed with
10 the dressing change, her noting the bleed and her not
11 knowing when it stopped and her knowing that it started
12 with the dressing change.

13 So there was not only the expert testimony there
14 was circumstantial evidence as well. And then Dr. Gazen
15 tied the bleeding to the damages.

16 THE COURT: Okay.

17 MS. DELUCA: So I thought we set forth all of those
18 pieces.

19 And the defendant nurse and the plaintiff's expert
20 nurse both testified about the dressing change causing
21 the bleeding. That if it was not removed it would not
22 have bled, at least from Ms. Cowells.

23 So there was the expert testimony, there was the
24 circumstantial evidence, and then in addition I think it
25 does go to common sense. People are familiar with

1 pulling off a Band-Aid, pulling off a piece of tape and
2 when you do that the wound underneath can bleed, ooze,
3 whatever type of wound you're dealing with underneath
4 there.

5 So if you look at what was set forth and then the
6 case law that really addresses that. There's Martison
7 (ph) which talks about when you're dealing solely with
8 expert testimony, and in that case they found that even
9 -- the doctor testified that there was a one in three
10 chance that there would have been a difference and that
11 was found to be sufficient.

12 And then there was the Green vs. Lillywood case
13 which I thought was very analogous to our case which
14 involves expert testimony as well as circumstantial;
15 very, very similar where the defendant acknowledged
16 causing the problem. That there was some expert
17 testimony but they said it didn't have to rise to the
18 most probably standard when there was other testimony --
19 or other proof as well.

20 In that case both of the parties had testimony and
21 there was the timing of it, so some of it was common
22 knowledge, some of it was the parties and testimony and
23 observations, and some of it did come from the expert
24 testimony. And that case was sufficient to overcome a
25 directed verdict as well. So I don't know --

1 THE COURT: That the tubal ligation case?

2 MS. DELUCA: Yes. Yes. So those were the main
3 cases that really addressed this on point, whether you
4 looked at it from expert testimony or more analogously
5 the Green Vs. Lillywood where you have all of these
6 different components that come together to create more
7 than a scintilla of evidence and the issues that do exist
8 are ones of fact as opposed to issues of law.

9 THE COURT: Okay.

10 MS. DELUCA: I'd be happy to address any issues
11 from the Court.

12 THE COURT: No. You all argued this extensively at
13 trial. I've read the briefs. I appreciate your
14 arguments now, just anything you want to put on the
15 record I'm happy to hear it, but your briefs will be
16 incorporated so --

17 MS. DELUCA: Okay. That's all unless there's
18 something I feel I need to respond to or that you'd like
19 the hear on.

20 THE COURT: Well, you get the last word because
21 it's your motion so I'll hear from Mr. Tierney or
22 Ms. Toporeck and we'll go from there.

23 MS. DELUCA: Thank you, Your Honor.

24 THE COURT: Thank you.

25 Yes, sir?

1 MR. TIERNEY: Thank you, Your Honor. Joseph
2 Tierney on behalf of the hospital, Roper Hospital, for
3 the record.

4 Your Honor, you are correct. Not only when I
5 raised the directed verdict motion at the close of
6 plaintiff's trial did we address these issues but also
7 is was when I raised the directed verdict motion again
8 when I completed my case that these same issues were
9 discussed.

10 And, in fact, the Court -- I can't remember if it
11 was on the record or off the record but prior to, I
12 believe it was the last day of testimony, the Court was
13 very clear to advise both lawyers what the Court was
14 looking for with respect to proximate cause. And we even
15 discussed the Medtronic case, which I've cited in my
16 memorandum today and I know Your Honor is well aware of.

17 It's very clear in a medical malpractice case
18 that you have to have duty, breach and then you have to
19 have a proximate cause which relates to damages. In this
20 particular case there was days of testimony about the
21 breaches by Nurse Belk.

22 What we never heard from any expert in this case
23 was that Nurse Belk was the proximate cause of the bleed
24 and the bleed is what took Mr. Finley Evans to the
25 hospital, and that's what the damages were in this case.

1 Today, I don't believe there's been any argument
2 from counsel for plaintiff. I say that respectfully;
3 that there was any testimony by any expert that Janelle
4 Belk proximately caused the bleed.

5 I take exception to some of the references in the
6 memo that was filed referencing the two medical records.
7 I believe Your Honor has reviewed the medical records.
8 There's no testimony in those records that Janelle Belk
9 says she caused the bleed. She says she encountered the
10 bleed or something to that affect when she was changing
11 the bandages.

12 The case law is clear, the statute is clear. You
13 have to have proximate cause testimony. Even when it's
14 subject matter that is within the common ambit of a lay
15 person you still have to have proximate cause testimony
16 and I do not believe that standard was ever met. I don't
17 believe it was met in her case in chief and I don't
18 believe she cross-examined any of my witnesses and
19 solicited any of that testimony.

20 The only other thing I want to bring up, Your
21 Honor, and I addressed this in my memorandum which I
22 submitted to the Court today is that I'm not so sure that
23 this motion can be heard.

24 And just to put on the record, I believe that at
25 the close of the case after there is some final ruling by

1 the Court, such as when Your Honor directed a verdict,
2 it's incumbent upon the plaintiff to make a motion at
3 that time for a new trial or additur, or remittitur, your
4 standard motions that you make after there has been some
5 ruling.

6 At that point, Your Honor either grants the request
7 from the plaintiff's counsel and grant 10 days to
8 entertain those motions or Your Honor would normally say
9 I'm going hear those motions right now. That request was
10 never made, to my recollection, and the record will
11 correct me if I'm wrong.

12 THE COURT: And I honestly -- my normal practice is
13 to say would you like your 10 days, or I'm happy to give
14 you your 10 days, and I think that would protect her for
15 those purples. I can't remember. This was two months
16 ago. So the record will reflect that, but I do note your
17 argument and that will certainly be a ground that you all
18 will address if this goes further so...

19 MR. TIERNEY: Thank you.

20 THE COURT: I just don't remember. My normal
21 practice is to give the 10 days so...

22 MR. TIERNEY: Well, I've briefed that issue in my
23 memo and if you will incorporate my memo into my argument
24 today --

25 THE COURT: I certainly will.

1 MR. TIERNEY: -- then I don't need to be heard on
2 that anymore.

3 THE COURT: Okay.

4 MR. TIERNEY: And I'm happy to answer any questions
5 but I believe that concludes my argument on behalf of the
6 Hospital.

7 THE COURT: Anything further?

8 MS. DELUCA: Just briefly, Your Honor.

9 As to the 10 days, again, my memory is not accurate
10 but I typically ask for it if not given. So I didn't ask
11 for it. It was my understanding that you had granted it
12 but the record would --

13 THE COURT: Well, let's just say this, so that I
14 protect you all for appellate purpose. Mr. Tierney has
15 raised that had issue which he has to do in order to
16 protect it for appellate purposes. I'm going to rule on
17 it, that I gave you the 10 days. That you either made
18 that request or I just sua sponte said take your 10 days,
19 it had been four days hard fought of trial.

20 If I'm wrong about that they can fix that for sure,
21 but you all can consider -- I'm going to deny -- well,
22 it's not a denial because it's your -- that's not going
23 to be one of the grounds for which I uphold my motion.
24 My ruling on directed verdict, I just want to rule on it
25 enough that it's been presented and preserved for his

1 purposes, so you all can fight about it in Columbia if
2 you need to.

3 MS. DELUCA: Your Honor, also as to that. I filed
4 it as a motion to alter or amend the directed verdict
5 decision. The part of the rule he's referencing is a
6 motion for a new trial. And the case law -- you know, I
7 got this in the last couple of hours so the research that
8 I've done thus far indicates that the motion to alter or
9 amend is the proper motion to make when you're dealing
10 with a directed verdict.

11 And the motion to alter or amend part of Rule 59
12 does allow you 10 days. The motion for a new trial says
13 that it has to be made immediately or within the
14 discretion of the trial judge.

15 So I made the motion to alter or amend as the case
16 law states is appropriate and the courts have ruled on
17 motions to alter or amend, granting and/or denying them
18 in various cases when the directed verdict issue has been
19 raised. So I just wanted to make that distinction as to
20 the timelines and which type of motion it applies to.

21 And then just going back to the proximate cause
22 testimony. Again, the record would speak to it but it
23 was my recollection that that testimony was elicited from
24 Nurse Cowells and I know that I attempted to ask many
25 more questions that were objected to and were sustained

1 and we had much discussion and argument at that time, and
2 I guess that would be part and parcel of this, but those
3 that were sustained we had much discussion about and you
4 said that my objections were noted, to move on, and that
5 was done.

6 THE COURT: Well, I think what I ruled was that
7 there were certain things that you were trying to elicit
8 from Nurse Cowells that the Court held she was not
9 qualified to address. So it was a qualification, you
10 know, 702, 703, 704 issue, but I think the record will
11 reflect that.

12 MS. DELUCA: Okay. To the extent that this case
13 involved nursing care, nursing wound care and Ms. Cowells
14 was a nurse expert and provided wound care I would argue
15 that she is qualified to testify as to the proper nursing
16 standard of care. And then Dr. Gazen came in. He
17 testified as to the next link, which is the damages from
18 that.

19 And then as to the directed verdict, the motion was
20 made but was denied at the close of the plaintiff's case
21 indicating that there was sufficient issues of fact for
22 the case to go to a jury. Then when it was renewed at
23 the close of the defendant's case that's when it was
24 granted.

25 So I believe that the plaintiff did present enough

1 evidence to create -- to have more than a scintilla of
2 evidence and to create sufficient jury issues, that the
3 jury should have been able to rule upon those.

4 THE COURT: Okay. Thank you.

5 Okay. I am going to deny plaintiff's motion to
6 reconsider, alter and amend the judgment. The testimony
7 as I heard it at trial simply did not establish or
8 present enough evidence from which a jury could
9 reasonably find proximate cause or a causal connection
10 between any standard of care deviations and the damages
11 alleged to have been suffered by the plaintiff in this
12 matter.

13 I decline to rule that the motion is untimely but I
14 may be wrong on that one. So I will leave that to you,
15 and good luck on appeal. You all can certainly try to
16 work this out beforehand, but just let me know what
17 happens.

18 Is a form four sufficient or do you all want to do
19 a proposed order? Either way is fine with me.

20 MR. TIERNEY: Form four is fine.

21 MS. DELUCA: That's fine, Your Honor. Thank you.

22 THE COURT: Thank you. Good luck. Good to see you
23 all.

24 MR. TIERNEY: Thank you, Your Honor.

25 (WHEREUPON, the hearing was concluded.)

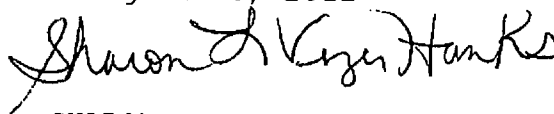
C E R T I F I C A T E

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I, Sharon L. Vizer-Hanks, Official Court Reporter for
the Ninth Judicial Circuit of the State of South
Carolina, do hereby certify that the foregoing is a true,
accurate and complete transcript of record of all the
proceedings had and the evidence introduced in the
hearing of the captioned case in Circuit Court on the
15th day of March 2012.

I do further certify that I am neither of kin, counsel
nor have an interest to any party hereto.

August 10, 2012



SHARON L. VIZER-HANKS

CIRCUIT COURT REPORTER

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name FRANCES ANN P. GAILLARD, RN	Reason Chartwork	Date 28 Sep 06	Begin Time 3:45PM	End Time 3:51PM

Notes

61 y/o married caucasian male
Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE
Program(s): Home Health Location: CareAlliance

3:45PM

Demographics

M0020-B1/patient id #	HH003855	SSN	247-76-9752
First name	FINLEY	Birthdate	Jul 12, 1945
middle	C	Gender	Male
last	EVANS	Pt display status	Eval
Address	119 LAND O PINES CIR	Phone	843-899-5838
Zip/postal	29461	Medical rec#	MR03843
CBSA	16700	Account#	HH003855
City	Moncks Corner	Ref source	Physician Referral
State/province	SC	date	Sep 28, 2006
County	Berkeley	Marital status	Married
		Program	Home Health

3:45PM

Past Medical History. History revealed: DENIES DIABETES, HYPERTENSION, WEIGHT: 218 LBS HEIGHT 5'8".

3:45PM

Allergies

Allergies Penicillins
response Hives

3:45PM

Clinician reminder: call before visit. Patient information note: : I26 TO HIGHWAY 52 TURN LEFT ONTO HIGHWAY 6 CROSS HIGHWAY 17A STAY ON HWY 6, PASS BERKELEY HIGH SCHOOL AT THE FORK BEAR TO RIGHT GO ABOUT A MILE ROAD WILL CURVE TO RIGHT SIGN WELCOME TO PINOPOLIS FIRST LAND O PINES ON LEFT TAKE LEFT ONTO LAND O PINES GO ABOUT 1/8 MILE BLUE HOME #119 ON LEFT.

3:45PM

Patient Management

M0072-B1 use Dr	WIDENBRIG	DME supplier1	KCI
M0072-B1/prim ref phys id	068767	telephone	888 275 4524
Care team	A	fax	888 245-2295
Clin	BELK, JANELLE L	note	Wound VAC
Primary clinician	Belk, Janelle L		
(M0072) Primary Referring Physician ID:	068767		

3:45PM

Current advance directives include: Durable Medical Power of Attorney and living will. Requested copy of advanced directive for chart from patient and agreed to provide copy of advance directive.

FRANCES ANN P. GAILLARD, RN

Signature on File

<Continued on page 2>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name FRANCES ANN P. GAILLARD, RN	Reason Chartwork	Date 28 Sep 06	Begin Time 3:45PM	End Time 3:51PM

Notes

3:45PM
Payment Source Information
M0150-B1/pay source 8 Holder nm EVANS, FINLEY C
Medicare# Policy# 247769752
no medicare NA
primary NO
Medicaid#
no medicaid NA
Insurance
BC/BS OF SOUTH CAROLINA
address PIEDMONT SERVICE CENTER
PO BOX 6000
zip/postal 29606
city GREENVILLE
state/province SC

(M0150) Current Payment Sources for Home Care: (MARK ALL THAT APPLY). Required on all time points for submission purposes.
8 - Private insurance
(M0063) Medicare Number: (including suffix)
NA - No Medicare
(M0065) Medicaid Number:
NA - No Medicaid

3:45PM
HIPAA Privacy
PHI share with JANE A EVANS
relationship Spouse
data to share MEDICAL

3:45PM
Patient History Note: : (X) SN DIAGNOSIS: 09/21/2006 SURGERY FOR HYDRADENITIS, SURGICAL DEHISCED WOUND, HYDRADENITIS BUTTOCKS, PERIANAL.

3:45PM
Doctors - CAMPBELL
Status Appt/order Zip/postal 29461
Referring physician No Telephone
First name JEANNIE 8437616556
last CAMPBELL 8437611388
Address Fax C61368
730 STONEY LANDING RD
SUITE 200
UPIN

3:45PM
Doctors - WIDENBRIG
Status Primary Zip/postal 29406
Referring physician Yes Telephone
First name BRIAN 8437975252
middle G 8437973683
last WIDENHOUSE 668767
Address UPIN
2801 TRICOM ST

FRANCES ANN P. GAILLARD, RN
Signature on File <Continued on page 3>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name FRANCES ANN P. GAILLARD, RN	Reason Chartwork	Date 28 Sep 06	Begin Time 3:45PM	End Time 3:51PM

Notes

3:46PM Correction entered on 29 Sep 06 7:14AM
 Patient History Note: : 09/21/2006 SURGERY FOR HYDRADENITIS SCROTUM, SURGICAL DEHISCED WOUND, HYDRADENITIS BUTTOCKS, PERIANAL.

3:48PM
 Administrative note: ***REFERRED BY: LYNN, KCI ***PHONE: 843 532-1953
 ***INPATIENT FACILITY NAME: ***COMMENTS: VOIDING WITHOUT DIFFICULTY, NORMAL BOWEL MOVEMENTS, PER KCI, WOUND VAC IS SUPPOSED TO BE DELIVERED TO MR. FINLEY C EVANS HOME ON FRIDAY, SEPTEMBER 29, 2006. MR EVANS HAS BEEN ASKED TO CALL ROPER HOME HEALTH WHEN THE WOUND VAC HAS ARRIVED, IS ON THE FRIDAY AFTERNOON SCHEDULE.

3:48PM
 Emergency Contacts
 Name: EVANS, JANE A
 add phone: 843 312-2168
 relationship: Spouse

3:49PM
 Integumentary notes: DENIES.

3:49PM
 On September 28, 2006 at 3:46PM. Contact notes: SN ASSESSMENT AND OBSERVATION, WOUND VAC APPLIED TO BUTTOCK, PERIANAL, CHANGE DRESSING MONDAY, WEDNESDAY, FRIDAY, WOUND CARE NURSE CONSULT, DIETARY CONSULT, 125 MM MERCURY NEG PRESSURE CONT PRESSURE, IN CASE OF POWER FAILURE CHANGE TO WET TO DRY SALINE DRESSING.

3:49PM
 Case Conference occurred September 28, 2006 at 3:46PM. The following participated in the case conference: Clinicians: BELK, JANELLE L, BURBAGE, JUDITH M, WISE, DIANA D, and BROWN, SHARON RIDDLE Referral group. Case conference note: SN ASSESSMENT AND OBSERVATION, WOUND VAC APPLIED TO BUTTOCK, PERIANAL, CHANGE DRESSING MONDAY, WEDNESDAY, FRIDAY, WOUND CARE NURSE CONSULT, DIETARY CONSULT, 125 MM MERCURY NEG PRESSURE CONT PRESSURE, IN CASE OF POWER FAILURE CHANGE TO WET TO DRY SALINE DRESSING.

3:49PM
 Admission order on September 28, 2006 by Dr. BRIAN WIDENHOUSE. Doctor order post hospitalization. This order begins on September 28, 2006. Physician order as follows: notes include: SN ASSESSMENT AND OBSERVATION, WOUND VAC APPLIED TO BUTTOCK, PERIANAL, CHANGE DRESSING MONDAY, WEDNESDAY, FRIDAY, WOUND CARE NURSE CONSULT, DIETARY CONSULT, 125 MM MERCURY NEG PRESSURE CONT PRESSURE, IN CASE OF POWER FAILURE CHANGE TO WET TO DRY SALINE DRESSING.

FRANCES ANN P. GAILLARD, RN
 Signature on File <End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name NANCY T STEWART, Education	Reason Chartwork	Date 28 Sep 06	Begin Time 4:17PM	End Time 4:20PM

Notes

61 y/o married caucasian male
 Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE
 Program(s): Home Health Location: CareAlliance
 Med Dx: POSTOP WD DEHISCENCE 092806 Exacerbation
 EX HYDRADENITIS-SCROTUM 092106 Onset
 ASSESS/CARE SURGICAL WD Onset

4:18PM
 Medical Diagnoses
 Princ dx desc POSTOP WD DEHISCENCE Dxl desc ASSESS/CARE SURGICAL WD
 ICD 998.32 ICD V58.3
 date Sep 28, 2006 condition Onset
 condition Exacerbation
 Surg dx desc EX
 HYDRADENITIS-SCROTUM
 ICD 61.3
 date Sep 21, 2006
 condition Onset

4:18PM
 Chg Med/Tx Reg
 M0210-B1/dxa POSTOP WD DEHISCENCE
 M0210-B1/ICDa 998.32
 (M0210) List the pt's Medical Diagnoses and ICD-9-CM code categories
 (three-digits required; five digits optional) for those conditions requiring
 changed medical or treatment regimen (no surgical or V-codes)
 POSTOP WD DEHISCENCE
 (M0210) List the pt's Medical Diagnoses and ICD-9-CM code categories
 (three-digits required; five digits optional) for those conditions requiring
 changed medical or treatment regimen (no surgical or V-codes)
 998.32

NANCY T STEWART, Education
 Signature on File <End of Charting Session>



PATIENT NAME: Evans, Finley PATIENT ID: HH063855 DATE: 9/29/08

INSTRUCTIONS: This form is used to acknowledge receipt of our Orientation Booklet and confirm your understanding and agreement with its contents. Your signature below indicates your approval.

PATIENT RIGHTS RESPONSIBILITIES

I acknowledge that I have been made aware of my rights and responsibilities as a patient (including OASIS rights) and I understand them. The State home health hot line number (1-800-922-6735) has been provided and explained to me. I acknowledge that I have chosen this agency to provide home health services. No employee of this agency has solicited or coerced my decision in selecting a home health agency.

AUTHORIZATION OF TREATMENT

I hereby give my permission for authorized personnel of your agency to perform all necessary procedures and treatments as prescribed by my physician for the delivery of home health services. I understand that I may refuse treatment or terminate services at any time and the agency may terminate their services to me as explained in my orientation. I agree and consent to the home care plan and payment as outlined in this handbook. In addition, I consent to appropriate tests for the detection of infection, such as, but not limited to the Hepatitis B virus or Human Immunodeficiency Virus (HIV). I authorize the withdrawal of blood or other body fluids for this purpose if deemed necessary for the protection of others.

I consent and agree that should my physician prescribe intravenous therapy as treatment for my medical condition, that I will be informed by my physician of the nature and purpose of the agent to be administered, the risks involved and the alternatives available for treating my condition. I understand that there is an increased risk involved in the administration of infusions in the home, including possible life-threatening complications, and that in the event a complication would occur, immediate treatment of the complication might be limited to available resources. I understand that Roper-St. Francis Home Health is not responsible for the administration of any substance via my venous access line other than the medications ordered by my physician.

PLAN OF SERVICE FREQUENCIES

I understand that this is the initial plan and I will be notified by the agency each time there are changes made in my plan of treatment. I acknowledge my participation in establishing my plan of care and am in agreement with this plan of care. I have received written notification of actual cost for each discipline ordered for my care.

CONSENT TO PHOTOGRAPHY

I hereby authorize the agency to take pictures of myself and the treatment being done and authorize release of those photographs for use in advertisement or public education regarding home health services or to insurance providers to document my medical condition.

SPECIAL SERVICES

I understand that, if I need hospitalization or special services not provided by the agency, my legal representative or I must make arrangements for these services. The agency shall in no way be responsible for failure to provide the same and is hereby released from any liability arising from the fact that I am not provided with such additional care.

ADVANCE DIRECTIVE

I understand that the Federal Patient Self-Determination Act of 1990 requires that I be aware of my right to make health care decisions for myself. I understand that I may express wishes in a document called an Advance Directive (Living Will/Durable Power of Attorney for Health Care) so that my wishes may be known when I am unable to speak for myself.

1. I have made a Living Will ☒ Yes (Please provide a copy to the agency) ☐ No
2. I have made a Durable Power of Attorney for Health Care ☐ No ☒ Yes

(If yes, write the name and phone number of your Power of Attorney) Jane Evans

INFORMED CONSENT (USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION)

I agree to honestly, completely, and correctly provide all requested information and permit the Home Health Agency to release my medical record information as well as receive medical information from my physician(s), insurers, Medicare, Medicaid or their designated agents and other agencies involved in my medical care as applicable under the law. They may review my record, copy it in full or in part in order to obtain billing and payment information and for insurers (private or government) to determine whether they cover my services. I agree to allow the Home Health Agency to use my record made during this admission at this time or later to meet its required reporting duties regarding my care and to collect payment for the services I received. I hereby give permission for the review of my medical record by the agencies accrediting and/or other regulatory bodies.

I further acknowledge that I have received and reviewed in my Patient Orientation Handbook, the Roper-St. Francis Healthcare Notice of Information Practices that provides a description of information uses and disclosure practices. I accept and understand that I:

- ♦ Have the right to review the Notice prior to signing this consent.
- ♦ Accept that the Home Health Agency reserves the right to change the Notice and its information practices, but prior to the implementation of changes, it will mail a copy of any revised notice to the address that I have provided.
- ♦ Have the right to request in writing to the Home Health Agency any restrictions or requests for corrections as described in the Notice of Information Practices. The Home Health Agency, however, is not required to agree to either of these requests.
- ♦ May revoke this consent in writing that I provide to the Home Health Agency. The revocation does not apply to any uses of my information made by the Home Health Agency in reliance upon this consent form and on the belief that your consent was still effective.

I assign the benefits payable to Roper-St. Francis Home Health and authorize the agency to submit a claim to Medicare/Medicaid/or Other Health Insurance. It is Roper-St. Francis Home Health's policy to accept Medicare assignment as payment in full. I agree that the assigned payment responsibility is covered by current, valid and in effect insurance arrangements. I understand that I am responsible for any health insurance deductible and co-insurance. I understand that Medicare will deny payment for any therapy services and/or medical supplies that I may obtain from sources outside of Roper-St. Francis Home Health during the period that I am covered under the Medicare home health benefit. I further understand that I will be responsible to pay for these services.

I acknowledge that I have received information regarding the agency's charges for services I will be receiving and any financial obligations I may be responsible for as well as any information obtained from my insurance regarding coverage of Home Health Services.

We have received the following information regarding your coverage for Home Health services:

Medicare Medicare Number _____ Effective Date _____
I understand that qualified services are PAID IN FULL by Medicare as long as program eligibility requirements are met.
Medicaid Medicaid Number _____ Effective Date _____
I understand up to 75 qualified visits per year (July 1-June 30) are ALLOWED by Medicaid and subject to co-pays of _____. Once this limit has been exhausted, I will be responsible for all charges.

Medicare HMO Co-insurance responsibility: _____
☒ Private Insurance Insurance Co. Name/Policy No. BBS SC 34167752
☒ I understand Roper-St. Francis Home Health has not received confirmation of coverage from my insurance carrier. Until confirmation is received, I am ultimately responsible for all charges. The Finance office will notify me of my financial responsibility as soon as it has been confirmed.

I understand that Roper - St. Francis Home Health has received authorization for coverage of services from my insurance carrier. I understand that my insurance has authorized the following _____ and I am responsible for _____. Verification of coverage is not a guarantee of payment.

Self-Pay I understand that I am responsible for all charges. A Home Health Care Financial Service Representative will contact me regarding payment plans and will assist me with any necessary financial arrangements.

X. Birley G. Evans 7-29-06 _____
Patient's Signature Responsible Person or Legal Guardian Signature
[Signature] _____
Witness Signature/Agency Signature Printed Name and Relationship of Person Above

☐ Patient unable to sign due to: _____

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Physician Dr. BRIAN G WIDENHOUSE	Medical Diagnosis 998.32 POSTOP WD DEHISCENCE V58.3 ASSESS/CARE SURGICAL WD

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

RX HYDRADENITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

Patient identification verified prior to procedure/treatment by: 1. correct address and 2. verified patient social security number.

Vital Signs

Taken	At rest	BP systolic	154 mmHg
Temperature (F)	97.5 F	diastolic	72 mmHg
method	Oral	method	Auscultated
Pulse	68/min	location	Left arm
location	Apical	Position	Sitting
character	Irregular	Weight (lbs)	218
Respirations	18/min	Height/length (in)	68.0

Medication notes: Meds reviewed, no look alike sound alike meds.

Immunization history. Patient immunizations include: pneumo vax on November 2005.

JUDITH M BURBAGE, RN

Signature on File

<Continued on page 2>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Drug Regimen Review Data

Med1: Advicor 500-20 mg Oral Tab, Multiphasic Release 24 HR

Med2: Warfarin 6 mg Oral Tablet

Type Drug Interaction

Severity level 3

Sev level descr 3-Moderate Interaction: Assess the risk to the patient and take action as needed.

Interaction-profession MONOGRAPH TITLE: Selected Anticoagulants/HMG-Co Reductase Inhibitors SEVERITY LEVEL: 3-Moderate Interaction: Assess the risk to the patient and take action as needed. MECHANISM OF ACTION: The exact mechanism of this interaction is unknown. The HMG-CoA reductase inhibitor may inhibit the hepatic hydroxylation of warfarin. The HMG-CoA reductase inhibitors, which are highly plasma protein bound, may displace warfarin from its binding site. CLINICAL EFFECTS: Increase hypoprothrombinemic effects of warfarin. PREDISPOSING FACTORS: None determined. PATIENT MANAGEMENT: Patients should be monitored for changes in prothrombin time when a HMG Co-A reductase inhibitor is added to or discontinued from warfarin therapy, or if the dosage of the HMG Co-A reductase inhibitor is adjusted. DISCUSSION: Case reports in the medical literature and to the manufacturer have documented an interaction between lovastatin and warfarin. A case report has documented an interaction between pravastatin and flutindione (an orally administered indanedione anticoagulant), suggesting that pravastatin could also interact similarly with warfarin. Information concerning a potential interaction with simvastatin is conflicting. A case report has documented an interaction between simvastatin and acenocoumarol while another case report showed no interaction with warfarin. One group of authors reported three case reports of increased international normalized ratios (INRs) following the addition of fluvastatin to warfarin therapy. The addition of rosuvastatin to patients stabilized on warfarin resulted in clinically significant changes in INR.

Interaction-consumer This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment. Monograph Title: Selected Anticoagulants/HMG-CoA Reductase Inhibitors Medical Warning: Moderate. These medicines may cause some risk when taken together. Contact your healthcare professional (e.g. doctor or pharmacist) for more information. How The Interaction Occurs: The cause of the interaction is not known. Your cholesterol medicine may

JUDITH M BURBAGE, RN

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned				
Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Drug Regimen Review Data - Advicor 500-20 mg Oral Tab, Mu; Warfarin 5 mg Oral Tablet
 increase the effects of warfarin. What Might Happen: You may experience an increased chance for bleeding. What You Should Do About This Interaction: If you experience bleeding from your gums, nosebleeds, unusual bruising, or dark stools, contact your doctor. Your healthcare professionals (e.g. doctor or pharmacist) may already be aware of this drug interaction and may be monitoring you for it. If your doctor prescribes these drugs together, you may need to check your bleeding times more often. You may need to adjust your dose of warfarin. Do not start, stop, or change the dosage of any medicine before checking with them first.

Status Not reviewed

JUDITH M BURBAGE, RN

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Drug Regimen Review Data

Med1: Diovan HCT 160-12.5 mg Oral Tablet

Med2: Lanoxin 250 mcg Oral Tablet

Type Drug Interaction

Severity level 3

Sev level descr

3-Moderate Interaction: Assess the risk to the patient and take action as needed.

Interaction-profession MONOGRAPH TITLE: Digitalis Glycosides/Kaluretic

SEVERITY LEVEL: 3-Moderate Interaction: Assess the risk to the patient and take action as needed. MECHANISM OF ACTION: Potassium-losing diuretics may result in potassium depletion which can predispose patients to digitalis toxicity.

CLINICAL EFFECTS: May observe increased arrhythmias, resulting from an increase in the cardiac response to digitalis. Symptoms of digoxin toxicity can include anorexia, nausea, vomiting, headache, fatigue, malaise, drowsiness, generalized muscle weakness, disorientation, hallucinations, visual disturbances, and arrhythmias.

PREDISPOSING FACTORS: Inadequate potassium intake. PATIENT MANAGEMENT: Monitor serum potassium status and give potassium replacements as needed.

DISCUSSION: This interaction is well documented. Most patients taking diuretics do not develop significant potassium depletion if they are on low doses of diuretics and have adequate potassium intake.

Interaction-consumer

This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment. Monograph Title: Digitalis Glycosides/Kaluretics Medical Warning: Moderate. These medicines may cause some risk when taken together. Contact your healthcare professional (e.g. doctor or pharmacist) for more information.

How The Interaction Occurs: When these two medicines are taken together, the amount of potassium in your blood may decrease. This may cause the effects of your digitalis glycoside medicine to increase. What Might Happen: An increase in the toxic effects of your digitalis glycoside may occur. What You Should Do About This Interaction: If you experience slow heart rate, nausea, vomiting, diarrhea, loss of appetite, weakness, or muscle cramps, contact your healthcare professionals (e.g. doctor or pharmacist) about taking these two medicines together. They may already be aware of this drug interaction and may be monitoring you for it. Do not start, stop, or change the dosage of any medicine before checking with them first.

Status

Not reviewed

JUDITH M BURBAGE, RN

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Drug Regimen Review Data

Med1: Lanoxin 250 mcg Oral Tablet

Med2: Tetracycline 250 mg Oral Capsule

Type Drug Interaction

Severity level 3

Sev level descr 3-Moderate Interaction: Assess the risk to the patient and take action as needed.

Interaction-profession MONOGRAPH TITLE: Digoxin, Oral/Tetracyclines
SEVERITY LEVEL: 3-Moderate Interaction: Assess the risk to the patient and take action as needed. MECHANISM OF ACTION: In approximately 10% of patients receiving digoxin, a considerable amount of an administered dose of the drug is metabolized by GI bacteria to inactive digoxin reduction products (DRPs). Concomitant administration of tetracycline may alter the GI flora, enabling an increased amount of digoxin to be absorbed. CLINICAL EFFECTS: Increased serum digoxin levels with possible toxicity may occur. This effect may persist for several months after tetracycline is discontinued. Symptoms of digoxin toxicity can include anorexia, nausea, vomiting, headache, fatigue, malaise, drowsiness, generalized muscle weakness, disorientation, hallucinations, visual disturbances, and arrhythmias. PREDISPOSING FACTORS: None determined. PATIENT MANAGEMENT: Monitor serum digoxin levels and observe the patient for toxicity. Adjust the digoxin dose as indicated. DISCUSSION: Approximately 10% of the patients receiving digoxin metabolize 30% or more of an ingested dose of digoxin to inactive DRPs. Concurrent current administration of tetracycline may alter the GI flora, decreasing the conversion of digoxin to DRPs. In these patients this could produce an increase in plasma digoxin concentration. The effect of tetracycline on the metabolism of digoxin to DRPs may persist for several months after the antibiotic is discontinued.

Interaction-consumer This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment. Monograph Title: Digoxin, Oral/Tetracyclines Medical Warning: Moderate. These medicines may cause some risk when taken together. Contact your healthcare professional (e.g. doctor or pharmacist) for more information. How The Interaction Occurs: When these two medicines are taken together, your body may not process digoxin properly. What Might Happen: The blood levels of digoxin may increase and cause toxic effects. What You Should Do About This Interaction: If you experience nausea, vomiting,

JUDITH M BURBAGE, RN

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Drug Regimen Review Data - Lanoxin 250 mcg Oral Tablet; Tetracycline 250 mg Oral Capsu
diarrhea, loss of appetite, or very slow heartbeat, contact your doctor. The dose of your medicines may need adjusting. The effect of this interaction may last for several months after you finish taking your antibiotic. Your healthcare professionals (e.g. doctor or pharmacist) may already be aware of this drug interaction and may be monitoring you for it. Do not start, stop, or change the dosage of any medicine before checking with them first.

Status Not reviewed

Clinician's overall assessment of the environment is good. Patient's environment assessed and is suitable for homecare. No sanitation hazards found in patient's residence. Patient dwelling does not have any structural barriers which may limit independent mobility. Patient's dwelling has 1 level. Patient has 1 pet and type of pet is cat.

(M0300) Current Residence:

1 - Patient's owned/rented residence (house, apartment or mobile home owned/rented by patient/couple/significant other)

(M0340) Patient Lives With: (MARK ALL THAT APPLY)

2 - With spouse or significant other

6:47PM

Overall safety of the patient is excellent. Physician ordered safety measures to include: standard precautions and fall precautions. No safety hazards in patient's residence. As stated by the patient guns are not in the home.

Drug Regimen Review Summary

Dt/Time DRR run	29 Sep 06 6:47PM	FDB current total meds	8
New drug int found	3	MED current total	8
by diff doctor	1		
New dup ther found	0		
by diff doctor	0		

Review instruction related to advance directive copy is given to patient and spouse pertaining to: Agency will not honor advance directive without a copy. Result is understanding evidenced by verbalization of teaching objective(s).

Demographics

M0020-B1/patient id #	HH003855	Birthdate	Jul 12, 1945
First name	FINLEY	Gender	Male
middle	C	M0140-B1/race	6
last	EVANS	Pt display status	Admitted
Address	119 LAND O PINES CIR	Phone	843-899-5838
zip/postal	29461	Medical rec#	MR03843
CBSA	16700	Account#	HH003855
City	Moncks Corner	Ref source	Physician Referral
State/province	SC	date	Sep 28, 2006
County	Berkeley	Marital status	Married
SSN	247-76-9752	Program	Home Health
			Surgical-Complex
			Wound Vac

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843
OASIS-B1 timepoint: 1 - Start of care - further visits planned			
Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM
			End Time 7:32PM

Notes

6:48PM Correction entered on 1 Oct 06 10:06PM
Overall safety of the patient is excellent. Physician ordered safety measures to include: standard precautions, fall precautions, and bleeding precautions. No safety hazards in patient's residence. As stated by the patient guns are not in the home.

Allergies
Allergies response Penicillins Hives

HIPAA Privacy
PHI share with relationship data to share JANE A EVANS Spouse MEDICAL

Doctors - CAMPEJEA
Status Referring physician Appt/order No Zip/postal 29461
First name last JEANNIE Telephone 8437616556
Address CAMPBELL Fax 8437611388
730 STONEY LANDING RD UPIN C61368
SUITE 200

Doctors - WIDENBRIG
Status Referring physician Primary Yes Zip/postal 29406
First name middle BRIAN Telephone 8437975252
last G Fax 8437973683
Address WIDENHOUSE UPIN G68767
2801 TRICOM ST

Inpatient Stay
Resumption care not applicable NA
(M0032) Resumption of Care Date: NA - Not Applicable

6:50PM

Medical Diagnoses
Princ dx desc POSTOP WD DEHISCENCE Dx1 desc ASSESS/CARE SURGICAL WD
ICD 998.32 ICD V58.3
M0230-B1/severity 2 M0240-B1/severity 2
date Sep 28, 2006 date Sep 29, 2006
condition Exacerbation condition Onset
Surg dx desc EX
HYDRADENITIS-SCROTUM
ICD 61.3
date Sep 21, 2006
condition Onset

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

6:51PM Correction entered on 2 Oct 06 1:38PM

Medical Diagnoses

Princ dx desc	POSTOP WD DEHISCENCE	Dx1 desc	ASSESS/CARE SURGICAL WD
ICD	998.32	ICD	V58.3
M0230-B1/severity	2	M0240-B1/severity	2
date	Sep 28, 2006	date	Sep 29, 2006
condition	Exacerbation	condition	Onset
Surg dx desc	EX	Dx2 desc	ATRIAL FIBRILLATION
	HYDRADENITIS-SCROTUM	ICD	427.31
ICD	61.3	M0240-B1/severity	1
severity	Symptoms controlled	date	Jan 1, 2000
date	Sep 21, 2006	condition	Onset
condition	Onset		

Completed admission items consent forms signed, agency information given, pt. bill of rights explained, adv dir info given, information practices notice, OASIS stmt of pt privacy, disaster preparedness, state hot line # given, reviewed care plan, pt/CG agrees with care plan, no cultural constraints, no religious constraints, medication safety sheet, advanced directive will not be, honored until agency receives, and a copy.

Advance directive guidance. Reviewed Advance Directive and living will with patient and spouse. Response to advance directive guidance included: acceptance.

Current advance directives include: Durable Medical Power of Attorney and living will. Copy of advance directive is not applicable.

Review instruction related to fire safety is given to patient and spouse pertaining to: smoke alarms, fire alarms, checking batteries, reporting fires, and fire extinguishers. Result is understanding evidenced by verbalization of teaching objective(s).

Review instruction related to fire escape route is given to patient and spouse pertaining to: escape route. Result is understanding evidenced by verbalization of teaching objective(s).

Review instruction related to disaster plan is given to patient and spouse pertaining to: electric priority list, transportation, alternate means of communication, disaster supplies kit, importation papers, and evacuation. Result is understanding evidenced by verbalization of teaching objective(s).

Review instruction related to emergency numbers is given to patient and spouse pertaining to: 911, primary physician, other physicians, and reviewed emergency oncall guidelines. Result is understanding evidenced by verbalization of teaching objective(s).

Review instruction related to emergency preparedness is given to patient and spouse pertaining to: disaster supplies kit, important papers, medications & medical supplies, evacuation, floods, tornadoes, hurricanes, and terrorism/bioterrorism. Result is understanding evidenced by verbalization of teaching objective(s).

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Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Understanding of All Medications

Med(s) Advicor 500-20 mg Oral Tab, Multiphasic Release 24 HR
 Diovan HCT 160-12.5 mg Oral Tablet
 Lanoxin 250 mcg Oral Tablet
 Toprol XL 25 mg Oral Tablet Sustained Release 24HR
 Clindamycin HCl 300 mg Oral Capsule
 Tetracycline 250 mg Oral Capsule
 Oxycodone-Acetaminophen 5-325 mg Oral Tablet
 Warfarin 6 mg Oral Tablet

Regimen review compliance

Yes

Understand all meds who

Patient

Spouse

drug names

Verbalize

dose

Verbalize

purpose

Verbalize

route

Verbalize

schedule

Verbalize

prep

Verbalize

side effects

Verbalization with cue

prob resoln

Verbalize

Prepare/take

Independent

Taking meds

As prescribed

(M0780) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is ABLE TO DO; Management of Oral Meds: Patient's ability to prepare and take ALL prescribed oral meds reliably and safely, including administration of the correct dosage at the appropriate times/intervals. EXCLUDES INJECTABLE AND IV MEDICATIONS. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)

0 - Able to independently take the correct oral med(s) and proper dosage(s) at the correct times

(M0790) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is ABLE TO DO; Management of Inhalant/Mist Meds: Patient's ability to prepare and take ALL prescribed inhalant/mist meds (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. EXCLUDES ALL OTHER FORMS OF MEDICATION (ORAL TABLETS, INJECTABLE AND IV MEDICATIONS)

NA - No inhalant/mist meds prescribed

(M0800) Mark the level that corresponds to the patient's condition 14 days prior to start of care. Management of Injectable Meds: Patient's ability to prepare and take all prescribed injectable meds reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.

NA - No injectable meds prescribed

Med/Therapy/Tx Summary

M0250-B1/therapies	4	M0790c-B1/inhal med	NA
M0500-B1/resp tx	4	M0800c-B1/inject med	NA
M0780c-B1/oral med	0		

(M0250) Therapies the patient receives AT HOME: (MARK ALL THAT APPLY)

4 - None of the above

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# BH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

(M0500) Respiratory Treatments utilized at home: (MARK ALL THAT APPLY)

4 - None of the above

(M0780) Management of Oral Medications: PATIENT'S ABILITY to prepare and take ALL prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. EXCLUDES INJECTABLE AND IV MEDICATIONS. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)

0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times

(M0790) Management of Inhalant/Mist Medications: PATIENT'S ABILITY to prepare and take ALL prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. EXCLUDES ALL OTHER FORMS OF MEDICATION (ORAL TABLETS, INJECTABLE AND IV MEDICATIONS).

NA - No inhalant/mist medications prescribed

(M0800) Management of Injectable Medications: PATIENT'S ABILITY to prepare and take ALL prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. EXCLUDES IV MEDICATIONS.

NA - No injectable medications prescribed

(M0490) When is the patient dyspneic or noticeably SHORT OF BREATH?

0 - Never, patient is not short of breath

Patient is alert. Mental status assessment revealed patient oriented X4. Patient's memory is good.

(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands)

0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently

(M0570) When Confused (Reported or Observed):

0 - Never

Depression assessment.

(M0590) Depressive Feelings Reported or Observed in pt: (MARK ALL THAT APPLY)

6 - None of the above feelings observed or reported

Anxiety assessment.

(M0580) When Anxious (Reported or Observed):

0 - None of the time

Sensory Summary

M0390-B1/vision	0	M0420-B1/pain freq	2
M0400-B1/hearing	0	M0430-B1/pain intract	0
M0410-B1/speech	0		

(M0390) Vision with corrective lenses if the patient usually wears them:

0 - Normal vision-sees adequately in most situations, can see medication labels, newspaper

(M0400) Hearing and Ability to Understand Spoken Language in patient's own language (with hearing aids if the patient usually uses them):

0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation

(M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language):

JUDITH M BURBAGE, RN

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# BH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment
(M0420) Frequency of Pain interfering w/patient's activity or movement:
2 - Daily, but not constantly
(M0430) Intractable Pain: Is the pt experiencing pain that is NOT EASILY RELIEVED, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?
0 - No

Tuberculosis assessment performed. Patient exhibits no symptoms of tuberculosis.

Wound Summary

M0440-B1/lesion-open	1
M0445-B1/pressure ulcer	0
M0468-B1/stasis ulcer	0
M0482-B1/surgical	1
M0484-B1/how many	2
M0486-B1/unobserv	0
M0488-B1/status prob	3

(M0440) Does this patient have a SKIN LESION or an OPEN WOUND? This excludes "OSTOMIES"

1 - Yes

(M0445) Does this patient have a PRESSURE ULCER?

0 - No

(M0468) Does this patient have a STASIS ULCER?

0 - No

(M0482) Does this patient have a SURGICAL WOUND?

1 - Yes

(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has MORE than one opening, consider each opening as a separate wound)

2 - Two

(M0486) Does this patient have at least one SURGICAL WOUND THAT CANNOT BE OBSERVED due to the presence of a nonremovable dressing?

0 - No

(M0488) FOLLOW-UP ONLY: [Skip this item if patient has no surgical wounds] Status of Most Problematic (Observable) Surgical Wound:

3 - Not healing

JUDITH M BURBAGE, RN

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned				
Client Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Braden Scale. SENSORY PERCEPTION: (4) NO IMPAIRMENT: Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort. MOISTURE: (4) RARELY MOIST: Skin is usually dry, linen only requires changing at routine intervals. ACTIVITY: (4) WALK FREQUENTLY: Walks outside room at least twice a day and inside room at least once every two hours during waking hours. MOBILITY: (4) NO LIMITATION: Makes major and frequency changes in position without assistance. NUTRITION: (4) EXCELLENT: Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. FRICTION/Shear: (3) NO APPARENT PROBLEM: Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair. TOTAL SCORE: 23. RISK: No Identified Risk (19-23). (Copyright. Barbara Braden and Nancy Bergstrom, 1988. Reprinted with permission.)

Ostomy

M0550-B1/ostomy 0
(M0550) START OF CARE: Ostomy for Bowel Elimination: Does this pt have an ostomy for bowel elimination that (w/in the last 14 days): a) was related to an inpatient facility stay, OR b) necessitated a change in medical or treatment regimen? FOLLOW-UP/DISCHARGE: Ostomy for Bowel Elimination: Does this pt have an ostomy for bowel elimination that (w/in the last 14 days) necessitated a change in medical or treatment regimen?
0 - Patient does NOT have an ostomy for bowel elimination

Patient urine output is adequate.

Prior ADL summary assessed.

(M0640) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is ABLE TO DO; GROOMING: Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care)
0 - Able to groom self unaided, w/ or w/out the use of assistive devices or adapted methods

(M0650) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is ABLE TO DO; ABILITY TO DRESS UPPER BODY (w/ or w/o dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps;
0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance

(M0660) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is ABLE TO DO; ABILITY TO DRESS LOWER BODY (w/ or w/o dressing aids) including undergarments, slacks, socks or nylons, shoes;
0 - Able to obtain, put on, and remove clothing and shoes w/out assistance

(M0670) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is ABLE TO DO; BATHING: Ability to wash entire body. EXCLUDES grooming (washing face and hands only)
0 - Able to bathe self in SHOWER OR TUB independently

(M0680) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is

JUDITH M BURBAGE, RN

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

ABLE TO DO; TOILETING: Ability to get to and from the toilet or bedside commode
0 - Able to get to and from the toilet independently with or without a device
(M0690) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; TRANSFERRING: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if pt is bedfast
0 - Able to independently transfer
(M0700) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; AMBULATION/LOCOMOTION: Ability to safely walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces
0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive devices)
(M0710) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; FEEDING OR EATING: Ability to feed self meals and snacks. NOTE: THIS REFERS ONLY TO THE PROCESS OF EATING, CHEWING, AND SWALLOWING, NOT PREPARING THE FOOD TO BE EATEN.
0 - Able to independently feed self
(M0720) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; PLANNING AND PREPARING LIGHT MEALS: (e.g., cereal, sandwich) or reheat delivered meals:
0 - a) Able to independently plan and prepare all light meals for self or reheat delivered meals, OR b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission)
(M0730) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; TRANSPORTATION: Physical and mental ability to SAFELY use a car, taxi, or public transportation (bus, train, subway)
1 - Able to ride in a car only when driven by another person, OR able to use a bus or handicap van only when assisted/accompanied by another person
(M0740) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; LAUNDRY: Ability to do own laundry-to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.
1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry
(M0750) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; HOUSEKEEPING: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks
1 - Able to perform only LIGHT housekeeping (e.g., dusting, wiping kitchen counters) tasks independently
(M0760) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is
ABLE TO DO; SHOPPING: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

JUDITH M BURBAGE, RN

Signature on File

<Continued on page 14>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned				
Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

2 - Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery

(M0770) Mark the level that corresponds to the patient's condition 14 days prior to SOC date (M0030) or resumption of care date (M0032). Record what the pt is ABLE TO DO; ABILITY TO USE TELEPHONE: Ability to answer the phone, dial numbers, and EFFECTIVELY use the telephone to communicate

0 - Able to dial numbers and answer calls appropriately and as desired

ADL summary assessed. Patient activities permitted include: up as tolerated. Patient actual activities include: up as tolerated.

(M0640) Grooming: Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving/make up, teeth/denture care, fingernail care)

0 - Able to groom self unaided, w/ or w/out the use of assistive devices or adapted methods

(M0650) Ability to Dress UPPER Body (w/ or w/out dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance

(M0660) Ability to Dress LOWER Body (w/or w/o dressing aids) including undergarments, slacks, socks or nylons, shoes:

0 - Able to obtain, put on, and remove clothing/shoes w/out assistance

(M0670) Bathing : Ability to wash entire body. EXCLUDES grooming (washing face and hands only)

0 - Able to bathe self in SHOWER OR TUB independently

(M0680) Toileting: Ability to get to and from the toilet or bedside commode

0 - Able to get to and from the toilet independently with or without a device

(M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if pt is bedfast

0 - Able to independently transfer

(M0700) Ambulation/Locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces

0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device)

(M0710) Feeding or Eating: Ability to feed self meals and snacks. NOTE: THIS REFERS ONLY TO THE PROCESS OF EATING, CHEWING, AND SWALLOWING, NOT PREPARING THE FOOD TO BE EATEN

0 - Able to independently feed self

(M0720) Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals:

0 - a) Able to independently plan and prepare all light meals for self or reheat delivered meals, OR b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission)

(M0730) Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).

1 - Able to ride in a car only when driven by another person, OR able to use a bus or handicap van only when assisted/accompanied by another person

(M0740) Laundry: Ability to do own laundry-to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand

JUDITH M BURBAGE, RN

Signature on File

<Continued on page 18>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

- 1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry
(M0750) Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks
1 - Able to perform only LIGHT housekeeping (e.g., dusting, wiping kitchen counters) tasks independently
(M0760) Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery
2 - UNABLE to go shopping, but is able to identify items needed, place orders, and arrange home delivery
(M0770) Ability to Use Telephone: Ability to answer the phone, dial numbers, and EFFECTIVELY use the telephone to communicate
0 - Able to dial numbers and answer calls appropriately and as desired

Patient homebound consequently, leaving home requires a considerable effort. Patient has not been medically restricted to home by the physician. Patient leaves home rarely.

Caregiver Summary

M0350-B1/asst.person 1 M0370-B1/how often 3
2 M0380-B1/assist type 2
M0360-B1/prim cgvr 1 5
(M0350) Assisting Person(s) Other than Home Care Agency Staff: (MARK ALL THAT APPLY)

- 1 - Relatives, friends, or neighbors living outside the home
2 - Person residing in the home (Excluding paid help)
(M0360) Primary Caregiver taking LEAD responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):
1 - Spouse or significant other
(M0370) How Often does the pt receive assistance from the primary caregiver?
3 - Once daily
(M0380) Type of Primary Caregiver Assistance: (MARK ALL THAT APPLY)
2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)
5 - Advocates or facilitates patient's participation in appropriate medical care

Patient's primary language is English.

(M0290) High Risk Factors characterizing this patient: (MARK ALL THAT APPLY)
5 - None of the above

Learning ability is good. Learning readiness is noted.

(M0610) Behaviors Demonstrated AT LEAST ONCE A WEEK (Reported or Observed): (MARK ALL THAT APPLY)

- 7 - None of the above behaviors demonstrated
(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):
0 - Never
(M0630) Is this patient receiving PSYCHIATRIC NURSING SERVICES at home provided by a qualified psychiatric nurse?
0 - No

JUDITH M BURBAGE, RN

Signature on File

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Roper-St. Francis Home Health

Visit Note

Patient Name PINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Last 14 Days

M0175-B1/inpt facility NA M0220-B1/cond-tx chg 7
M0200-B1/med reg chg 1 M0510-B1/uti 0
(M0175) From which of the following INPATIENT FACILITIES was the pt discharged DURING THE PAST 14 DAYS? (MARK ALL THAT APPLY)
NA - Pt was not discharged from an inpatient facility
(M0200) Medical or Treatment Regimen Change Within Past 14 Days-Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?
1 - Yes
(M0220) START OF CARE: Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen w/in the past 14 days, indicate any conditions which existed PRIOR TO the inpatient stay or change in medical or treatment regimen (MARK ALL THAT APPLY) DISCHARGE: Conditions Prior to Medical or Treatment Regimen Change Within Past 14 days: If this patient experienced a change in medical or treatment regimen within the past 14 days, indicate any conditions which existed PRIOR TO the change in medical or treatment regimen (MARK ALL THAT APPLY)
7 - None of the above
(M0510) Has this pt been treated for a Urinary Tract Infection in the past 14 days?
0 - No

Chg Med/Tx Reg

M0210-B1/dxa Post op wound dehis 998.32
M0210-B1/ICDA 998.32
(M0210) List the pt's Medical Diagnoses and ICD-9-CM code categories (three-digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes)
Post op wound dehis
(M0210) List the pt's Medical Diagnoses and ICD-9-CM code categories (three-digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes)
998.32

Administrative note: Recent I&D for hydradinitis abcess in left groin area dehisced now treated with KCI wound vac therapy. SN services 3 times a week for dressing change.

7:02PM

P.O.T./Update Items

Start of care	Sep 29, 2006	DME/supplies	Wound care supplies
Cert type	60 days	Prognosis (trad)	Excellent
M0260-B1/overall progn	1	Verbal SOC	Sep 29, 2006
M0280-B1/life expect	0	QA/track	Ready track
Certification from	Sep 29, 2006		
to	Nov 27, 2006		

(M0030) Start of Care Date:

Sep 29, 2006

(M0260) Overall Prognosis: BEST description of pt's overall prognosis for RECOVERY FROM THIS EPISODE OF ILLNESS.

1 - Good/Fair-partial to full recovery is expected

(M0280) Life Expectancy: (Physician documentation is not required)

JUDITH M BURBAGE, RN

Signature on File

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# MH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

0 - Life expectancy is greater than 6 months

7:02PM

Patient's rehab potential is excellent. Patient discharge anticipated on October 31, 2006 to selfcare with physician follow-up Judy Burbage, RN, CWCN.

(M0270) Rehabilitative Prognosis: BEST description of patient's prognosis for FUNCTIONAL STATUS

1 - Good-marked improvement in functional status is expected

Equipment Management Summary

M0810-B1/patient NA

(M0810) Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): PATIENT'S ABILITY to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)

NA - No equipment of this type used in care

Therapy Need

M0825-B1/tx need NA

(M0825) Therapy Need: Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for Medicare high-therapy case mix group?

NA - Not applicable

7:03PM Correction entered on 1 Oct 06 10:12PM

P.O.T./Update Items

Start of care	Sep 29, 2006	DME/supplies	Wound care supplies
Cert type	60 days		Wound vac
M0260-B1/overall progn	1	Prognosis (trad)	Excellent
M0280-B1/life expect	0	Verbal SOC	Sep 29, 2006
Certification from	Sep 29, 2006	QA/track	Ready track
to	Nov 27, 2006		

(M0030) Start of Care Date:

Sep 29, 2006

(M0260) Overall Prognosis: BEST description of pt's overall prognosis for RECOVERY FROM THIS EPISODE OF ILLNESS.

1 - Good/Fair-partial to full recovery is expected

(M0280) Life Expectancy: (Physician documentation is not required)

0 - Life expectancy is greater than 6 months

7:03PM Correction entered on 1 Oct 06 10:12PM

Patient's rehab potential is excellent. Patient discharge anticipated on November 10, 2006 to selfcare with physician follow-up Judy Burbage, RN, CWCN.

(M0270) Rehabilitative Prognosis: BEST description of patient's prognosis for FUNCTIONAL STATUS

1 - Good-marked improvement in functional status is expected

JUDITH M BURBAGE, RN

Signature on FRs

<Continued on page 18>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# BH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Left groin wound assessment completed. Patient has open surgical wound. Wound is 5.3 centimeters in length, 1.5 centimeters in width, and 1.5 centimeters in depth. Wound bed is moist and color is pink red. Patient has mild tenderness sensation in the area. Surrounding skin is intact and dry. No dressing on wound.

Left scrotal wound assessment completed. Patient has open surgical wound. Wound shape is irregular. Wound is 6.5 centimeters in length, 7.9 centimeters in width, and 2.0 centimeters in depth. Wound bed is moist and color is pink red tan. Patient has mild painful sensation in the area. Surrounding skin is intact and dry. Wound is not healing.

Reviewed instruction relating to infection is given to patient and spouse covering signs and symptoms of infection, redness, warmth to touch, increase in drainage, chg. in color of drainage, Temp > 99.6 orally, Temp > 98.6 axillary, standard precautions, infectious waste, personal hygiene, RN notification, and physician notification. Comprehension is good as evidenced by verbalization of teaching objective(s).

Initial instruction relating to wd. vac equipment is given to patient and spouse covering response to alarms, physician notification, monitor, pressure settings, registered nurse notification, electrical safety, setup, skin care, on/off therapy button, battery mode, changing cannister, check tube/dsg for leaks, manufacturer's emergency phone #, do not immerse machine in water, and do not bathe/shower while attached to machine. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

Initial instruction relating to wound care is given to patient and spouse covering vac dressing changes and normal saline damp gauze dressing in case of vac problems. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

Reviewed instruction relating to diet is given to patient and spouse covering high protein diet, vitamins, minerals, adequate fluids, Hi protein food meats, Hi protein food fish, Hi protein food cheese, Hi protein food dairy products, Hi protein food dried beans, and avoid alcoholic beverages. Comprehension was excellent as evidenced by verbalization of teaching objective(s). Compliance was good.

Left groin wound care completed by skilled nurse. Wound cleansed with normal saline. 1 of Black sponge used a second packing. Applied skin prep and stomahesive paste as a skin protectant. Covered with transparent dressing as a primary dressing. Wound care produced increased pain. Patient has good tolerance related to wound care. Wound care notes include: Pressure set at 125 mmHg continuous therapy.

Left scrotal wound care completed by skilled nurse. Wound cleansed with normal saline. 1 of Black sponge used a second packing. Applied skin prep and stomahesive paste as a skin protectant. Covered with transparent dressing as a primary dressing. Wound care produced increased pain. Patient has good tolerance related to wound care. Wound care notes include: Pressure set at 125mmHg continuous therapy.

JUDITH M BURBAGE, RN

Signature on File

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Reviewed instruction relating to pain management is given to patient and spouse covering take pain medication 1/2 - 1 hour prior to sn visit for dressing change. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

Left groin area pain assessment completed. Patient pain denied by patient.

Case Conference. The following participated in the case conference: Clinicians: BELK, JANELLE L and BURBAGE, JUDITH M. Skilled nurse note: vm report of sn eval visit.

Skilled Nurse preparation for discharge. Initial preparation for discharge discussed with patient and spouse. Discharge preparation notes: Reviewed plan of treatment.

7:27PM Late Entry entered on 3 Oct 06 10:40AM
Nutrition assessed. Ordered diet is regular. Nutritional risk is due to complex wounds. Diet understanding is evidenced by verbalization of teaching objectives. Patient and spouse prepares meals. Appetite is good. Does not have difficulty chewing.

7:27PM Late Entry entered on 1 Oct 06 10:09PM
Initial instruction relating to home safety is given to patient and spouse covering Enviromental, Mobility, Electrical, Bathroom, Medical equipment, Fire, Emergency preparedness, Medication include look alike-sound alike, disaster plan, emergency evacuation, maintains emergency telephone numbers, fall precautions, fire evacuation plan, standard precautions, smoke detector, Power Co. support for electrical equip., and bleeding precautions. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

7:27PM Late Entry entered on 1 Oct 06 10:06PM
Integumentary notes: Pt has open wounds at left groin and scrotum.

7:27PM Late Entry entered on 1 Oct 06 10:09PM
Patient has normal and stiff gait pattern.

7:27PM Late Entry entered on 1 Oct 06 10:10PM
The caregiver assessment reveals Janie - spouse is the primary caregiver. Overall caregiver status is good. Caregiver reaction to patient's condition is acceptance and exhibits anxious behavior. Caregiver's learning ability is good. Bonding is good.

Abdominal status assessed. Bowel sounds present in all four quadrants.

No respiratory distress noted.

Cardiac function assessed. Heart sounds irregular. Patient's skin color is pink.

Breath sounds assessed. Clear sounds bilaterally.

Bowel assessment reveals normal stool. The patient's last stool was September 29, 2006 and stool pattern is 1 stool per day.

JUDITH M BURBAGE, RN

Signature on File

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Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 1 - Start of care - further visits planned

Clinician Name JUDITH M BURBAGE, RN	Reason WC-AGENCY ADMISSION VIS	Date 29 Sep 06	Begin Time 5:39PM	End Time 7:32PM

Notes

Skin assessment of the entire body area completed. Skin temperature warm, pink colored, and dry.

Scheduling notes include: 10/2 vac dressing change.

JUDITH M BURBAGE, RN

Signature on File

<End of Visit Note>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name PATRICIA G ABERCROMBIE, RN	Reason Chartwork	Date 30 Sep 06	Begin Time 4:25PM	End Time 4:27PM

Notes

61 y/o married caucasian male
 Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE
 SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance
 Visit Schedule: SN: 1wk1,1-3wks starting 092906
 Med Dx: POSTOP WD DEHISCENCE 092806 Exacerbation
 EX HYDRADENITIS-SCROTUM 092106 Onset Symptoms controlled
 ASSESS/CARE SURGICAL WD 092906 Onset
 ATRIAL FIBRILLATION 010100 Onset

PATRICIA G ABERCROMBIE, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JUDITH M BURBAGE, RN	Reason Chartwork	Date 1 Oct 06	Begin Time 9:58PM	End Time 10:18PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

80C: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1,1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADENITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

9:58PM

Patient address: 119 LAND O PINES CIR city: Moncks Corner. Travel directions:
I-26 to Hwy 52 into Moncks Corner>Left Hwy 6>cross 17A>pass Berkeley HS>right @
fork> right curve>Left at Land O Pines, #119 blue house left.

10:00PM

Clinician reminder: call before visit. Patient information note: Mild
Re-Hospital and Nutrition risk Moderate Fall risk.

10:06PM

Cardiovascular notes: Anticoagulant monitoring done by Jeannie Campbell, MD.

JUDITH M BURBAGE, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason SN-REGULAR VISIT	Date 2 Oct 06	Begin Time 10:52AM	End Time 12:36PM

Physician Dr. BRIAN G WIDENHOUSE	Medical Diagnosis 998.32 POSTOP WD DEHISCENCE V58.3 ASSESS/CARE SURGICAL WD

Notes

61 y/o married caucasian male
 Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE
 SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance
 Visit Schedule: SN: 1wk1;1-3wk6 starting 092906
 Med Dx: POSTOP WD DEHISCENCE 092806 Exacerbation
 EX HYDRADENITIS-SCROTUM 092106 Onset Symptoms controlled
 ASSESS/CARE SURGICAL WD 092906 Onset
 ATRIAL FIBRILLATION 010100 Onset

Patient identification verified prior to procedure/treatment by: 1. correct address and 2. verified patient social security number.

Vital Signs

Temperature (F)	97.1 F	Position	Sitting
method	Oral		
Pulse	70/min		
Respirations	20/min		
BP systolic	142 mmHg		
diastolic	72 mmHg		
method	Auscultated		
location	Right arm		

Integumentary notes: Pt c/o numbness and tingling in L thigh with pain. Pt denied numbness in toes. Pt reported pain level a 6 after dressing change. Wound care extremely painful. CWCN consulted. Pt instructed to attempt to maintain wound vac until MD appt at that time perhaps wound care could be changed. Reviewed emergency plan of care. Instruct Pt that if felt like could not stand would vac to stop it and apply wet to dry dressing change.

Skin assessment of the entire body area completed. Skin temperature warm, pink colored, and dry. Skin condition is intact, clean, and normal.

Patient is awake and alert. Mental status assessment revealed patient oriented x4.

Abdominal status assessed. Bowel sounds present in all four quadrants.

No respiratory distress noted. Respiration rate regular. Patient has equal inspiration and expiration.

Cardiac function assessed. Heart sounds regular. Patient's skin color is pink.

Breath sounds assessed. Clear sounds bilaterally.

Bowel assessment reveals normal stool.

JANELLE L BELK, RN
 Signature on File <Continued on page 2>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason SN-REGULAR VISIT	Date 2 Oct 06	Begin Time 10:52AM	End Time 12:36PM

Notes

Left groin area pain assessment completed. Patient pain verbalized by patient. Pain is intractable. Patient is not satisfied with pain relief. Rated on a scale of 0-10 (0=none, 10=worst) pain is currently a 6.0. Pain is aggravated by the following: Dressing change.

Patient urine output is adequate.

Verbal instruction relating to infection is given to patient covering signs and symptoms of infection, redness, warmth to touch, increase in drainage, chg. in color of drainage, Temp > 99.6 orally, Temp > 98.6 axillary, standard precautions, infectious waste, personal hygiene, RN notification, and physician notification. Return demonstration required no assistance. Comprehension is good.

Follow up and verbal instruction relating to Tetracycline 250 mg Oral Capsule is given to patient covering dose, name, preparation, route, purpose, schedule, and side effects using MedEd text.

Verbal instruction relating to Clindamycin HCl 300 mg Oral Capsule is given.

Left scrotal wound assessment completed. Patient has open surgical wound. Wound is 6.0 centimeters in length, 5.2 centimeters in width, and 1.5 centimeters in depth. Wound has epithelialization. Wound bed has moderate Granulating, shape is uniform, is moist, and color is pink red tan. Wound has clean edges. A moderate amount of watery dark red wound drainage present. Surrounding skin is dry and intact and warm to touch. No swelling present.

Left groin wound assessment completed. Patient has open surgical wound. Wound is 5.6 centimeters in length, 1.2 centimeters in width, and 1.5 centimeters in depth. Wound has clean edges. A moderate amount of watery haemoserous wound drainage present. Surrounding skin is dry and intact and warm to touch. No swelling present.

Left scrotal wound care completed by skilled nurse. Standard precautions used as a protective measure during wound care. Dressing and packing removed from the wound. Wound cleansed with wound cleanser. Packed with black sponge. Applied skin prep and stomahesive paste as a skin protectant.

Verbal instruction relating to diet is given to patient and spouse covering high protein diet, vitamins, minerals, adequate fluids, Hi protein food meats, Hi protein food fish, Hi protein food cheese, Hi protein food dairy products, Hi protein food dried beans, and avoid alcoholic beverages.

Left groin wound care completed by skilled nurse. A clean technique utilized and standard precautions used as a protective measure during wound care. Dressing removed from the wound. Wound cleansed with normal saline. Covered with transparent dressing as a primary dressing. Patient has good tolerance related to wound care. Wound care notes include: Pressure set at 125 - 150mmHg continuous therapy. May use normal saline damp gauze in case of problems with wound vac.

JANELLE L BELK, RN

Signature on File

<Continued on page 3>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason SN-REGULAR VISIT	Date 2 Oct 06	Begin Time 10:52AM	End Time 12:36PM

Notes

Case Conference occurred October 2, 2006. The following participated in the case conference: Clinicians: BELK, JANELLE L and BURBAGE, JUDITH M. Skilled nurse note: Notified of difficulty of applying wound vac. Pain level increased significantly.

JANELLE L BELK, RN

Signature on File <End of Visit Note>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JUDITH M BURBAGE, RN	Reason Chartwork	Date 2 Oct 06	Begin Time 1:35PM	End Time 1:50PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADENITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

1:38PM

On October 2, 2006 at 9:00AM. Contact notes: left message with Jennie re' wound vac in place and POT.

1:43PM

On October 2, 2006 at 11:00AM call to Dr. JEANNIE CAMPBELL and spoke with Angela. Contact notes: reviewed medication interactions. Angela requested SN to call Dr. Widenhouse regarding Tetracycline as this interaction with Lanoxin is concerning. All other med interactions are not of concern.

1:48PM

On October 2, 2006 at 1:40PM call to Dr. BRIAN WIDENHOUSE. Contact notes: left message with Jennie re' Tetracycline requested change from Dr. Campbell due to interaction with Lanoxin. Left CWCN call back #.

JUDITH M BURBAGE, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name KIMBERLY WELLS, RN	Reason Chartwork	Date 3 Oct 06	Begin Time 10:22AM	End Time 10:24AM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Programsh: Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

092806 Exacerbation

RX HYDRADENITIS-SCROTUM

092106 Onset

Symptoms controlled

ASSESS/CARE SURGICAL WD

092906 Onset

ATRIAL FIBRILLATION

010100 Onset

10:22AM

P.O.T./Update Items

Start of care

Sep 29, 2006

Cert type

60 days

Certification from

Sep 29, 2006

to

Nov 27, 2006

DME/supplies

Wound care supplies

Wound vac

Prognosis (trad)

Excellent

Verbal SOC

Sep 29, 2006

QA/track

Ready track

QA/track note

Voice mail to Judy B. with corrections
:Meds not reconciled under drr, need to
document under teach
safety, exercise/gait, nutrition, caregiver, tra
vel directions, integumentary assess
note, and contact note. Erase directions out
of pt info note once you enter them in
travel directions. put fall/nutrition and
hosp risk assessment on overview screen. Add
wd vac to dme/supplies. Pt is on
coumadin. Should we have a dx that explains
why pt is on coumadin. Also copy of advance
directive not requested.

(M0030) Start of Care Date:

Sep 29, 2006

10:24AM

P.O.T./Update Items

Start of care

Sep 29, 2006

Cert type

60 days

Certification from

Sep 29, 2006

to

Nov 27, 2006

DME/supplies

Wound care supplies

Wound vac

Prognosis (trad)

Excellent

Verbal SOC

Sep 29, 2006

Paper track ref#

88092

QA/doc tracked

485

QA/track

Tracking

(M0030) Start of Care Date:

Sep 29, 2006

KIMBERLY WELLS, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JUDITH M BURBAGE, RN	Reason Chartwork	Date 3 Oct 06	Begin Time 10:39AM	End Time 10:44AM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac location: CareAlliance

Visit Schedule: SN: 1wk1,1-3wk5 starting 092906

Med Dx: POSTOP WD DEHISCENCE

092806 Exacerbation

EX HYDRADENITIS-SCROTUM

092106 Onset

Symptoms controlled

ASSESS/CARE SURGICAL WD

092906 Onset

ATRIAL FIBRILLATION

010100 Onset

10:40AM

Drug Regimen Review Contact

Med1: Lanoxin 250 mcg Oral Tablet

Med2: Tetracycline 250 mg Oral Capsule

Needs attention Yes

Contact date Oct 3, 2006

Action taken1 Contacted Dr. Campbell

result requested Dr Widenhouse to change Tetracycline -
see contact notes 10/2

10:42AM

Drug Regimen Review Contact

Med1: Advicor 500-20 mg Oral Tab, Multiphasic Release 24 HR

Med2: Warfarin 6 mg Oral Tablet

Needs attention No

Action taken1 Contacted doctor

result No change

10:42AM

Drug Regimen Review Contact

Med1: Diovan HCT 160-12.5 mg Oral Tablet

Med2: Lanoxin 250 mcg Oral Tablet

Needs attention No

Action taken1 Contacted doctor

result No change

JUDITH M BURBAGE, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason SN-PRN VISIT	Date 3 Oct 06	Begin Time 10:52AM	End Time 12:18PM

Physician Dr. BRIAN G WIDENHOUSE	Medical Diagnosis 998.32 POSTOP WD DEHISCENCE V58.3 ASSESS/CARE SURGICAL WD

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SO: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac location: CareAlliance

Visit Schedule: SN: 1wk1,1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

092806 Exacerbation

EX HYDRADENITIS-SCROTUM

092106 Onset

Symptoms controlled

ASSESS/CARE SURGICAL WD

092906 Onset

ATRIAL FIBRILLATION

010100 Onset

Patient identification verified prior to procedure/treatment by: 1. correct address and 2. patient known to me.

10:52AM

Vital Signs

Temperature (F)	97.0 F	BP systolic	138 mmHg
method	Oral	diastolic	74 mmHg
Pulse	72/min	method	Auscultated
Respirations	20/min	location	Right arm

10:53AM Correction entered on 4 Oct 06 7:37PM

Vital Signs

Temperature (F)	97.0 F	Position	Lying
method	Oral		
Pulse	72/min		
Respirations	20/min		
BP systolic	138 mmHg		
diastolic	74 mmHg		
method	Auscultated		
location	Right arm		

Abdominal status assessed. Bowel sounds present in all four quadrants.

No respiratory distress noted.

Cardiac function assessed. Heart sounds regular. Patient's skin color is pink.

Breath sounds assessed. Clear sounds bilaterally and throughout.

Patient is awake and alert. Mental status assessment revealed patient oriented X4.

10:52AM

Integumentary notes: 5-8ply 4x4's applied to wound with 5lb gab of rice over top. Pt instructed to remain in bed and still. Upon departure. Outer dressings dry without blood. SN instructed spouse of emergency care. For bleeding through, continuous call 911. VS stable and no distress noted.

JANELLE L BELK, RN

Signature on File

<Continued on page 2>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason SN-PRN VISIT	Date 3 Oct 06	Begin Time 10:52AM	End Time 12:18PM

Notes

10:52AM

Integumentary notes: PRN SNV to remove wound vac dressing. Pt continues to complain of pain. SN removed outer edges without difficulty. Saline pured over dressing to loosen. With removal of sponge bleeding noted. Pressure dressing applied. MD notified and PT/INR obtained.

10:52AM

On October 3, 2006 call to Dr. BRIAN WIDENHOUSE and spoke with Jennie. Contact made regarding integument assess note. Contact notes: Request PT/INR. Result of contact: call completed and orders obtained.

10:52AM

Administrative note: Dr. Campbell wanted Dr. Widenhouse called. 3 calls made to MD prior to return.

Draw blood 100306. Blood draw via venipuncture using a 23 gauge needle with a butterfly needle type and using the right antecubital site. Skin prepped using alcohol. The following infection control precautions used during blood draw: standard precautions and Sharps needle disposal. Blood draw procedure prepared by using gloves and applying a rubber tourniquet. 1 attempt made to obtain the specimen and pressure applied for 2 minutes after the blood draw. 2x2 gauze dressing applied. Ordered test(s) include: PT/INR, specimen(s) collected in a blue top 5ml tube, and 1 tube collected. Blood draw produced no bleeding at the site. Patient tolerance for the procedure was good. Specimen(s) sent to Roper Berkeley 899-7700, transport specimen at room temperature, to lab via drop off, and contact is Michael of STAT.

Blood draw order on October 3, 2006 by Dr. BRIAN WIDENHOUSE. This order begins on October 3, 2006. Physician order as follows: SN may obtain PT/INR due to bleeding with dressing change and Notify Dr. J. Campbell of results. Physician order for the Skilled Nurse discipline.

Left groin wound assessment completed. Patient has open surgical wound. Wound note: SN could not visualize wound bed due to bleeding. Pressure applied.

Left scrotal wound assessment completed. Patient has open surgical wound. Wound note: Wound bed bright red and actively bleeding slow drip like continuous.

Verbal instruction relating to Tetracycline 250 mg Oral Capsule is given to spouse and patient covering dose, name, preparation, route, purpose, schedule, side effects, and Interaction using MedEd text. Result is understanding.

10:53AM Correction entered on 4 Oct 06 7:34PM

Integumentary notes: 5-8ply 4x4's applied to wound with 5lb bag of rice over top. Pt instructed to remain in bed and still. Upon departure outer dressings dry without blood. SN instructed spouse of emergency care. For bleeding through, continuous call 911. Spouse verbalized understanding and in agreement. VS stable and no distress noted.

10:53AM Correction entered on 4 Oct 06 7:17PM

Integumentary notes: PRN SNV to remove wound vac dressing. Pt continues to complain of pain. SN removed outer edges without difficulty. Saline pured over dressing to loosen. With removal of sponge bleeding noted. Pressure dressing applied. MD notified and PT/INR obtained.

JANELLE L BELK, RN

Signature on File

<Continued on page 2>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason SN-PRN VISIT	Date 3 Oct 06	Begin Time 10:52AM	End Time 12:18PM

Notes

10:53AM Correction entered on 4 Oct 06 6:52PM
On October 3, 2006 call to Dr. BRIAN WIDENHOUSE and spoke with Jennie. Contact made regarding integument assess note. Contact notes: Request PT/INR. Result of contact: call completed and orders obtained.

10:53AM Correction entered on 4 Oct 06 6:50PM
Administrative note: SN notified Dr. Campbell's office of wound status and bleeding on visit. Suzanne requested Dr. Brian Widenhouse's office to be called. 3 calls made with messages left on machine prior to return.

10:54AM Correction entered on 4 Oct 06 10:20PM
Integumentary notes: 5-8ply 4x4's applied to wound with 5lb bag of rice over top. Pt instructed to remain in bed and still. Upon departure outer dressings dry without blood. SN instructed spouse of emergency care. For bleeding through or continuous call 911. Spouse verbalized understanding and in agreement. VS stable and no distress noted.

10:54AM Correction entered on 4 Oct 06 7:30PM
Integumentary notes: PRN SNV to remove wound vac dressing. Pt continues to complain of pain. SN removed outer edges without difficulty. Saline poured over dressing to loosen. With removal of sponge bleeding noted. Pressure dressing applied. MD notified and PT/INR obtained.

10:54AM Correction entered on 4 Oct 06 7:08PM
On October 3, 2006 at 11:20AM call to Dr. BRIAN WIDENHOUSE and spoke with Jennie. Contact notes: Request PT/INR. Result of contact: call completed and orders obtained.

10:55AM Correction entered on 4 Oct 06 7:37PM
Integumentary notes: PRN SNV to remove wound vac dressing. Pt continues to complain of pain. SN removed outer edges without difficulty. Saline poured over dressing to loosen. With removal of sponge bleeding noted. Pressure dressing applied. MD notified and PT/INR obtained.

10:57AM
On October 3, 2006 call to Dr. JEANNIE CAMPBELL and spoke with Suzanne. Contact made regarding integument assess note. Result of contact: call completed.

12:03PM Late Entry entered on 4 Oct 06 7:16PM
On October 3, 2006 at 1:26PM call to Roper Berkeley ER and spoke with Dr. Potts. Contact notes: Pt to be transported to ER due to bleeding. Dr. Potts suggest Pt be transported to Trident since Dr. Widenhouse was Trident Doc. Result of contact: call completed.

12:08PM Late Entry entered on 4 Oct 06 7:13PM
On October 3, 2006 at 11:55AM call to Dr. JEANNIE CAMPBELL. Contact notes: No response office closed for day. Result of contact: call completed.

12:13PM Late Entry entered on 4 Oct 06 8:56PM
Integumentary notes: Upon removal of dressing bleeding noted. Spouse and Pt instructed of risk with Coumadin. Last dose of coumadin verified with Pt (last dose 100206). Pressure applied with plans to obtain PT/INR level. Pt and spouse in agreement with plans. Pt stated, "I don't want to go to ER" SN instructed may have to go if PT/INR are elevated.

JANELLE L BELK, RN

Signature on File

<Continued on page 4>

Roper-St. Francis Home Health

Visit Note

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason SN-PRN VISIT	Date 3 Oct 06	Begin Time 10:52AM	End Time 12:18PM

Notes

12:13PM Late Entry entered on 4 Oct 06 7:12PM
On October 3, 2006 at 1:28PM call from Dr. BRIAN WIDENHOUSE and spoke with Jenny. Contact notes: Notified that SN instructed spouse to call 911. Pt to be transported to ER. Result of contact: call completed.

12:14PM Correction entered on 4 Oct 06 10:19PM
Integumentary notes: Upon removal of dressing bleeding noted. Spouse and Pt instructed of risk with Coumadin. Last dose of coumadin verified with Pt (last dose 100206). Pressure applied with plans to obtain PT/INR level. Pt and spouse in agreement with plans. Pt stated, "I don't want to go to ER" SN instructed may have to go if PT/INR are elevated.

12:13PM Late Entry entered on 4 Oct 06 9:04PM
Next physician appointment is October 4, 2006 with Dr. BRIAN WIDENHOUSE.
Scheduling notes include: SN plans return pm visit at 3pm to reassess wound and status.

JANELLE L BELK, RN

Signature on File

<End of Visit Note>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name ANGELA PICKNEY HALL, Medical Records	Reason Check	Date 3 Oct 06	Begin Time 2:45PM	End Time 2:47PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program: Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADENITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

2:45PM

Lab Results-Common

Specimen taken Oct 3, 2006

resulted Oct 3, 2006

Prothrombin time (sec) 26.60

High

INR 2.70

Note

PT REPORT HAS BEEN FAXED TO: DR. CAMPBELL AND RSF
HOME HEALTH 10/03/06 13:48, CCB

ANGELA PICKNEY HALL, Medical Records

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name ROSE SMALLS HOLMES, Admin	Reason Chartwork	Date 3 Oct 06	Begin Time 4:30PM	End Time 4:33PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOQ: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1WK1;1-3WK6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADENITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

4:30PM

Clinician reminder: call before visit. Patient information note: BCBS covers @ 100% of contract rates precert is required call on department for auth **10 SN AUTH 092906 - 102909 -----Mild Re-Hospital and Nutrition risk Moderate Fall risk.

4:31PM

Payment Source Information

M0150-B1/pay source 8

Medicare#

no medicare

NA

primary

No

Medicaid#

no medicaid

NA

Insurance

address

BC/BS OF SOUTH CAROLINA

zip/postal

PIEDMONT SERVICE CENTER PO BOX 6000

city

29606

state/province

GREENVILLE

Next ins update due

SC

Holder nm

Oct 29, 2006

Policy#

EVANS, FINLEY C

Copay\$

247769752

Copay\$

0

Limits

0.00

Ins status

90 VISITS PER YEAR

Case manager

Current

phone#

Case Management Department

(M0150) Current Payment Sources for Home Care: (MARK ALL THAT APPLY). Required

on all time points for submission purposes.

8 - Private insurance

(M0063) Medicare Number: (including suffix)

NA - No Medicare

(M0065) Medicaid Number:

NA - No Medicaid

ROSE SMALLS HOLMES, Admin

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name DEANA R TOKARSKY, RN	Reason Chartwork	Date 3 Oct 06	Begin Time 5:01PM	End Time 5:03PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1,1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADENITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

5:01PM

Case Conference occurred October 3, 2006 at 5:01PM. The following participated in the case conference: Clinician: BELK, JANELLE L. Skilled nurse note: VM RE PT CURRENTLY IN MONCK'S CORNER TRIDENT ED-UNKNOWN ADM STATUS; WILL F/U IN AM AND SEND ANOTHER VM.

DEANA R TOKARSKY, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 4 Oct 06	Begin Time 6:15AM	End Time 6:18AM

Notes

61 y/o married caucasian male
 Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE
 SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance
 Visit Schedule: SN: 1wk1;1-3wk6 starting 092906
 Med Dx: POSTOP WD DEHISCENCE 092806 Exacerbation
 BX HYDRADENITIS-SCROTUM 092106 Onset Symptoms controlled
 ASSESS/CARE SURGICAL WD 092906 Onset
 ATRIAL FIBRILLATION 010100 Onset

6:15AM Late Entry entered on 4 Oct 06 7:43PM
 On October 3, 2006 at 1:28PM call from spouse. Contact notes: Pt bleeding.
 Spouse instructed to call 911 for emergency transport. Result of contact: call completed.

6:16AM
 Administrative note: Spouse called SN when SN was in route to another visit to report bleeding. INR 2.7. Spouse notified to call 911. SN notified MD of events. Left message with Jenny.

6:16AM
 Case Conference occurred October 3, 2006 at 4:40PM. The following participated in the case conference: Clinicians: BELK, JANELLE L and BURBAGE, JUDITH M.
 Skilled nurse note: Reported Pt in RR.

JANELLE L BELK, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name DEANA R TOKARSKY, RN	Reason Chartwork	Date 4 Oct 06	Begin Time 10:02AM	End Time 10:06AM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SDC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1; 1-3wks starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADENITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

10:02AM

On October 4, 2006 at 9:45AM call to TRIDENT HOSPITAL and spoke with HILDA HARVEY DCP. Contact notes: STATES PT HOSP ON 100306 W/DX "OPEN WOUND LT THIGH & SCROTUM." NOTIFIED THAT PT FOLLOWED BY RSFHC FOR SN SERVICES; REQ F/U RE DISCHARGE PLANS.

10:04AM

Case Conference occurred October 4, 2006 at 9:50AM. The following participated in the case conference: Clinicians: BELK, JANELLE L and BURBAGE, JUDITH M NANCY STEWART-CODING AND ROSE HOLMES-BILLING. Skilled nurse note: VM RE PT HOSP AT TRIDENT ON 100306 W/DX "OPEN WOUND LT THIGH & SCROTUM".

DEANA R TOKARSKY, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name DEANA R TOKARSKY, RN	Reason Chartwork	Date 4 Oct 06	Begin Time 3:02PM	End Time 3:07PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

092806 Exacerbation

EX HYDRADENITIS-SCROTUM

092106 Onset

Symptoms controlled

ASSESS/CARE SURGICAL WD

092906 Onset

ATRIAL FIBRILLATION

010100 Onset

3:02PM

On October 4, 2006 at 2:35PM call from patient. Contact notes: REQ ALL SERVICES BE DISCONTINUED; WOULD NOT ELABORATE ON SPECIFIC REASON; STATED ANOTHER AGENCY WOULD FOLLOW POST HOSPITAL.

3:04PM

Case Conference occurred October 4, 2006 at 3:04PM. The following participated in the case conference: Clinicians: BELK, JANELLE L and BURBAGE, JUDITH M. Skilled nurse note: VM RE RECD CALL FROM PT WHO IS STILL ADM TO TRIDENT HOSPITAL; PT REQ ALL SERVICES BE DISCONTINUED; WOULD NOT ELABORATE ON SPECIFIC REASON; STATED ANOTHER AGENCY WOULD FOLLOW POST HOSPITAL.

DEANA R TOKARSKY, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name KIMBERLY WELLS, RN	Reason Chartwork	Date 4 Oct 06	Begin Time 4:28PM	End Time 4:37PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

092806 Exacerbation

EX HYDRADEINITIS-SCROTUM

092106 Onset

Symptoms controlled

ASSESS/CARE SURGICAL WD

092906 Onset

ATRIAL FIBRILLATION

010100 Onset

4:28PM

Case Conference occurred October 4, 2006 at 4:30PM. The following participated in the case conference: Clinicians: BELK, JANELLE L, MELLO, BONNIE C, and WELLS, KIMBERLY. Skilled nurse note: PHONE CONVERSATION REGARDING PATIENT COMPLAINT.

4:29PM

On October 4, 2006 at 4:15PM call from. Contact notes: LAURA, MR. EVANS DGT- STATES SHE WANTED TO FILE A COMPLAINT ABOUT ONE OF OUR STAFF- STATES HER MOTHER CALLED HER AND TOLD HER WHEN THE NURSE VISITED YESTERDAY SHE TOOK A BANDAGE OFF HER HUSBANDS GROIN WOUND AND IT STARTED BLEEDING - THE NURSE THEN LEFT THE HOME WHILE IT WAS BLEEDING- DGT IN CALIFORNIA WAS VERY IRRATE STATING THIS WAS NEGLIGENCE ON OUR PART. I INFORMED HER ACCORDING TO THE NURSES DOCUMENTATION THAT SHE CONTACTED MD AND RECEIVED ORDERS FOR A PT/INR AND THAT THE NURSE APPLIED PRESSURE TO THE AREA AND IT WASN'T BLEEDING WHEN SHE LEFT- DGT QUITE ARGUMENTATIVE DID NOT WANT TO LISTEN TO ANY FURTHER EXPLANATION- INFORMED HER THAT I NEEDED TO TALK WITH THE NURSE STATES SHE WAS GOING TO ADVISE HER MOTHER AND HUSBAND TO FILE A SUIT AGAINST OUR AGENCY FOR NEGLIGENCE. Result of contact: call completed.

KIMBERLY WELLS, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name KIMBERLY WELLS, RN	Reason Chartwork	Date 4 Oct 06	Begin Time 5:32PM	End Time 5:37PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADENITIS-SCROTUM

ASSRSS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

5:32PM

On October 4, 2006 at 4:55PM call to Dr. BRIAN WIDENHOUSE. Contact notes: JENNY

NOT IN OFFICE -LEFT V/M INFORMING HER OF CALL FROM PATIENT'S DGT- LEFT MESSAGE

TO RETURN CALL TOMORROW AND ASK FOR LYNN BROWN AS I AM OUT OF THE OFFICE.

Result of contact: call completed and left message.

KIMBERLY WELLS, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Bkth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 4 Oct 06	Begin Time 6:45PM	End Time 7:43PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1,1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

EX HYDRADEINITIS-SCROTUM

ASSESS/CARE SURGICAL WD

ATRIAL FIBRILLATION

092806 Exacerbation

092106 Onset

092906 Onset

010100 Onset

Symptoms controlled

JANELLE L BELK, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name SHARON RIDDLE BROWN, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 1:15PM	End Time 1:23PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

092806 Exacerbation

EX HYDRADENITIS-SCROTUM

092106 Onset

Symptoms controlled

ASSESS/CARE SURGICAL WD

092906 Onset

ATRIAL FIBRILLATION

010100 Onset

1:15PM

On October 5, 2006 at 1:16PM call from Jenny from Dr Widenhouse's office.

Contact notes: Jenny returned call placed yesterday by Kim Wells. Jenny states that the Dr does not feel that our agency did anything incorrectly in the care provided with the recent episode of bleeding from the patient's wound. She stated that we did exactly what was requested by the Dr. and that the bleeding was a result of the Coumadin therapy. She stated she did not understand why the patient's daughter was so upset. I asked her if she was aware that the patient call yesterday afternoon and requested that we discharge him from all of our services and she stated that she was not aware of this but would let Dr Widenhouse know. She asked if the patient gave a reason and I responded that he did not.

SHARON RIDDLE BROWN, RN

Signature on File

<End of Charting Session>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

.OABIS-B1 timepoint: 9 - Discharge from agency

Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM	End Time 8:44PM

Notes

61 y/o married caucasian male

Referred by: Physician Referral Patient of: Dr. BRIAN G WIDENHOUSE

SOC: 092906 Program(s): Home Health, Surgical-Complex, Wound Vac Location: CareAlliance

Visit Schedule: SN: 1wk1;1-3wk6 starting 092906

Med Dx: POSTOP WD DEHISCENCE

092806 Exacerbation

EX HYDRADENITIS-SCROTUM

092106 Onset

Symptoms controlled

ASSESS/CARE SURGICAL WD

092906 Onset

ATRIAL FIBRILLATION

010100 Onset

8:25PM

Case Conference occurred October 5, 2006 at 4:00PM. The following participated in the case conference: Clinicians: BELK, JANELLE L and BROWN, SHARON RIDDLE. Skilled nurse note: PCC notified SN to discharge Pt from Home Health Care.

8:25PM

Electronic Chart Management

File ID

23797

Site ID

689

8:26PM

Anxiety assessment.

(M0580) When Anxious (Reported or Observed):

1 - Less often than daily

8:26PM

Med/Therapy/Tx Summary

M0250-B1/therapies

4

M0790c-B1/inhal med

NA

M0500-B1/resp tx

4

M0800c-B1/inject med

NA

M0780c-B1/oral med

0

(M0250) Therapies the patient receives AT HOME: (MARK ALL THAT APPLY)

4 - None of the above

(M0500) Respiratory Treatments utilized at home: (MARK ALL THAT APPLY)

4 - None of the above

(M0780) Management of Oral Medications: PATIENT'S ABILITY to prepare and take ALL prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. EXCLUDES INJECTABLE AND IV MEDICATIONS. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)

0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times

(M0790) Management of Inhalant/Mist Medications: PATIENT'S ABILITY to prepare and take ALL prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. EXCLUDES ALL OTHER FORMS OF MEDICATION (ORAL TABLETS, INJECTABLE AND IV MEDICATIONS).

NA - No inhalant/mist medications prescribed

(M0800) Management of Injectable Medications: PATIENT'S ABILITY to prepare and take ALL prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. EXCLUDES IV MEDICATIONS.

NA - No injectable medications prescribed

8:27PM

Ostomy

M0550-B1/ostomy

0

(M0550) START of CARE: Ostomy for Bowel Elimination: Does this pt have an ostomy for bowel elimination that (w/in the last 14 days): a) was related to an

JANELLE L BELK, RN

Signature on File

<Continued on page 2>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 9 - Discharge from agency				
Clinician Name JANELLE L. BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM	End Time 8:44PM

Notes

inpatient facility stay, OR b) necessitated a change in medical or treatment regimen?; FOLLOW-UP/DISCHARGE: Ostomy for Bowel Elimination: Does this pt have an ostomy for bowel elimination that (w/in the last 14 days) necessitated a change in medical or treatment regimen?

0 - Patient does NOT have an ostomy for bowel elimination

8:27PM

(M0520) Urinary Incontinence or Urinary Catheter Presence:

0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage)

8:27PM

(M0490) When is the patient dyspneic or noticeably SHORT OF BREATH?

1 - When walking more than 20 ft., climbing stairs

8:27PM

(M0540) Bowel Incontinence Frequency:

0 - Very rarely or never has bowel incontinence

8:27PM

(M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands)

0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently

(M0570) When Confused (Reported or Observed):

1 - In new or complex situations only

8:27PM

Depression assessment.

(M0590) Depressive Feelings Reported or Observed in pt: (MARK ALL THAT APPLY)

6 - None of the above feelings observed or reported

8:27PM

Sensory Summary

M0410-B1/speech 0 M0430-B1/pain intract 1

M0420-B1/pain freq 2

(M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language):

0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment

(M0420) Frequency of Pain interfering w/patient's activity or movement:

2 - Daily, but not constantly

(M0430) Intractable Pain: Is the pt experiencing pain that is NOT EASILY RELIEVED, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

1 - Yes

JANELLE L. BELK, RN

Signature on File

<Continued on page 3>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 9 - Discharge from agency			
Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM
			End Time 8:44PM

Notes

8:27PM

Wound Summary

M0440-B1/lesion-open	1
M0445-B1/press ulcer	0
M0468-B1/stasis ulcer	0
M0482-B1/surgical	1
M0484-B1/how many	2
M0486-B1/unobserv	0
M0488-B1/status prob	3

(M0440) Does this patient have a SKIN LESION or an OPEN WOUND? This excludes "OSTOMIES"

1 - Yes

(M0445) Does this patient have a PRESSURE ULCER?

0 - No

(M0468) Does this patient have a STASIS ULCER?

0 - No

(M0482) Does this patient have a SURGICAL WOUND?

1 - Yes

(M0484) Current Number of (Observable) Surgical Wounds: (If a wound is partially closed but has MORE than one opening, consider each opening as a separate wound)

2 - Two

(M0486) Does this patient have at least one SURGICAL WOUND THAT CANNOT BE OBSERVED due to the presence of a nonremovable dressing?

0 - No

(M0488) FOLLOW-UP ONLY: [Skip this item if patient has no surgical wounds]

Status of Most Problematic (Observable) Surgical Wound:

3 - Not healing

8:28PM

8:28PM

ADL summary assessed. Patient activities permitted include: up as tolerated. Patient actual activities include: up as tolerated.

(M0640) Grooming: Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving/make up, teeth/denture care, fingernail care)

0 - Able to groom self unaided, w/ or w/out the use of assistive devices or adapted methods

(M0650) Ability to Dress UPPER Body (w/ or w/out dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance

(M0660) Ability to Dress LOWER Body (w/or w/o dressing aids) including undergarments, slacks, socks or nylons, shoes:

1 - Able to dress lower body w/out assistance if clothing and shoes are laid out or handed to the pt

(M0670) Bathing : Ability to wash entire body. EXCLUDES grooming (washing face and hands only)

1 - With the use of devices, is able to bathe self in shower or tub independently

(M0680) Toileting: Ability to get to and from the toilet or bedside commode

0 - Able to get to and from the toilet independently with or without a device

(M0690) Transferring: Ability to move from bed to chair, on and off toilet or

JANELLE L BELK, RN

Signature on File

<Continued on page 4>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 8 - Discharge from agency				
Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM	End Time 8:44PM

Notes

commode, into and out of tub or shower, and ability to turn and position self in bed if pt is bedfast

0 - Able to independently transfer

(M0700) Ambulation/Locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces

0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device)

(M0710) Feeding or Eating: Ability to feed self meals and snacks. NOTE: THIS REFERS ONLY TO THE PROCESS OF EATING, CHEWING, AND SWALLOWING, NOT PREPARING THE FOOD TO BE EATEN

0 - Able to independently feed self

(M0720) Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals:

0 - a) Able to independently plan and prepare all light meals for self or reheat delivered meals, OR b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission)

(M0730) Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).

1 - Able to ride in a car only when driven by another person, OR able to use a bus or handicap van only when assisted/accompanied by another person

(M0740) Laundry: Ability to do own laundry-to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand

1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry

(M0750) Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks

2 - Able to perform housekeeping tasks with intermittent assistance/supervision from another person

(M0760) Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery

1 - Able to go shopping, but needs some assistance a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping, OR b) UNABLE to go shopping alone, but can go with someone to assist

(M0770) Ability to Use Telephone: Ability to answer the phone, dial numbers, and EFFECTIVELY use the telephone to communicate

0 - Able to dial numbers and answer calls appropriately and as desired

8:29PM

Patient's primary language is English.

(M0290) High Risk Factors characterizing this patient: (MARK ALL THAT APPLY)

5 - None of the above

8:29PM

(M0300) Current Residence:

1 - Patient's owned/rented residence (house, apartment or mobile home owned/rented by patient/couple/significant other)

(M0340) Patient Lives With: (MARK ALL THAT APPLY)

2 - With spouse or significant other

JANELLE L BELK, RN

Signature on File

<Continued on page 5>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

Clinician Name JANELLE L BELK, RN		Reason Chartwork			OASIS-B1 timepoint: 8 - Discharge from agency	
		Date 5 Oct 06		Begin Time 8:25PM	End Time 8:44PM	

Notes

8:29PM

(M0610) Behaviors Demonstrated AT LEAST ONCE A WEEK (Reported or Observed):
(MARK ALL THAT APPLY)

2 - Impaired decision making-failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions

(M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.):

4 - Several times a week

(M0630) Is this patient receiving PSYCHIATRIC NURSING SERVICES at home provided by a qualified psychiatric nurse?

0 - No

8:29PM

Caregiver Summary

M0350-B1/asst person

1

M0360-B1/prim cgvr

1

M0370-B1/how often

1

M0380-B1/assist type

1

2

3

4

(M0350) Assisting Person(s) Other than Home Care Agency Staff: (MARK ALL THAT APPLY)

1 - Relatives, friends, or neighbors living outside the home

(M0360) Primary Caregiver taking LEAD responsibility for providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff):

1 - Spouse or significant other

(M0370) How Often does the pt receive assistance from the primary caregiver?

1 - Several times during day and night

(M0380) Type of Primary Caregiver Assistance: (MARK ALL THAT APPLY)

1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)

2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)

3 - Environmental support (housing, home maintenance)

4 - Psychosocial support (socialization, companionship, recreation)

8:30PM

Last 14 Days

M0200-B1/med reg chg

1

M0510-B1/uti

0

M0220-B1/cond-tx chg

3

(M0200) Medical or Treatment Regimen Change Within Past 14 Days-Has this patient experienced a change in medical or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 days?

1 - Yes

(M0220) START OF CARE: Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen w/in the past 14 days, indicate any conditions which existed PRIOR TO the inpatient stay or change in medical or treatment regimen (MARK ALL THAT APPLY) DISCHARGE: Conditions Prior to Medical or Treatment Regimen Change Within Past 14 days: If this patient experienced a change in medical or treatment regimen within the

JANELLE L BELK, RN

Signature on File

<Continued on page 8>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS		Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843
OASIS-B1 timepoint: 8 - Discharge from agency				
Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM	End Time 8:44PM

Notes

past 14 days, indicate any conditions which existed PRIOR TO the change in medical or treatment regimen (MARK ALL THAT APPLY)

3 - Intractable pain

(M0510) Has this pt been treated for a Urinary Tract Infection in the past 14 days?

0 - No

8:30PM

Equipment Management Summary

M0810-B1/patient NA

(M0810) Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): PATIENT'S ABILITY to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)

NA - No equipment of this type used in care

8:30PM

Last Visit/Transfer/Discharge

M0903-B1/dt last visit Oct 3, 2006

M0906-B1/discharge-trans-dth Oct 5, 2006

(M0903) Date of Last (Most Recent) Home Visit:
Oct 3, 2006

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient
Oct 5, 2006

8:30PM

Chg Med/Tx Reg

M0210-B1/dxa POST OP WOUND DEHIS

M0210-B1/ICDa 998.32

(M0210) List the pt's Medical Diagnoses and ICD-9-CM code categories (three-digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes)

POST OP WOUND DEHIS

(M0210) List the pt's Medical Diagnoses and ICD-9-CM code categories (three-digits required; five digits optional) for those conditions requiring changed medical or treatment regimen (no surgical or V-codes)

998.32

8:31PM

Patient discharged on October 5, 2006 due to patient requests discharge.

(M0870) Discharge Disposition: Where is the patient after discharge from your agency? (CHOOSE ONLY ONE ANSWER)

1 - Pt remained in the community (not in hospital, nursing home, or rehab facility)

(M0880) After discharge, does the pt receive health, personal, or support SERVICES OR ASSISTANCE? (MARK ALL THAT APPLY)

2 - Yes, assistance or services provided by family or friends

8:31PM

(M0830) Emergent Care: Since the last time OASIS data were collected, has the pt utilized any of the following services for emergent care (other than home care

JANELLE L BELK, RN

Signature on File

<Continued on page 7>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 9 - Discharge from agency

Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM	End Time 8:44PM

Notes

agency services)? (MARK ALL THAT APPLY)

- 1 - Hospital emergency room (includes 23-hour holding)
- (M0840) Emergent Care Reason: For what reason(s) did the patient/family seek emergent care? (MARK ALL THAT APPLY)
- 9 - Other than above reasons

8:32PM

Demographics

M0020-B1/patient id #	HH003855	Birthdate	Jul 12, 1945
First name	FINLEY	Gender	Male
middle	C	M0140-B1/race	6
last	EVANS	Pt display status	Discharge
Address		Phone	843-899-5838
	119 LAND O PINES CIR	Medical rec#	MR03843
Zip/postal	29461	Account#	HH003855
CBSA	16700	Ref source	Physician Referral
City	Moncks Corner	date	Sep 28, 2006
State/province	SC	Marital status	Married
County	Berkeley	Program	Home Health
SSN	247-76-9752		Surgical-Complex
			Wound Vac

8:32PM

Inpatient Stay

Resumption care not applicable NA M0855-B1/facility NA

(M0032) Resumption of Care Date: NA - Not Applicable

(M0855) To which INPATIENT FACILITY has the patient been admitted? NA - No inpatient facility admission.

8:32PM

P.O.T./Update Items

Start of care	Sep 29, 2006	DMZ/supplies	Wound care supplies
Cert type	60 days		Wound vac
M0280-B1/life expect	0	Prognosis (trad)	Excellent
Certification from	Sep 29, 2006	Verbal SOC	Sep 29, 2006
to	Nov 27, 2006		

(M0030) Start of Care Date: Sep 29, 2006

(M0280) Life Expectancy: (Physician documentation is not required)

0 - Life expectancy is greater than 6 months

JANELLE L BELK, RN

Signature on File

<Continued on page 8>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: 8 - Discharge from agency				
Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM	End Time 8:44PM

Notes

8:32PM

Patient Management

M0072-B1 use Dr	WIDENBRIG	Pharmacy1	bilo
M0072-B1/prim ref phys id		telephone	761-6666
	G68767	DME supplier1	KCI
Emergency priority	1	telephone	888 275 4524
Care team	A	fax	888 245-2295
Clin	BELK, JANELLE L	note	Wound VAC
	BURBAGE, JUDITH M		

Primary clinician

Belk, Janelle L
(M0072) Primary Referring Physician ID:
G68767

8:32PM

Payment Source Information

M0150-B1/pay source 8
Medicare#
no medicare NA
primary NO
Medicaid#
no medicaid NA
Insurance
BC/BS OF SOUTH CAROLINA
address
zip/postal
city
state/province
Next ins update due
Holder nm
Policy#
Copay\$
Copay\$
Limits
Ins status
Case manager
phone#

PIEDMONT SERVICE CENTER PO BOX 6000
29606
GREENVILLE
SC
Oct 29, 2006
EVANS, FINLEY C
247769752
0
0.00
90 VISITS PER YEAR
Current
Case Management Department
1-800-533-1120 opt2, opt5, opt4, opt5

(M0150) Current Payment Sources for Home Care: (MARK ALL THAT APPLY). Required on all time points for submission purposes.

8 - Private insurance

(M0063) Medicare Number: (including suffix)

NA - No Medicare

(M0065) Medicaid Number:

NA - No Medicaid

8:36PM

Discharge note: Pt open to Home Health Care for SN for wound care and managment. Wound Vac applied on eval. Pt/Cg instructed on safety, infection, wound care, and medications. Pt experienced complications and was transported to Trident. Pt contacted PCC and requested discharge from Home Health Care.

JANELLE L BELK, RN

Signature on File

<Continued on page 9>

Roper-St. Francis Home Health

Charting Session

Patient Name FINLEY C EVANS	Date of Birth July 12, 1945	Account# HH003855	Medical Record # MR03843

OASIS-B1 timepoint: B - Discharge from agency				
Clinician Name JANELLE L BELK, RN	Reason Chartwork	Date 5 Oct 06	Begin Time 8:25PM	End Time 8:44PM

Notes

8:41PM
Summary Rpt - Discharge
Period from
thru
Subjects to include

Oct 5, 2006

Agency/Clinic Discharge 10/05/06
Case Conference 10/05/06
I/E Med - Tetracycline 250 mg Oral Capsule
10/03/06 Teach Diet 10/02/06
I/E Med - Tetracycline 250 mg Oral Capsule
10/02/06 Teach Infection 10/02/06
Teach Safety 09/29/06
Teach Wound Care 09/29/06
Teach Pain Mgt 09/29/06
Teach Equipment - Wd. vac 09/29/06
Wound - Left groin 10/02/06
I/E Med - Clindamycin HCl 300 mg Oral Capsule
10/02/06 Wound - Left scrotal 10/02/06
Discharge Int Note 10/05/06

JANELLE L BELK, RN

Signature on File

<End of Charting Session>

NAME Finley Evans AGE 9/27/06
 ADDRESS _____ DATE 9/27/06
 R Wound vac applied to buttock, pressure
A dsq m, w, f,
wound care nurse consult
definit consult
125mgm reg pressure cont, pressure
in case of given failure A to w/m
dsq.
 LABEL _____
 REFILL _____ TIMES
Be House MD M.D.
 DISPENSE AS WRITTEN
 DEA # A11212365
 SUPERVISION PERMITTED
 DEA # B70518304 M.D.

RODNEY B. YOUNG, III, M.D.
 BRIAN G. WIDENHOUSE, M.D.
 2801 TRICOM STREET • NORTH CHARLESTON, SC 29405
 TELEPHONE (843) 797-6252



KCI V.A.C.® Therapy System™

Fast Prescription Form

Phone: 1-800-215-4624
Fax: 1-888-245-2295



Prescriber must sign and date Attestation. This form is only to be used for prescribing the KCI V.A.C.® Therapy System. Do Not Substitute.

PRESCRIPTION FOR KCI V.A.C.® THERAPY

PATIENT INFORMATION

Patient Name (last) EVANS (first) Emily (mi) C
 Patient's Address 119 Land O' Pines Circle City Pinopolis State SC Zip 29469
 I prescribe KCI V.A.C.® Therapy and up to 15 KCI V.A.C.® Therapy dressings per wound and up to 10 KCI V.A.C.® Therapy canisters per month for 4 months, starting on 9/27/06 for the following diagnosis (ICD-9 or narrative) Surgically debrided wound
 Per CMS policy, the prescriber must sign and date the prescription prior to delivery of The KCI V.A.C.® System.
 Prescriber signature (no stamps) B. Widenhouse Date (no stamps) 9/27/06
 By my signature, I attest that I am prescribing the KCI V.A.C.® Therapy pump and supplies (no substitutions) as medically necessary and all other applicable treatments have been tried or considered and ruled out. I understand that KCI V.A.C.® Therapy is contraindicated with malignancy in the wound, untreated osteomyelitis, non-arteric and unexplored fistula, and/or necrotic tissue with eschar present. I am not placing a KCI V.A.C.® dressing over exposed blood vessels or organs.

DELIVERY ADDRESS

Delivery Address 119 Land O' Pines Cir City Moncks Corner State SC Zip 29461
 Patient's Date of Birth 7/12/45 SSN 247-76-9752 Insurance Name BCBS Anthem Insurance # MA 247769752
 Delivery site type: ☒ Residence ☐ Wound Care Center ☐ SNF/LTAC ☐ Hospital ☐ Other _____
 Prescriber's goal for completion of therapy: ☒ Assist granulation tissue formation ☐ Flap ☐ Graft ☐ Delayed primary closure (tertiary)
☐ Complete epithelialization (explain why) _____ ☐ Other _____
 Printed prescriber name (last) Widenhouse (first) Brian (mi) _____
 Prescriber address Tricom City CHARLESTON State SC Zip 29418
 Phone # (843) 797-5252 Fax # (843) 797-3683 UPIN # G68767
 If the clinical condition of the wound(s) requires more than 18 dressings per wound or 10 canisters per month, a Letter of Medical Necessity must be completed by the clinician. If KCI V.A.C.® Therapy is required for greater than 4 months, a Letter of Medical Necessity is required.

WOUND TYPES AND KCI V.A.C.® SUPPLIES

1) Please select the primary wound type(s) covered by this prescription, even if debrided:

☐ Stage III Pressure Ulcer	☒ Dehiscent (disrupted)	☐ Trauma (soft tissue/open wounds)	☐ Flap (post op)
☐ Stage IV Pressure Ulcer	☐ Arterial Ulcer (arterial insufficiency)	☐ Amputation - Diabetic	☐ Fistula, Enteric*
☐ Diabetic Ulcer	☐ Venous Stasis Ulcer	☐ Amputation - Traumatic	☐ Burns (partial thickness/2nd degree)*
☒ Surgical	☐ Trauma (orthopedic)	☐ Graft (post op)	☐ Other _____

* Not routinely covered by KCI

2) KCI V.A.C.® Therapy Dressing Types: Please select needed KCI V.A.C.® Therapy pump and dressing type

☐ KCI V.A.C.® Classic	☐ KCI V.A.C.® GranuFoam® Small (10 x 7.5 x 3.3 cm)	☐ KCI V.A.C.® Freedom®	☐ KCI V.A.C.® GranuFoam® Small (10 x 7.5 x 3.3 cm)
☐ Non-ambulatory pt	☐ KCI V.A.C.® GranuFoam® Medium (18 x 12.5 x 3.3 cm)	☐ Ambulatory pt	☐ KCI V.A.C.® GranuFoam® Medium (18 x 12.5 x 3.3 cm)
	☐ KCI V.A.C.® GranuFoam® Large (26 x 15 x 3.3 cm)		☐ KCI V.A.C.® GranuFoam® Large (26 x 15 x 3.3 cm)
	☐ KCI V.A.C.® Vers-Foam® Small (10 x 7.5 x 1 cm)		☒ KCI V.A.C.® GranuFoam® Thin (28 x 15 x 1.8 cm)
	☐ KCI V.A.C.® Vers-Foam® Large (10 x 15 x 1 cm)		☐ KCI V.A.C.® GranuFoam® Round (12.7 x 3.175 cm)
	☐ Other _____		☐ KCI V.A.C.® GranuFoam® Heal (11 x 8.5 x 2.5 cm)
			☐ KCI V.A.C.® Vers-Foam® Small (10 x 7.5 x 1 cm)
			☐ KCI V.A.C.® Vers-Foam® Large (10 x 15 x 1 cm)
			☐ Other _____

KCI V.A.C.® GranuFoam® (Black polyurethane foam used to assist granulation and eschar removal.)
 KCI V.A.C.® Vers-Foam® (White polyvinyl alcohol foam ideally used in tunnels, undermining and on grafts.)

ORDER CONTACT

Please list the name of the person placing this KCI V.A.C.® Therapy order in case KCI requires follow-up.

Contact name (please print) Debbie Eiler Eisele Title DM Phone # (843) 797-5252
 Facility name Palmetto Plastic Clinic Fax # (843)

For KCI Use Only.

KCI Home/Extended RD# _____ KCI Acute RD# _____ Amount # _____

Please fax this completed form along with the KCI Fast Demographic Form and the KCI V.A.C.® Fast Clinical Form to 1-888-245-2295.

Please file the original in the provider's patient record.

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998.32

postop w/ dehis

The V.A.C.[®] Fast Demographic Form (Negative Pressure Wound Therapy)

Phone: 800-278-4524
Fax: 888-245-2295
www.woundvac.com



PATIENT INFORMATION	Patient Name	<u>Finley C EVANS</u>		Social Security #	<u>247-76-9752</u>
	Name and Title of Person Completing Form	<u>Lyn Swan / Debbie Fisele</u>		Phone #	<u>843-899-5838</u>
	Information in this box is required only if not submitted with the V.A.C. [®] Fast Prescription form.				
	Permanent Patient Address	<u>119 Land Pines Cir</u>		Phone # at this Address:	<u>843-899-5838</u>
	City	<u>Moncks Corner</u>	State	<u>SC</u>	Zip <u>29469</u> Cell <u>843-810-6437</u>
	The V.A.C. [®] Therapy will be used in a ☒ Private Residence ☐ Assisted Living ☐ Group Home ☐ Custodial Care ☐ Hospice				
	☐ Nursing Facility ☐ Skilled Nursing Home/LTAC (Name of facility) _____				
	Delivery Site Contact	<u>SAA</u>		Phone # at Delivery Site ()	
	Delivery Address Street			City	State Zip
PRIMARY INSURANCE	☐ Medicare ☒ Private Insurance (Name)	<u>Blue Cross / Blue Shield</u>		HIC/ID # (if applicable)	
	Group # (if applicable)	<u>MAE 00652</u>		Group Name (if applicable)	<u>Athem MIA 247-769-752</u>
	Phone #	<u>800-533-1120</u>		Policy # (if applicable)	<u>PLAN</u>
	Insured's Name (if different from patient)	<u>PLAN</u>		Birth Date	<u>423-923</u>
	Address (if different from patient)				
	City			State	Zip
	Relationship to Patient	☐ Child ☐ Spouse ☐ Other			
SECONDARY INSURANCE	Supplemental/Secondary Insurance Name (if any)			HIC/ID # (if applicable)	
	Group # (if applicable)			Group Name (if applicable)	Policy # (if applicable)
	Phone # ()			Fax # ()	
	Insured's Name (if different from patient)			Birth Date	☐ Male ☐ Female
	Address (if different from patient)				
	City			State	Zip
	Relationship to Patient	☐ Child ☐ Spouse ☐ Other			
CLINICAL CARE CONTACT	Full Name of Organization That Will be Providing Clinical Care (e.g., dressing changes)	<u>Wound Vac / Roper / ST Fran</u>			
	Address	<u>1483 Tobias Gadsen</u>		Org. Phone #	<u>(843) 402-7000</u>
	City	<u>Charleston</u>	State	<u>SC</u>	Zip <u>29406</u> Fax # <u>(843) 800-7927</u>
	Contact Name	<u>763-3757</u>		Phone # ()	E-mail Address (optional)
For KCI Use Only. KCI Home/Extended ROP _____ KCI Acute ROP _____ Account # _____					

Please fax this completed form along with The V.A.C.[®] Fast Prescription Form and The V.A.C.[®] Fast Clinical Form to 1-888-245-2295.
Please file the original form in the provider's patient record. For more information, call 1-800-275-4524.

Rev. 4/05 29-K-108



The V.A.C.[®] Fast Clinical Form (Negative Pressure Wound Therapy)

Phone: 800-275-4524
Fax: 888-245-2295
www.Woundvac.com

Patient Name Finley C EVANSSocial Security # 247-76-9752 Date Completed 9/27/06Name and title of person completing form Debbie E. Eisele / Lyn SwanPhone # (843) 797-5252If more than two wounds are to be treated, additional V.A.C.[®] Fast Clinical Form(s) are required.

PATIENT AND WOUND INFORMATION	1) Was V.A.C. [®] Therapy [®] initiated in an inpatient facility? If YES, complete the following information. If NO, go to 2a: ☐ Yes ☒ No	3b) If YES, which previous therapies have been applied to maintain a moist wound environment? ☒ Saline Soaked Gauze ☐ Hydrogel ☐ Alginate ☐ Hydrocolloid ☐ Absorptive ☐ Other _____
	Facility Name _____ Date V.A.C. [®] Therapy was initiated in this facility (mm/dd/yy) <u>1/1</u>	
	2a) Is there anything compromising the patient's nutritional status? If YES, answer 2b; If NO, go to question 3a. ☐ Yes ☒ No	
	2b) If YES, what measures have been taken? ☐ Protein Supplements ☐ Enteral/NG Feeding ☐ TPN ☐ Vitamin Therapy ☐ Special Diet ☐ Other _____	
	3a) Is V.A.C. [®] Therapy [®] being ordered for any type of chronic wound (> 30 days)? If YES, answer 3b, If NO, go to 4. ☒ Yes ☐ No	4) Is the patient on a comprehensive diabetic management program? ☐ Yes ☐ No ☒ N/A
		5) Is the wound a direct result of an accident? ☐ Yes ☒ No Cause of accident: ☐ Auto ☐ Employment ☐ Abuse ☐ Another party responsible _____ ☐ Other _____ Date of accident (mm/dd/yy) <u>1/1</u>

WOUND TYPE INFORMATION	7) Wound Type - Complete only the section for the type of wound being treated. If more than two wounds are being treated, additional Clinical V.A.C. [®] Fast Forms are required.	7c) ☐ ULCERS, DIABETIC AND/OR NEUROPATHIC: Is foot ulcer pressure being reduced? ☐ Yes ☐ No ☐ N/A
	7a) ☒ TRAUMATIC, SURGICALLY CREATED OR DEHISCED	7d) ☐ ULCERS, VENOUS STASIS: Are compression bandages/garments being consistently applied? ☐ Yes ☐ No Is leg elevation/ambulation being encouraged? ☐ Yes ☐ No
	7b) ☐ ULCERS, PRESSURE: ☐ Stage III ☐ Stage IV Is the patient being turned and positioned? ☐ Yes ☐ No Is a Group 2 or 3 support surface being utilized for ulcers on the posterior trunk or pelvis? ☐ Yes ☐ No ☐ N/A Is moisture/incontinence being managed? ☐ Yes ☐ No ☐ N/A	7e) ☐ ULCERS, CHRONIC, OF MIXED OR UNKNOWN ETIOLOGY INCLUDING ARTERIAL INSUFFICIENCY: (other than pressure ulcers) Is pressure over the wound being relieved? ☐ Yes ☐ No ☐ N/A Is moisture/incontinence being controlled? ☐ Yes ☐ No ☐ N/A
	* If you answered NO to any of the questions in 7b, 7c, 7d or 7e, please explain or attach explanation: _____	

WOUND MEASUREMENT	Wound Profile Information in this section may not be completed by the supplier.	Wound measurement obtain on placement
	8a) Wound # <u>1</u> , Type: <u>Surgical</u> , Wound Age (mos): <u>12</u> <u>distal Hydradenitis</u>	8a) Wound # _____, Type: _____, Wound Age (mos): _____
	Is there less than 20% slough/fibrin in the wound? ☒ Yes ☐ No ☐ N/A If No, are serial debridements required? ☐ Yes ☐ No ☒ N/A Measurement Date: <u>1/1</u> Location: <u>buttocks, perianal</u> mm dd yy L: _____ cm W: _____ cm D: _____ cm If wound depth varies, document the greatest depth. Exudate: _____ mL/day _____ N/A. Sinus/Tunnel #1: _____ cm @ _____ o'clock. Sinus/Tunnel #2: _____ cm @ _____ o'clock. Sinus/Tunnel #3: _____ cm @ _____ o'clock. Undermining #1: _____ cm @ _____ o'clock to _____ o'clock. Undermining #2: _____ cm @ _____ o'clock to _____ o'clock.	Is there less than 20% slough/fibrin in the wound? ☐ Yes ☐ No ☐ N/A If No, are serial debridements required? ☐ Yes ☐ No ☐ N/A Measurement Date: _____ Location: _____ mm dd yy L: _____ cm W: _____ cm D: _____ cm If wound depth varies, document the greatest depth. Exudate: _____ mL/day _____ N/A. Sinus/Tunnel #1: _____ cm @ _____ o'clock. Sinus/Tunnel #2: _____ cm @ _____ o'clock. Sinus/Tunnel #3: _____ cm @ _____ o'clock. Undermining #1: _____ cm @ _____ o'clock to _____ o'clock. Undermining #2: _____ cm @ _____ o'clock to _____ o'clock.
	8b) If wound length, width or depth information (i.e., a flap, graft or stasis ulcer without significant depth) is non-applicable, please explain: _____	

For KCI Use Only. KCI Home/Extended RO# _____

KCI Acute RO# _____

Account # _____

Please fax this completed form along with The V.A.C.[®] Fast Prescription Form and The V.A.C.[®] Fast Demographic Form to 1-888-245-2295.
Please file this additional form in the provider's patient record. For more information, call 1-800-275-4524.

Rev. 4/05 29-K-105

RSFH 0061

ROPER ST. FRANCIS HOME HEALTH REFERRAL WORKSHEET

REFERRAL TAKEN BY: FRANCES GAILLARD, RN DATE OF REFERRAL: 09/28/2006 TEAM: A
 (NA) HIQA (X) BILLING (X) MAESTRO
 (X) INTAKE PATHWAY () TO CODER (X) VM REF GRP D/C DATE: 09/28/2006 04:00 PM

PATIENT NAME: EVANS FINLEY C
 PATIENT ADDRESS: 29461
 COUNTY OF RES:

PHONE: 843 899-3838, CELL 843 810-6437

SS NUMBER: 247-76-9752 BIRTH DATE: 07/12/1945
 MARITAL STATUS: RACE:
 MEDICARE #: EFFECTIVE DATE: MEDICAID #: PHONE:
 PRIVATE INS: BCBS ANTHEM MIA POLICY #: 247769752

PHYSICIAN GIVING ORDERS FOR HOME CARE: DR. WIDENHOUSE ***PHONE: 843
 OTHER MD: DR. JEANNE CAMPBELL

***REFERRED BY: LYNN, KCI ***PHONE: 843 532-1953
 ***INPATIENT FACILITY NAME:

***COMMENTS: VOIDING WITHOUT DIFFICULTY, NORMAL BOWEL MOVEMENTS, PER KCI, WOUND VAC IS SUPPOSED TO BE DELIVERED TO MR. FINLEY C EVANS HOME ON FRIDAY, SEPTEMBER 29, 2006. MR EVANS HAS BEEN ASKED TO CALL ROPER HOME HEALTH WHEN THE WOUND VAC HAS ARRIVED, IS ON THE FRIDAY AFTERNOON SCHEDULE

SERVICES REQUESTED: (X) SN
 DIAGNOSIS: 09/21/2006 SURGERY FOR HYDRADENITIS, SURGICAL DEHISCED WOUND, HYDRADENITIS BUTTOCKS, PERIANAL

SPECIFIC ORDERS: SN ASSESSMENT AND OBSERVATION, WOUND VAC APPLIED TO BUTTOCK, PERIANAL, CHANGE DRESSING MONDAY, WEDNESDAY, FRIDAY, WOUND CARE NURSE CONSULT, DIETARY CONSULT, 125 MM MERCURY NEG PRESSURE CONT PRESSURE, IN CASE OF POWER FAILURE CHANGE TO WET TO DRY SALINE DRESSING

DIET:
 ORDER DATE: 09/28/2006

PAST MEDICAL HISTORY: DENIES DIABETES, HYPERTENSION, WEIGHT: 218 LBS HEIGHT 5'8"

GU: OSTOMIES/CATHS: SIZE AND DATE CATH INSERTED/CHANGED OR DATE APPLIANCE LAST CHANGED:
 GI: OSTOMIES AND DATE APPLIANCE LAST CHANGED/ SIZE OF OSTOMY APPLIANCE IF ABLE:

ANY SKIN BREAKDOWN? NONE

IV ACCESS: NONE

***DME COMPANY: WALKER

ALLERGIES: PENICILLIN (HIVES)

DNR: () YES (X) NO ***ADVANCED DIRECTIVES: (X) YES () NO (X) COPY REQUESTED (X) LW (X) MPA

EMERGENCY CONTACT: JANE A EVANS/SPOUSE CELL 843 312-2168

OTHER/SPECIAL INSTRUCTIONS: DATE: 09/28/2006 SPOKE WITH: (X) PT. () SPOUSE ()
 INSTRUCTIONS GIVEN ABOUT: (X) SERVICES (X) CRITERIA (X) COVERAGE (X) HOME VISITS WITHIN 48 HRS.
 (X) AGENCY PHONE # (X) REQUEST MEDICATION AND INSURANCE CARDS AVAILABLE 1ST VISIT (X) PT IN
 AGREEMENT WITH AGENCY INFORMATION (X) PT VERBALIZES PERMISSION FOR RSFH PERSONNEL TO DISCUSS
 MEDICAL CARE WITH JANE A EVANS/SPOUSE

DIRECTIONS: 126 TO HIGHWAY 52 TURN LEFT ONTO HIGHWAY 6 CROSS HIGHWAY 17A STAY ON HWY 6, PASS
 BERKELEY HIGH SCHOOL AT THE FORK BEAR TO RIGHT GO ABOUT A MILE ROAD WILL CURVE TO RIGHT SIGN

** Postop w/ dehiscence
 998.32 9/28-E
 EX Hydradenitis - scrotum
 cl. 3 9/21-
 ① assess/care Surg w/ d
 - V58.3-0*

WELCOME TO PINOPOLIS FIRST LAND PINES ON LEFT TAKE LEFT ONTO LAND PINES GO ABOUT 1/8 MILE BLUE
HOME #119 ON LEFT
DATE GIVEN TO PCC: 09/28/2006 DATE TO BE SEEN: 09/29/2006
PT ASSIGNED TO: SN: JANELLE BELK PT: _____ OT: _____ ST: _____ MSW: _____

Note: This paper is not a legal part of the chart-worksheet only

10/05/2006 09:51 8437973683
10/05/2006 13:01 843-761 856

PALMETTO PLASTIC SUR
RSF HOME CARE N 880

PAGE 02/02
PAGE 02

Dr. BRIAN WIDENHOUSE
2801 TRICOM ST
N Charleston, SC 29406

Roper-St. Francis Home Health

Doctor's Orders

Patient Name	Date of Birth	Medical Record Number	Medicare#
FINLEY C EVANS	Jul 12, 1945	MR03845	

Group# 33978

Dr. BRIAN WIDENHOUSE

3 Oct 06 Blood draws: SN may obtain PT/INR due to bleeding with dressing change, and Notify Dr. J. Campbell of results. This Order Begins: 10/03/06 Discipline: SN (JANELLE L BELK, RN) REF#88142

Above clinician(s) signature(s) on file

Signature on File

Brian Widenhouse 10/5/06
Physician's Signature and Date

RECEIVED
OCT 09 2006

Roper-St. Francis Home Health Discharge Summary

Patient Name FINLEY C EVANS		Account# HH003855	Date of Birth Jul 12, 1945	Gender Male
Start of Care Sep 29, 2006	Discharge Date Oct 5, 2006	Doctor(s) Dr. BRIAN G WIDENHOUSE		
Advanced Directives DMPOA	Diagnoses POSTOP WD DEHISCENCE ASSHSS/CARE SURGICAL		Surgical Diagnosis EX HYDRADENITIS-SCRO	

Agency Clinic Discharge 10/05/06

Patient discharged on October 5, 2006 due to patient requests discharge.

Case Conference 10/05/06

Case Conference occurred October 5, 2006 at 4:00PM. The following participated in the case conference: Clinicians: BELK, JANELLE L and BROWN, SHARON RIDDLE. Skilled nurse note: PCC notified SN to discharge Pt from Home Health Care.

Instruct/Evaluate Medication - Tetracycline 250 mg Oral Capsule

	Oct 2, 2006	Oct 3, 2006
Action	Instruct, f/u	Instruct, verbal
who	Patient	Spouse Patient...
topic	Dose Name	Dose Name
	Preparation	Preparation
	Route Purpose	Route Purpose
	Schedule Side effects	Schedule Side effects
taught using	MedEd text	Interaction
Result		MedEd text
		Understands

Teach Diet 10/02/06

Verbal instruction relating to diet is given to patient and spouse covering high protein diet, vitamins, minerals, adequate fluids, Hi protein food meats, Hi protein food fish, Hi protein food cheese, Hi protein food dairy products, Hi protein food dried beans, and avoid alcoholic beverages.

Teach Infection 10/02/06

Verbal instruction relating to infection is given to patient covering signs and symptoms of infection, redness, warmth to touch, increase in drainage, chg. in color of drainage, Temp > 99.6 orally, Temp > 98.6 axillary, standard precautions, infectious waste, personal hygiene, RN notification, and physician notification. Return demonstration required no assistance. Comprehension is good.

Teach Safety 09/29/06

Initial instruction relating to home safety is given to patient and spouse covering Environmental, Mobility, Electrical, Bathroom, Medical equipment, Fire, Emergency preparedness, Medication include look alike-sound alike, disaster plan, emergency evacuation, maintains emergency telephone numbers, fall precautions, fire evacuation plan, standard precautions, smoke detector, Power Co. support for electrical equip., and bleeding precautions. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

Teach Wound Care 09/29/06

Initial instruction relating to wound care is given to patient and spouse covering vac dressing changes and normal saline damp gauze dressing in case of vac problems. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

JANELLE L BELK, RN

Signature on File

<Continued on page 2>

Thank you for referring this patient to Roper-St. Francis Home Health Care.

Roper-St. Francis Home Health Discharge Summary

Patient Name FINLEY C EVANS		Account# HH003855	Date of Birth Jul 12, 1945	Gender Male
Start of Care Sep 29, 2006	Discharge Date Oct 5, 2006	Doctor(s) Dr. BRIAN G WIDENHOUSE		
Advanced Directives DMPOA	Diagnoses POSTOP WD DEHISCENCE ASSESS/CARE SURGICAL	Surgical Diagnosis BX HYDRADENITIS-SCRO		

Teach Pain Mgt 09/29/06

Reviewed instruction relating to pain management is given to patient and spouse covering take pain medication 1/2 - 1 hour prior to sn visit for dressing change. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

Teach Equipment - Wd. vac 09/29/06

Initial instruction relating to wd. vac equipment is given to patient and spouse covering response to alarms, physician notification, monitor, pressure settings, registered nurse notification, electrical safety, setup, skin care, on/off therapy button, battery mode, changing cannister, check tube/dsg for leaks, manufacturer's emergency phone #, do not immerse machine in water, and do not bathe/shower while attached to machine. Comprehension is good as evidenced by verbalization of teaching objective(s). Compliance is good.

Wound - Left groin 10/02/06

Assessment of left groin wound. Patient has open surgical wound. Wound is 5.6 centimeters in length, 1.2 centimeters in width, and 1.5 centimeters in depth. Wound has clean edges. A moderate amount of watery haemoserous wound drainage present. Surrounding skin is dry and intact and warm to touch. No swelling present.

Instruct/Evaluate Medication - Clindamycin HCL 300 mg Oral Capsule 10/02/06
Verbal instruction relating to Clindamycin HCL 300 mg Oral Capsule is given.

Wound - Left scrotal 10/02/06

Assessment of left scrotal wound. Patient has open surgical wound. Wound is 6.0 centimeters in length, 5.2 centimeters in width, and 1.5 centimeters in depth. Wound has epithelialization. Wound bed has moderate Granulating, shape is uniform, is moist, and color is pink red tan. Wound has clean edges. A moderate amount of watery dark red wound drainage present. Surrounding skin is dry and intact and warm to touch. No swelling present.

Discharge Intervention Note 10/05/06

Discharge note: Pt open to Home Health Care for SN for wound care and management. Wound Vac applied on eval. Pt/Cg instructed on safety, infection, wound care, and medications. Pt experienced complications and was transported to Trident. Pt contacted PCC and requested discharge from Home Health Care.

JANELLE L BELK, RN

Signature on File <End of Discharge Summary>

Thank you for referring this patient to Roper-St. Francis Home Health Care.

11/08/2005 17:28 8437973583
11/08/2005 15:50 843-763-8356
Palmetto Plastic Surgery
Health Care Financing Administration

PALMETTO PLASTIC SUR
RSF HOME CARE (REC)

PAGE 03/03
PAGE 02

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Form Approved
OMB No. 0938-0367

1. Patient's HIC (Claim No.) 247769751		2. Start of Care Date 09292006		3. Certification Period From 09292006 To 11272006		4. Medical Record No. MR03843		5. Provider No. 87082873200	
6. Patient's Name and Address EVANS, FINLEY C 119 LAND O PINES CIR Moncks Corner, SC 29461					7. Provider's Name, Address and Telephone Number Roper-St. Francis Home Health 1453 Tobias Gadson Blvd Suite 208 Charleston, SC 29407 Tel# 843-402-7000 Fax# 843-763-2656				
8. Date of Birth 07121945		9. Sex M		10. Medications: Dose/Frequency/Route (New) (Changed) (See 487) Advicor 500-20 mg Oral Tab, Multiphasic Release 24 HR; 1, Every bedtime. Dilovan HCT 160-12.5 mg Oral Tablet; 1, Every day. Lanoxin 250 mg Oral Tablet; 1, Every day. Toprol XL 25 mg Oral Tablet Sustained Release 24HR; 1, Every day. Clindamycin HCl 300 mg Oral Capsule; 1, Three times a day (New). Tetracycline 250 mg Oral Capsule; 1, Four times a day (New).					
11. ICD-9-CM Principal Diagnosis 998.12 POSTOP WD DEHISCENCE		12. ICD-9-CM Secondary Procedure 61.3 HYDRADENITIS-SCROTUM		13. ICD-9-CM Other Pertinent Diagnoses V58.3 ABSESS/CARE SURGICAL WD 427.31 ATRIAL FIBRILLATION					
14. DME and Supplies Wound care supplies; Wound vac					15. Safety Measures: standard precautions; fall precautions; bleeding precautions				
16. Nutritional Reg. N/A					17. Allergies: Penicillins				
18. A. Functional Limitations 1. ☐ Ambulation 2. ☐ Bowel/Bladder Incontinence 3. ☐ Dexterity 4. ☐ Hearing 5. ☐ Pain/Tolerance 6. ☐ Endurance 7. ☐ Ambulation 8. ☐ Speech 9. ☐ Legally Blind A. ☐ Driving With Minimum Vision B. ☒ Other (Specify) Open draining wound					18. B. Activities Permitted 1. ☐ Complete Rest 2. ☐ Bedrest B/P 3. ☒ Up As Tolerated 4. ☐ Transfer Bed/Chair 5. ☐ General Prescription 6. ☐ Partial Walking 7. ☐ Independent At Home 8. ☐ Crutches 9. ☐ Cane A. ☐ Wheelchair B. ☐ Walker C. ☐ No Restrictions D. ☐ Other (Specify)				
19. Mental Status: 1. ☒ Oriented 2. ☐ Confused 3. ☐ Disoriented 4. ☐ Guarded 5. ☐ Delirious 6. ☐ Comatose 7. ☐ Agitated 8. ☐ Other					20. Prognosis: 1. ☐ Poor 2. ☐ Guarded 3. ☐ Fair 4. ☐ Good 5. ☒ Excellent				
21. Orders for Discharge and Treatments (Specify Amount/Frequency/Duration) (See 487) Initial visit on 29 Sep 06 to admit to service SN: 1 time per week for 1 week then 1 to 3 times per weeks for 6 weeks and up to 2 PRN visits changes in wound care, problems with wound vac. This schedule begins on 09/29/06. Assess vital signs; mental status; cardiac function; breath sounds; respiratory status; abdomen status; bowel history; urine; generalized skin status; safety; left groin area pain status; nutrition; left scrotal wound history/status and left groin wound history/status. Instruct and evaluate clindamycin HCl 300 mg oral capsule; tetracycline 250 mg oral capsule and oxycodone-acetaminophen 5-325 mg oral tablet. Teach safety; infection; pain mgt and wound care. Provide discharge instructions; provide wound care - left scrotal; Frequency: Three times a week, PRN; who: Skilled nurse; Cleanse: Normal saline, wound cleanser; Pack 2: Black sponge; Skin protect: Skin prep, stomahesive paste, Stoma powder; Primary dg; transparent dressing; Note: Pressure set at 125-180mmHg continuous, therapy. May use normal saline damp gauze, dressing if problems with wound vac and provide wound care - left groin; Frequency: Three times a week, PRN; who: Skilled nurse;									
22. Goals/Rehabilitation Potential/Discharge Plans (See 487) SN Care 18 visits goals: Pt/CG will understand and follow prescribed medication therapy throughout the course of care.; Pt./caregiver will be knowledgeable of pain management throughout the course of care.; Pt/CG will understand and be independent in managing treatment at home when discharged.									
23. Nurse's Signature and Date of Verbal SOC When Applicable: 09292006 <i>[Signature]</i>					24. Date HHA Received and Signed POT NOV 08 2006				
25. Physician's Name and Address Dr. BRIAN G WIDENHOUSE 2801 TRICOM ST N Charleston, SC 29406					26. I certify/ro certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care and I have authorized the services on this plan of care and will periodically review the plan.				
27. Attending Physician's Signature and Date Signed <i>[Signature]</i> 11/08/06					28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.				

HCFA-485 (C-4) 02-84

PROVIDER Met# 88092

PAGE# 1 of 2

RSFH 0067

11/08/2006 17:28 8437973583

11/08/2006 15:58 843-781-2656
Department of Health and Human Services
Health Care Financing AdministrationPALMETTO PLASTIC SUR
RSF HOME CARE DRECOPAGE 02/03
PAGE 03Form Approved
OMB No. 0938-0367

ADDENDUM TO



PLAN OF TREATMENT



MEDICAL UPDATE

1. Patient's HIC Claim No. 24774975.1	2. SOC Date 09292006	3. Certification Period From: 09292006 To: 11272006	4. Medical Record No. MR01843	5. Provider No. 57062873200
6. Patient's Name EVANS, W. NILEY C			7. Provider Name Roper-St. Francis Home Health	

8. Item
10.

21.

22.

Oxydodone-Acetaminophen 5-325 mg Oral Tablet, 1; Every 4 hours, PRN (New).
 Warfarin 5 mg Oral Tablet, 1; Every bedtime.
 SN: <cont.> Cleanser: Normal saline, Wound cleanser, Pack 2: Black sponge, Skin
 protect, Skin prep, stomashesive paste, Stoma powder, Primary dsg, transparent
 dressing, Note: Pressure set at 125 - 150mmHg, continuous therapy. May use normal
 saline, damp gauze in case of problems with wound, vac..
 Instruct in all aspects of care. Medication teaching on all identified medications.
 22. Co-path wound vac 16 visits goals: <cont.> Co-path teaching on all identified medications.
 heal without signs/symptoms of infection by: (enter
 date); Pt/caregiver will correctly demonstrate
 application of wound vac and damp NS dressing by the
 5th visit.; Pt/caregiver will verbalize/demo. correct
 use of wound vac. by 2nd visit.; Pt./caregiver will
 be knowledgeable of signs/symptoms of infection by
 4th visit.; Pt/caregiver will be knowledgeable of
 when to notify doctor by 3rd visit.; Pt/caregiver
 will be knowledgeable of activity restrictions by 2nd
 visit.; Pt/caregiver will be able to identify foods
 that promote wound healing by 4th visit.

Rehab Potential: Excellent

Discharge Plan: Discharge to selfcare by 10 Nov 06 with appropriate medical follow-up.
 Judy Burbage, RN, CMCN

9. Signature of Physician

B. J. Jones

1. Optional Name/Signature of Nurse/Therapist

10. Date

11/8/06

12. Date

Form HCFA-487 (C4) - 4-87

PROVIDER Ref# 88082

Page# 2 of 2

RSFH 0088

Roper-St. Francis Home Health

Daily Log

Clinician Name	Date	Employee Id	Payroll Type	Mileage	Visits	Visit Time	Other Time	Total Time
JANELLE L BELK, RN	Mon 2 Oct 06	SN-BELKJEN	By the visit	79	4	5:13	3:03	8:16

Activity	Patient	Account#	Begin Time	End Time	Begin Miles	End Miles	Reimbursable	Notes
TRAVEL	FINLEY C EVANS	HH003855	10:35AM	10:52AM	110572	110583	✓	<i>vis collection</i>
SN-REGULAR VISIT	FINLEY C EVANS	HH003855	10:52AM	12:36PM			✓	
TRAVEL	[REDACTED]	[REDACTED]	12:36PM	1:15PM	110583	110589	✓	
SN-PEN VISIT	[REDACTED]	[REDACTED]	1:15PM	2:14PM			✓	<i>vis - results</i>
TRAVEL	[REDACTED]	[REDACTED]	2:14PM	2:39PM	110589	110622	✓	
SN-REGULAR VISIT	[REDACTED]	[REDACTED]	2:39PM	3:43PM			✓	
TRAVEL	[REDACTED]	[REDACTED]	3:43PM	4:51PM	110622	110637	✓	By office for corrections and export
SN-REGULAR VISIT	[REDACTED]		4:51PM	6:17PM			✓	
TRAVEL			6:18PM	6:52PM	110637	110651	✓	Home

Visit totals for 2 Oct 06			
Type	# visits	Total Time	Mileage
SN-1A	3	4:14	
SN-1P	1	0:59	
Total	4	5:13	
Other activity totals for 2 Oct 06			
Type	# activity	Total Time	Mileage
ADM-TR	5	3:03	79
Total	5	3:03	79

841

Roper-St. Francis Home Health

Daily Log

Clinician Name	Date	Employee Id	Payroll Type	Mileage	Visits	Visit Time	Other Time	Total Time
JANELLE L BELK, RN	Tue 3 Oct 06	SN-BELKJEN	By the visit	112	4	3:31	10:03	13:34

Activity	Patient	Account#	Begin Time	End Time	Begin Miles	End Miles	Reimbursable	Notes
TRAVEL			8:20AM	8:39AM	110662	110670	✓	Subtract 8 miles-Berkeley
Preceptor			8:40AM	3:30PM	110670	110670	✓	CSU student
TRAVEL			9:10AM	9:33AM	110670	110678	✓	
SN-PRN VISIT			9:33AM	10:03AM			✓	
TRAVEL	FINLEY C EVANS	HH003855	10:03AM	10:51AM	110678	110705	✓	
SN-PRN VISIT	FINLEY C EVANS	HH003855	10:52AM	12:18PM			✓	
TRAVEL			12:18PM	1:01PM	110705	110736	✓	
SN-REGULAR VISIT			1:01PM	1:50PM			✓	
TRAVEL			1:54PM	2:13PM	110736	110745	✓	
SN-REGULAR VISIT			2:13PM	2:59PM			✓	
TRAVEL			2:59PM	3:25PM	110745	110766	✓	Berkeley
TRAVEL			4:10PM	4:25PM	110766	110774	✓	Subtract 8 miles-Home

Visit totals for 3 Oct 06			
Type	# visits	Total Time	Mileage
SN-1A	2	1:35	
SN-1P	2	1:56	
Total	4	3:31	
Other activity totals for 3 Oct 06			
Type	# activity	Total Time	Mileage
ADM-TR	7	3:13	112
Adm-Preceptor	1	6:50	
Total	8	10:03	112

4.63 x 2
11 min x 2

Roper-St. Francis Home Health

Daily Log

Clinician Name	Date	Employee Id	Payroll Type	Mileage	Visits	Visit Time	Other Time	Total Time
JANELLE L BELK, RN	Wed 4 Oct 06	SN-BELKJEN	By the visit	39	2	2:23	1:42	4:05

Activity	Patient	Account#	Begin Time	End Time	Begin Miles	End Miles	Reimbursable	Notes
TRAVEL			8:20AM	9:00AM	110798	110814	✓	
SN-REGULAR VISIT			9:00AM	9:44AM			✓	
TRAVEL			9:44AM	10:20AM	110814	110825	✓	Roper Berkeley lab and office
TRAVEL			12:20PM	12:34PM	110825	110832	✓	
SN-REGULAR VISIT			12:34PM	2:13PM			✓	
TRAVEL			2:13PM	2:25PM	110832	110837	✓	

Visit totals for 4 Oct 06			
Type	# visits	Total Time	Mileage
SN-1A	2	2:23	
Total	2	2:23	
Other activity totals for 4 Oct 06			
Type	# activity	Total Time	Mileage
ADM-TR	4	1:42	39
Total	4	1:42	39

Clinician Signature
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Date

RSFH 0071

Page 1

TRIP NO. 06-9250

PATIENT IDENTIFICATION (Please Print)			DISPOSITION (110-111)		TYPE OF INCIDENT		CALL TYPE		PATIENT STATUS								
BY NAME (10-20)	FIRST NAME (20-45)	MI (46)	01 ☐ TREAT/NO TRANS.	02 ☐ DOA AT SCENE	03 ☐ HOSPITAL ER	04 ☐ HOSP. DIR. ADMIT.	05 ☐ PATIENT'S HOME	06 ☐ NURSING HOME	07 ☐ DR.'S OFFICE	08 ☐ OUTPATIENT	09 ☐ PT. REFUSED TREAT.	10 ☐ EMS TRANSFER	11 ☐ TRAUMA (112)	12 ☐ MEDICAL (113)	13 ☐ TO SCENE (114)	14 ☐ ON SCENE (115)	15 ☐ FROM SCENE (116)
EVANS, FINLEY	19												1 ☐ MVA	1 ☐ ENVIRON	1 ☐ EMERGENCY	1 ☐ URGENT	1 ☐ URGENT
STATE (88-89)	ZIP CODE (90-94)												2 ☐ MC	2 ☐ BEHAV	2 ☐ NONEMERGENCY	2 ☐ NON URGENT	2 ☐ NON URGENT
SEX (104)	RACE (105)	AGE (106-109)											3 ☐ BIKES	3 ☐ OB/GYN			
Male	White	1 YR 8											4 ☐ PED	4 ☐ RESP			
Female	Black	2 YR 8											5 ☐ ASSAULT	5 ☐ CARDIAC			
Undetermined	Am. Indian	3 YR 8											6 ☐ FALL	6 ☐ INTERFAC			
	Hispanic	4 YR 8											7 ☐ FIRE	7 ☐ OTHER			
	Asian	5 YR 8											8 ☐ INTERFAC				
	Other	6 YR 8											9 ☐ OTHER				

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-137)			PRIMARY IMPRESSION (138-140)		TREATMENT PROCEDURES (141-174)		
01 ☐ Seizure	024 ☐ Multi-trauma/Shock	074 ☐ Respiratory Distress	01 ☐ Dressing Applied	07 ☐ Oxygen Given	13 ☐ Cardiac Massage		
04 ☐ Diabetic	030 ☐ Head Injury	080 ☐ Coronary Problems	02 ☐ Limb Splinted	08 ☐ Suction Used	14 ☐ Bleeding Controlled		
11 ☐ Abrasion/Contusions	032 ☐ Spinal Injury	083 ☐ Cardiac Arrest	03 ☐ Spine Immobilized	09 ☐ Antishock Trousers	15 ☐ Cold Application		
13 ☐ Laceration	084 ☐ Stroke		04 ☐ Neck Immobilized	10 ☐ Airway Maintained	16 ☐ Patient Restrained		
13 ☐ Fracture	051 ☐ G.I. Problems		05 ☐ CB Assistance	11 ☐ Antishock Treatment	17 ☐ Other (Use Comments)		

HCFA CODES (175-180)		ADVANCED PROCEDURES (190-223)		DRUGS USED (220-241)	

SITE OF TRAUMA (181-189)		REVISED TRAUMA SCORE	
1 ☐ Head		GCS: (242) EYES	(247-249) SBP
2 ☐ Face		(243) VERBAL	(250-252) RR
3 ☐ Neck		(244) MOTOR	
4 ☐ Chest		(245-248) GLASGOW	(253) ANATOMICAL INJ.
5 ☐ Abdomen			1 ☐ YES 2 ☐ NO
6 ☐ Hip/Pelvis			
7 ☐ Upper Ext.			
8 ☐ Lower Ext.			
9 ☐ Back			

VITAL SIGNS	
BP	PULSE
110/60	40
120/60	45
130/60	50
140/60	55
150/60	60
160/60	65
170/60	70
180/60	75
190/60	80
200/60	85
210/60	90
220/60	95
230/60	100
240/60	105
250/60	110
260/60	115
270/60	120
280/60	125
290/60	130
300/60	135
310/60	140
320/60	145
330/60	150
340/60	155
350/60	160
360/60	165
370/60	170
380/60	175
390/60	180
400/60	185
410/60	190
420/60	195
430/60	200
440/60	205
450/60	210
460/60	215
470/60	220
480/60	225
490/60	230
500/60	235
510/60	240
520/60	245
530/60	250
540/60	255
550/60	260
560/60	265
570/60	270
580/60	275
590/60	280
600/60	285
610/60	290
620/60	295
630/60	300
640/60	305
650/60	310
660/60	315
670/60	320
680/60	325
690/60	330
700/60	335
710/60	340
720/60	345
730/60	350
740/60	355
750/60	360
760/60	365
770/60	370
780/60	375
790/60	380
800/60	385
810/60	390
820/60	395
830/60	400
840/60	405
850/60	410
860/60	415
870/60	420
880/60	425
890/60	430
900/60	435
910/60	440
920/60	445
930/60	450
940/60	455
950/60	460
960/60	465
970/60	470
980/60	475
990/60	480
1000/60	485
1010/60	490
1020/60	495
1030/60	500
1040/60	505
1050/60	510
1060/60	515
1070/60	520
1080/60	525
1090/60	530
1100/60	535
1110/60	540
1120/60	545
1130/60	550
1140/60	555
1150/60	560
1160/60	565
1170/60	570
1180/60	575
1190/60	580
1200/60	585
1210/60	590
1220/60	595
1230/60	600
1240/60	605
1250/60	610
1260/60	615
1270/60	620
1280/60	625
1290/60	630
1300/60	635
1310/60	640
1320/60	645
1330/60	650
1340/60	655
1350/60	660
1360/60	665
1370/60	670
1380/60	675
1390/60	680
1400/60	685
1410/60	690
1420/60	695
1430/60	700
1440/60	705
1450/60	710
1460/60	715
1470/60	720
1480/60	725
1490/60	730
1500/60	735
1510/60	740
1520/60	745
1530/60	750
1540/60	755
1550/60	760
1560/60	765
1570/60	770
1580/60	775
1590/60	780
1600/60	785
1610/60	790
1620/60	795
1630/60	800
1640/60	805
1650/60	810
1660/60	815
1670/60	820
1680/60	825
1690/60	830
1700/60	835
1710/60	840
1720/60	845
1730/60	850
1740/60	855
1750/60	860
1760/60	865
1770/60	870
1780/60	875
1790/60	880
1800/60	885
1810/60	890
1820/60	895
1830/60	900
1840/60	905
1850/60	910
1860/60	915
1870/60	920
1880/60	925
1890/60	930
1900/60	935
1910/60	940
1920/60	945
1930/60	950
1940/60	955
1950/60	960
1960/60	965
1970/60	970
1980/60	975
1990/60	980
2000/60	985
2010/60	990
2020/60	995
2030/60	1000
2040/60	1005
2050/60	1010
2060/60	1015
2070/60	1020
2080/60	1025
2090/60	1030
2100/60	1035
2110/60	1040
2120/60	1045
2130/60	1050
2140/60	1055
2150/60	1060
2160/60	1065
2170/60	1070
2180/60	1075
2190/60	1080
2200/60	1085
2210/60	1090
2220/60	1095
2230/60	1100
2240/60	1105
2250/60	1110
2260/60	1115
2270/60	1120
2280/60	1125
2290/60	1130
2300/60	1135
2310/60	1140
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2500/60	1235
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2560/60	1265
2570/60	1270
2580/60	1275
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2770/60	1370
2780/60	1375
2790/60	1380
2800/60	1385
2810/60	1390
2820/60	1395
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2840/60	1405
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2860/60	1415
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2880/60	1425
2890/60	1430
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2920/60	1445
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2940/60	1455
2950/60	1460
2960/60	1465
2970/60	1470
2980/60	1475
2990/60	1480
3000/60	1485
3010/60	1490
3020/60	1495
3030/60	1500
3040/60	1505
3050/60	1510
3060/60	1515
3070/60	1520
3080/60	1525
3090/60	1530
3100/60	1535
3110/60	1540
3120/60	1545
3130/60	1550
3140/60	1555
3150/60	1560
3160/60	1565
3170/60	1570
3180/60	1575
3190/60	1580
3200/60	1585
3210/60	1590
3220/60	1595
3230/60	1600
3240/60	1605
3250/60	1610
3260/60	1615
3270/60	1620
3280/60	1625
3290/60	

PATIENT COMPLAINT SIGNALS				CORE DRUGS		SPECIAL PURPOSE / LOCAL OPTION DRUGS	
Type of Incident							
TRAUMA		RESPIRATORY		OTHER			
011 ABRASION/CONTUSION	070 APNEA	003 SEIZURE		28 Activated Charcoal USP	29 Adenosine	44 Acetaminophen	
012 AVULSION	071 AIRWAY OBSTRUCTION/ CHOKING	004 DIABETIC REACTION		31 Albuterol	31 Aspirin	38 Diltiazem	
013 LACERATION	072 HYPERVENTILATION	005 INSULIN SHOCK		43 Amiodarone	37 Ativan	69 Dobutamine	
014 PUNCTURE/STAB	073 PULMONARY EDEMA	006 POISONING		04 Atropine Sulfate	83 Atrovent	39 Flumazenil	
015 GUNSHOT WOUND	074 RESPIRATORY DISTRESS	007 COMMUNICABLE DISEASE		34 Calcium Gluconate	16 Dextrose 50%	09 Heparin Lock Flush	
016 BURN	075 ANAPHYLACTIC/TOXIN SHOCK	008 UNCONSCIOUS		10 Diazepam	02 Epinephrine SQ	41 Labetalol	
017 HEMORRHAGE	076 NEAR DROWNING	009 DEAD ON ARRIVAL-NO TRANS.		08 Diphenhydramine	06 Furosemide	18 Nalbuphine HCL	
018 ELECTROCUTION		010 DEAD ON ARRIVAL- TRANS.		24 Dopamine HCL	30 Glucagon USP	16 Nitrous Oxide	
019 CHEST INJURY		050 VOMITING		03 Epinephrine IV	05 Lidocaine HCL	23 Oxytocin	
020 CRUSHING		051 G.I. PROBLEMS		02 Epinephrine SQ	46 Magnesium Sulfate	68 Promethazine	
021 AMPUTATION	ENVIRONMENTAL	052 G.U. PROBLEMS		08 Epiaphrine SQ	22 Morphine Sulfate	33 Proparacaine HCL	
022 DISLOCATION	001 HEAT EXHAUSTION	090 UNKNOWN COMPLAINT		06 Furosemide	11 Naloxone	Toxicology	
023 FRACTURE	002 HEAT STROKE	091 TRANSPORT FOR EXAM		30 Glucagon USP	13 Nitroglycerin Spray	71 Amyl Nitrite	
024 MULTITRAUMA/SHOCK	101 COLD EXPOSURE/ HYPOTHERMIA	092 NONEMERGENCY TRANSPORT		05 Lidocaine HCL	14 Nitroglycerin Sublingual	77 Calcium Gluconate (tox)	
025 PATIENT TRAPPED		093 NO TRANSPORT		46 Magnesium Sulfate	25 Procainamide HCL	72 Methylene Blue	
026 EYE INJURY	BEHAVIORAL	094 CANCELLED CALL		22 Morphine Sulfate	42 Racemic Epinephrine	73 Pralidoxime Chloride (2-PAM)	
029 SPRAIN/STRAIN	040 HYSTERIA	095 FALSE CALL		11 Naloxone	01 Sodium Bicarbonate	74 Propranolol (Inderal)	
030 HEAD INJURY	041 FAINING	102 SEXUAL ASSAULT		13 Nitroglycerin Spray	27 Syrup of Ipecac	82 Pyridoxine HCL	
031 PARALYSIS	043 PSYCHIATRIC/ BEHAVIORAL	103 COLD/FLU		14 Nitroglycerin Sublingual	26 Terbutaline Sulfate SQ	76 Sodium Nitrite	
032 SPINAL INJURY	044 OVERDOSE	104 HEADACHE		25 Procainamide HCL	35 Thiamine	78 Sodium Thiosulfate	
037 ANIMAL BITE	045 IMPAIRMENT SIMILAR TO ALCOHOL	105 WEAKNESS/DIZZINESS		42 Racemic Epinephrine	48 Vasopressin	Rapid Seq Intubation	
038 SNAKE BITE	046 ALTERED MENTAL STATUS	106 PAIN		01 Sodium Bicarbonate	84 Xopenex	81 Etomidate	
	OB/GYN	107 CANCER		27 Syrup of Ipecac	86 Solumedrol	78 Midazolam HC (Versed)	
CARDIAC/STROKE	060 OB PRENATAL	108 DIALYSIS		26 Terbutaline Sulfate SQ		79 Succinylcholine (Anectine)	
080 CORONARY PROBLEM	061 OB POSTNATAL	109 MEDICAL DEVICE FAILURE		35 Thiamine		80 Vecuronium Bromide (Norcuron)	
081 CONGESTIVE HEART FAILURE	062 OB EMERGENCY	110 POST OPERATIVE COMPLICATIONS		48 Vasopressin			
082 HYPERTENSION	063 OB ABORTION	111 BED CONFINED		84 Xopenex			
083 CARDIAC ARREST	064 GYN PROBLEM	112 ALS MONITORING REQUIRED		86 Solumedrol			
084 CVA/TIA/STROKE	065 OB DELIVERY	113 BLS MONITORING REQUIRED					
085 HYPOTENSION		114 SPECIALTY CARE MONITORING					
086 CHEST PAIN							

GLASGOW			
EYE OPENING:		VERBAL:	
SPONTANEOUS	4	ORIENTED	5
TO VOICE	3	CONFUSED	4
TO PAIN	2	INAPPROPRIATE WORDS	3
NONE	1	INCOMPREHENSIBLE	2
		NONE	1
		MOTOR:	
		OBEYS COMMANDS	6
		LOCALIZES PAIN	5
		WITHDRAW (Pain)	4
		FLEXION (Pain)	3
		EXTENSION (Pain)	2
		NONE	1

REVISED TRAUMA SCORE			
GLASGOW COMA SCORE	SYSTOLIC BP	RESPIRATORY RATE	CODE VALUE
13-15	>89	10-29	4
9-12	76-89	>29	3
6-8	60-75	6-9	2
4-5	1-49	1-5	1
3	0	0	0

SELECTED ANATOMICAL INJURIES		VITAL SIGNS	
1. ALL PENETRATING INJURIES TO HEAD, NECK, TORSO AND EXTREMITIES PROXIMAL TO ELBOW AND KNEE.		PUPILS	LEVEL OF CONSC.
2. FLAIL CHEST.		E = EQUAL	A = ALERT
3. COMBINATION TRAUMA WITH BURNS.		U = UNEQUAL	V = VERBAL ST.
4. TWO OR MORE PROXIMAL LONG BONE FRACTURES.		N = NO RESP.	P = PAINFUL ST.
5. PELVIC FRACTURES.		C = CONST.	U = UNRESP.
6. LIMB PARALYSIS.		O = DILATED	
7. AMPUTATION PROXIMAL TO WRIST AND ANKLE.			

LIST OF CODE NUMBERS OF S.C. COUNTIES	
01 Abbeville	24 Greenwood
02 Alben	25 Hampton
03 Allendale	26 Horry
04 Anderson	27 Jasper
05 Bamberg	28 Kershaw
06 Barnwell	29 Lenoir
07 Beaufort	30 Laurens
08 Berkeley	31 Lee
09 Calhoun	32 Lexington
10 Charleston	33 McCormick
11 Cherokee	34 Marion
12 Chester	35 Marlboro
13 Chesterfield	36 Newberry
14 Clarendon	37 Oconee
15 Colleton	38 Orangeburg
16 Darlington	39 Pickens
17 Dillon	40 Richland
18 Dorchester	41 Saluda
19 Edgefield	42 Spartanburg
20 Fairfield	43 Sumter
21 Florence	44 Union
22 Georgetown	45 Williamsburg
23 Greenville	46 York
	47 Out of State

Please call results
to Farrell at
708-4487

ROPER
HOSPITAL
HEALTHCARE

316 Calhoun Street, Charleston, SC 29401 Telephone: 724-2030
2095 Henry Tecklenburg Dr., Charleston, SC 29414 Telephone: 402-1057

SPECIAL REQUEST

☒ STAY
☐ Call to # 704-4556
Name _____
Fax to # 704-1388
Name _____
☐ Other _____

PHYSICIAN ADDRESS (Circle Ordering Physician)

ROPER/ST FRANCIS HLTN ROPER/ST FRANCIS HLTN 102545
1433 THOMAS GANSON BLVD (LOCATION: RSF)
(STE 208A) CHAS SC 29407
402 1000
FAX: 7696205

SPECIMEN COLLECTION INFO

Date: 10/24/04
Phys: (Signature)
Urine Total Volume: _____ ml
Fasting: ☐ YES ☐ NO
Time Rec'd in Lab: _____

DIAGNOSIS/ICD-9 CODES:

Place corresponding number beside test ordered below:

1. V88.61
- 2.
- 3.
- 4.
- 5.

Consulting Physician: Dr. J. Campbell
I authorize the release, to my insurance carrier, of any medical information necessary to process claims and I authorize payment of medical benefits directly to Roper Hospital.

Patient Signature _____ Date _____

INSURANCE / BILLING INFORMATION

☐ BII Patient ☐ BII Client/M.D. ☐ BII Medicare ☐ BII Medicaid ☐ BII Other Insurance
Insurance Co. Name _____ Exp # _____
Policy ID # _____ Medicaid # _____
Policy Holder's Name (If not patient) _____
Insurance Co. Address _____
City _____ State _____ Zip Code _____
Secondary Insurance _____ Policy # _____

PATIENT INFORMATION - Please Print Clearly

PATIENT NAME (Last, First, MI) Evans, Finley
ADDRESS 174 Canal Street, Charleston, SC 29401
CITY Charleston, SC 29401
SOCIAL SECURITY NUMBER 247-16-9753
DATE OF BIRTH 01/24/45
SEX M ☐ F

***** TESTS IN BOLD ARE LIMITED COVERAGE TESTS AND AN ICD-9 DIAGNOSIS CODE MUST BE PROVIDED *****
***** ORDER ONLY TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS AND/OR TREATMENT OF THE PATIENT *****

PANELS		CHEMISTRY & TOXICOLOGY (Cont.)		HEMATOLOGY/COAG/URINALYSIS		SEROLOGY (Cont.)	
TEST	CPT Code Diag #	TEST	CPT Code Diag #	TEST	CPT Code Diag #	TEST	CPT Code Diag #
☐ Basic Metabolic Panel (CO2, Cl, Creat, Gk, K, Na, BUN, Ca)	80048	☐ *DIGOXIN (S)	80189	☐ *HEMOGLOBIN (I)	85018	☐ *PREGEST - B-RUM (HCG-QUANT.)	84700
☐ Comprehensive Metabolic Panel (Alk Phos, Ca, Cl, Creat, Gk, CO2, K, T. Bil, D. Bil, Alk Phos, SGPT, SGOT, T. Prot.)	80053	☐ Folate (S)	82746	☐ *HEMATOCRIT (I)	85014	☐ *RA (S)	86431
☐ Electrolyte Panel (CO2, Cl, K, Na)	80061	☐ *FOLIC ACID (S)	82747	☐ *CBC w/ALTO DIFF (I)	85028	☐ *RPR (S)	86432
☐ *HEPATIC FUNCTION PANEL (Alb, T. Bil, D. Bil, Alk Phos, SGPT, SGOT, T. Prot.)	80076	☐ *GAMMA GT (S)	82977	☐ *EOSINOPHIL COUNT (I)	85048	☐ Rubella (S)	86762
☐ *LIPID PANEL (T. Chol, HDL Chol, Trgly)	80081	☐ *GLUCOSE-2 HR PP (S)	82977	☐ *PLATELET COUNT (I)	85049	☐ *TRANSFERRIN (S)	84486
☐ *ACUTE HEPATITIS PANEL (HBeAg, HBeAb IgM, HBeAb IgG, Hep C Ab)	80074	☐ Glucose-1 Hr PG (S)	82950	☐ Retic Count (I)	85045		
☐ *Obstetric Panel (GBO w/Auto DH, HBeAg, Rubella Ab, FPR, ABO, Rh, Ab Screen)	80055	☐ Glucose-2 Hr PG (S)	82950	☐ *RED RATE (I)	86451		
		☐ Glucose-Tol. 3 Hr (S)	82951	☐ *PROTHROMBIN (PT) (I)	86410		
		☐ *GLUCO. HGB (A, C) (I)	83030	☐ *PARTIAL PROT. TIME (PTT)	86730		
		☐ High Electro (I)	83030	☐ *Stickle Cell (I)	85880		
		☐ Homocysteine (I)	83030	☐ *URINALYSIS (I)	81000		
		☐ *IRON (S)	83090	☐ *WBC (I)	85048		
		☐ *PLASMA BIC (S)	83090				
		☐ LDH (S)	83015				
		☐ LH (S)	83002				
		☐ Lipase (S)	83090				
		☐ *MAGNESIUM (S)	83078				
		☐ *PHENOBARBITAL (S)	83078				
		☐ Phenylalanine (S)	83078				
		☐ *PHOSPHORUS (S)	84120				
		☐ *POTASSIUM (S)	84132				
		☐ Proalbumin (S)	84134				
		☐ *PROLACTIN (S)	84146				
		☐ *PROTEIN, TOTAL (S)	84156				
		☐ *PROTEIN, ELECTRO. (S)	84156				
		☐ PSA, Annual Screen	80103				
		☐ *PSA (S)	84153				
		☐ *PSA, REFLEX (S)	84153				
		☐ Free PSA (H Indicated)	84154				
		☐ Sodium (S)	84295				
		☐ SGOT (S)	84450				
		☐ SGPT (S)	84450				
		☐ *TRIGLYCERIDES (S)	84478				
		☐ *FUPTAKE (S)	84478				
		☐ T3, Total (S)	84450				
		☐ T3, Free (S)	84491				
		☐ T4, Free (S)	84498				
		☐ T4, TOTAL (S)	84498				
		☐ TSH (S)	84443				
		☐ Theophylline (S)	80106				
		☐ Uric Acid (S)	84550				
		☐ Valproic Acid (Therapeutic) (S)	80186				
		☐ Vancomycin (S)	80202				
		☐ Vitamin B12 (S)	82907				

TUBES: (M) Red (Plain) (L) Lavender (B) Blue (S) Speckled or Gold (U) Urine
ADD'L TESTS:

PHYSICIAN DESIGNEE SIGNATURE: J. Farrell DATE: 10/24/04

LABORATORY

ROPER HOSPITAL
DEPARTMENT OF LABORATORY MEDICINE
CHARLESTON, SOUTH CAROLINA10/04/06
0030
PAGE 1Name: EVANS, FINLEY C SR
Admission Date: 10/03/06
Doctor: CAMPBELL, JEANNE M
Acct# A06276-00902MR# (00000)000858738
Date of Birth: 07/12/1945
Sex: M Race: WNurs Stn: 01RSF
Room#
Bed:*****
COAGULATION
*****SPECIMEN DATE 10/03/06
COLLECTED TIME 1145
WEEKDAY

UNITS REFERENCE

----ROUTINE COAGULATION----

PT 26.6 H
INR 2.7 f

SEC 10.5-13.9

INR and PT INTERPRETIVE COMMENT:

New reagent lot effective 9/14/06. See INR value.

The INR therapeutic range (1.5-4.0) for patients on warfarin therapy will depend on the clinical disorder being treated.

10/03/06 1145 INR

P Report has been faxed to: Dr. CAMPBELL AND RSF HOME HEALTH 10/03/06
13:48. CCB
FOOTNOTE ADDED ON 10/03/06 AT 1348 BY CCB

Doctor: CAMPBELL, JEANNE M

PRINTED BY: rickel
Name: EVANS, FINLEY C SR

DATE 1/3/2012

20493

PATIENT NAME: EVANS, FINLEY CULLIE

DATE OF ADMISSION: 10/03/2006

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old male admitted today with an open wound in his left groin and scrotum. He is status post wide excision of hidradenitis in his left groin and scrotum on September 21 of this year. His postoperative course was remarkable for a suture line dehiscence, and he has been undergoing outpatient wound care with Home Health assistance. On the date of admission, he was reportedly having active bleeding from his wound and was brought into the Emergency Room for evaluation and management where he was found to be hemodynamically stable but will be admitted for observation and local wound care. His past medical history is significant for hypertension, atrial fibrillation, and hidradenitis.

MEDICATIONS: Diovan, hydrochlorothiazide 160/12.5 mg daily, Lanoxin 0.25 mg daily, Toprol XL 25 mg daily, tetracycline 250 mg q.i.d., Coumadin 6 mg daily, Avacor 500 mg/20 mg daily. He has an **ALLERGY** to **PENICILLIN**. Past surgical history is notable for a ventral hernia repair, diverting colostomy, wide excision of perianal hidradenitis, and split-thickness skin grafting, most recently excision of groin and scrotal hidradenitis with local tissue rearrangement.

PHYSICAL EXAMINATION: He is a well-developed male in no distress. HEENT exam is unremarkable. Lungs are clear. Heart without gallop. Abdomen: Benign. Examination of the groin and scrotum: He has an open wound from recent surgery. The wound base is clean. There is no evidence of infection, and there is no active bleeding. Extremity exam: Within normal limits.

IMPRESSION: Suture line dehiscence, left groin and scrotum with reported active bleeding.

PLAN: Hospital admission overnight for observation and local wound care.

Job#: 540925

Dictated: 02/09/2007 4:19 PM

Transcribed: 02/10/2007 8:29 PM

BW:dd



BRIAN WIDENHOUSE, M.D.

EVANS, FINLEY CULLIE
D000181225
D.722

Copy for BRIAN WIDENHOUSE, M.D.

Trident Health System
Charleston, South Carolina

HISTORY AND PHYSICAL
Page 1 of 1

Chlorine

Plastics

no c/o

Offside

hemodynamically stable

Aug 11 8:30 am

urinalysis

VAC poorly tolerated 2° pain

Home today w/ alternate dressing

Beckman

PATIENT INFORMATION

EVANS, FRANK, CURRIC

MR. 00000000000000000000

DOB 07/21/24

00000000000000000000

FINLEY EVANS
09/27/06

#20493

DR. WIDENHOUSE

Mr. Evans is here for follow up of the hydradenitis excision from his groin and scrotum.

He has had further suture line dehiscence of the scrotal area. The wound is clean and without evidence of infection. I think that he would benefit from VAC therapy, as he demonstrates poor understanding of his necessary local wound care. The complete scrotal suture line is open at this time, as well as the groin area. We will submit for outpatient VAC management. The scrotal wound is superficial with may be only 5 to 10 mm of depth, but 8 to 10 cm of length. The groin wound is 1 to 2 cm in depth and approximately 3 to 4 cm in diameter.

BGW/del

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Stephanie P. McDonald, Circuit Court Judge

Case No. 2009-CP-08-3237

Finley C. Evans..... Appellant

v.

Roper Hospital, Inc. d/b/a Roper
St. Francis Healthcare and d/b/a
Roper-St. Francis Home Health..... Respondents.

NOTICE OF APPEAL

Appellant Finley C. Evans appeals from a directed verdict granted by the Honorable Stephanie P. McDonald on January 12, 2012 and other rulings excluding the testimony of Lauren Cauwels, RN. On January 23, 2012, Appellant filed a Motion to Reconsider, Alter and Amend Judgment. Judge McDonald denied the Appellant's Motion on March 15, 2012. Appellant received email notice of the order on March 30, 2012. Orders attached.

Respectfully Submitted,



Christy DeLuca
McGowan, Hood & Felder, LLC
1539 Health Care Drive
Rock Hill, SC 29732
(803) 327-7800
(803) 328-5656 (fax)
cdeluca@mcgowanhood.com

Attorney for Appellant

Other attorney of record:

Joseph J. Tierney, Jr.
Young, Clement Rivers, LLP
25 Calhoun Street, Suite 400
Charleston, SC 29401
(843) 720-5406
jtierney@ycrlaw.com

April 30, 2012

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Stephanie P. McDonald, Circuit Court Judge

Case No. 2009-CP-08-3237

Finley C. Evans..... Appellant

v.

Roper Hospital, Inc. d/b/a Roper
St. Francis Healthcare and d/b/a
Roper-St. Francis Home Health..... Respondents.

PROOF OF SERVICE

The undersigned hereby certifies that on this 30th day of April, 2012, she served counsel for the Respondents with a copy of the Notice of Appeal in this matter by mailing a copy of the same by United States Mail with first class postage prepaid to the following address:

Joseph J. Tierney, Jr.
Young, Clement Rivers, LLP
25 Calhoun Street, Suite 400
Charleston, SC 29401



Christy M. DeLuca

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE
CASE NUMBER 2009CP0803237

Findley C Evans	Roper Hospital Inc Roper St Francis Home Health	Roper St Francis Healthcare
PLAINTIFF(S)		DEFENDANT(S)
Submitted by: The Court		Attorney for: ☐ Plaintiff ☒ Defendant ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ JURY VERDICT. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☒ DECISION BY THE COURT. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ ACTION DISMISSED (CHECK REASON): ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit);
☐ Rule 43(k), SCRPC (Settled); ☐ Other: _____
- ☐ ACTION STRICKEN (CHECK REASON): ☐ Rule 40(j) SCRPC; ☐ Bankruptcy;
☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other: _____
- ☐ DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other: _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order; (format order to follow) ☒ Statement of Judgment by the Court:

The Defendant's motion for directed verdict is granted.

ORDER INFORMATION

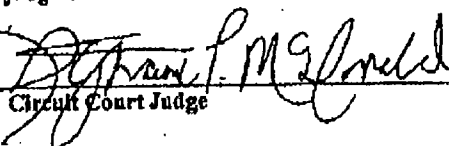
This order ☒ ends ☐ does not end the case.

Additional Information for the Clerk: _____

INFORMATION FOR THE PUBLIC INDEX		
Complete this form when the judgment, decree, order or other court action is entered. If the judgment or order is not entered, indicate "N/A" in one of the boxes below.		
Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.


2163
January 12, 2012
 Circuit Court Judge Judge Code Date

For Clerk of Court Office Use Only

This judgment was entered on 12th Day of January, 2012, and a copy mailed first class or placed in the appropriate attorney's box on 12th Day of January, 2012, to attorneys of record or to parties (when appearing pro se) as follows:

John Preston Griffith Smith & Griffith, LLP P.O. Box 2866
 Anderson, SC 29622
 Christy Marie DeLuca McGowan, Hood & Fekler 1539
 Health Care Drive Rock Hill, SC 29732
 Joseph Griffith Jr Joe Griffith Law Firm, LLC 946 Johnnie
 Dodds Blvd Mount Pleasant, SC 29464

Joseph John Tierney Jr. Young Clement Rivers, LLP P.O.
 Box 993 Charleston, SC 29402
 Christine Kant Toporek Young Clement Rivers, LLP P.O.
 Box 993 Charleston, SC 29402

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Mary P. Brown - Clerk of Court

Court Reporter

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY
IN THE COURT OF COMMON PLEAS

FORM 4

JUDGMENT IN A CIVIL CASE

CASE NO. 2009 CP-08-3237

FINLEY C. EVANS

ROPER HOSPITAL, INC. D/B/A ROPER ST. FRANCIS

HEALTHCARE AND D/B/A ROPER ST. FRANCIS HOME
HEALTH

PLAINTIFF(S)

DEPENDANT(S)

Submitted by:

Attorney for: ☐ Plaintiff ☐ Defendant
or
☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ JURY VERDICT. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☒ DECISION BY THE COURT. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ ACTION DISMISSED (CHECK REASON): ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other
- ☐ ACTION STRICKEN (CHECK REASON): ☐ Rule 40(j), SCRPC; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other
- ☐ DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☒ Statement of Judgment by the Court: Plaintiff's post-trial motion to reconsider, alter, and amend the judgment is denied.

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.

Additional Information for the Clerk:

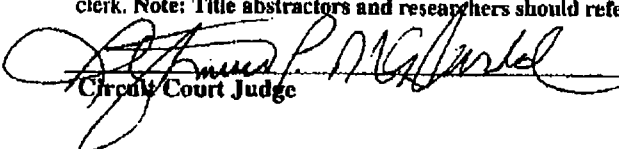
INFORMATION FOR THE PUBLIC INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
N/A	N/A	N/A
		\$
		\$

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.


Circuit Court Judge

2163
Judge Code

3/26/12
Date

For Clerk of Court Office Use Only

This judgment was entered on the 29 day of May 2012 and a copy mailed first class or placed in the appropriate attorney's box on this 29 day of May 2012 to attorneys of record or to parties (when appearing pro se) as follows:

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Mary P. Blum
CLERK OF COURT

Court Reporter:

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Stephanie P. McDonald, Circuit Court Judge

Case No. 2009-CP-08-3237

RECEIVED

MAY 02 2013

SC COURT OF APPEALS

Finley C. Evans..... Appellant

v.

Roper Hospital, Inc. d/b/a Roper
St. Francis Healthcare and d/b/a
Roper-St. Francis Home Health..... Respondents.

CERTIFICATE OF COUNSEL

Pursuant to Rule 210(g), SCACR, I hereby certify that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Respectfully submitted


Christy DeLuca
McGowan, Hood & Felder, LLC
1539 Health Care Drive
Rock Hill, SC 29732
(803) 327-7800
(803) 328-5656 (fax)
cdeluca@mcgowanhood.com

Attorney for Appellant

April 12, 2013
Rock Hill, South Carolina

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas

Stephanie P. McDonald, Circuit Court Judge

Case No. 2009-CP-08-3237

RECEIVED

MAY 08 2013

SC Court of Appeals

Finley C. Evans..... Appellant

v.

Roper Hospital, Inc. d/b/a Roper
St. Francis Healthcare and d/b/a
Roper-St. Francis Home Health..... Respondents.

PROOF OF SERVICE

The undersigned hereby certifies that on this 12th day of April, 2013, he served counsel for the Respondents with a copy of the Record on Appeal and Certificate of Counsel in this matter by mailing a copy of the same by United States Mail with first class postage prepaid to the following addresses:

Joseph J. Tierney, Jr.
Russell G. Hines
Stephen L. Brown
Young, Clement Rivers, LLP
25 Calhoun Street, Suite 400
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Jordan C. Calloway