

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

The Honorable Mikell R. Scarborough, Master in Equity

Appellate Case No. 2018-001386
Common Pleas Case No.: 2015-CP-10-2178

RECEIVED
MAR 25 2019
SC Court of Appeals

Stacy Singletary, Individually and as Personal Representative of Sheldon Singletary....Respondent

vs.

Kelvin Shuler..... Appellant

RECORD ON APPEAL

VOLUME I

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ORIGINAL

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STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NO. 2015 CP-10-2178

Stacy Singletary

Kelvin Shuler

PLAINTIFF(S)

DEFENDANT(S)

Submitted by: Master in Equity

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), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j), SCRCP; ☐ 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:

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)
Stacy Singletary, individually and as personal representative of the Estate of Sheldon Singletary	Kelvin Shuler	\$1,600,000.00
		\$
		\$

If applicable, describe the property, including tax map information and address, referenced in the order:
N/A

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

Judge Code

Date

For Clerk of Court Office Use Only

This judgment was entered on the _____ day of _____, 20____ and a copy mailed first class or placed in the appropriate attorney's box on this _____ day of _____, 20____ 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)

CLERK OF COURT

Court Reporter:

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

STACY SINGLETARY, individually and
as personal representative of the Estate
of Sheldon Singletary

Plaintiff,

v. 2

KELVIN SHULER,

Defendant.

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

CASE NO: 2015-CP-10-2178

ORDER

BY

JULIE J. ARMSTRONG
CLERK OF COURT

2018 JUN 12 PM 3:59

FILED

HEARING DATE:
PRESIDING JUDGE:
PLAINTIFF ATTORNEY:
DEFENDANT ATTORNEY:

MARCH 29, 2018
MIKELL R. SCARBOROUGH
THAD J. DOUGHTY, ESQ.
EDUARDO CURRY, ESQ.

This matter came before the court on March 29, 2018 on the Plaintiff's claims of wrongful death and survival action and the Defendant's Stand Your Ground Immunity Claim under S.C. Code Ann. §16-11-440.

Based upon testimony of the witnesses, exhibits offered into evidence, and arguments of counsel, the court makes the following findings of fact and conclusions of law.

Facts

The Plaintiff Stacy Singletary, individually and as Personal Representative of the Estate of Sheldon Singletary, alleges that on April 19, 2012, Defendant Kelvin Shuler wrongfully killed her husband, Sheldon Singletary.

On April 19, 2012, Sheldon Singletary had been invited to Defendant's home along with friends for a cookout. As the day progressed and the friends consumed alcohol, Mr. Singletary and Mr. Shuler got into a fight in Mr. Shuler's kitchen.

Mr. Shuler claimed to be hurt in the fight and suffered two broken ribs and a fractured right orbital (eye) bone and nose; however, no medical records were submitted to support this claim. In fear of further harm to his person and property, he demanded all his guests, and especially Mr. Singletary, to leave his home immediately. He then retrieved a knife from his kitchen and went outside to demand the guests leave his property. Then, he re-entered his home, went upstairs and retrieved a .45 handgun.

Mr. Shuler emerged from his house via a side door and began walking along the side of his house towards the front street. Mr. Singletary was on the front porch. When Mr. Shuler reached the front porch, he claims he saw a figure leap at him from the porch. He reached up and fired his weapon. The round hit Mr. Singletary in the abdomen mortally wounding him. Mr. Singletary cried out "help me" and then went unconscious. Emergency crews, police, and paramedics responded to the scene. The paramedics transported Mr. Singletary to the Medical University of South Carolina.

En route to the hospital his vital signs were taken and, upon arrival, he was placed into the trauma care unit for urgent treatment. The initial triage form indicates that Mr. Singletary was unresponsive upon arrival. The Patient Care Reports log his vital signs and each time the medical staff checked, Mr. Singletary remained unresponsive. The Trauma Resuscitation Flowsheet indicates that, although he received assisted breathing, he remained unresponsive.

During trial John Singletary, Mr. Singletary's brother, testified he was the first family member to reach Sheldon. While speaking to him, he stated that Sheldon squeezed his hands in



response to his voice. Plaintiff Stacy Singletary, Mr. Singletary's wife, testified he was not conscious, able to speak, or respond at any time she saw him. The medical records indicate Mr. Singletary was never conscious from the time EMS arrived on the scene and I so find.

Mr. Singletary ("Decedent") was taken into emergency surgery on two separate occasions but never regained consciousness. He was pronounced dead at 12:16 a.m.

Law / Analysis

On April 15, 2015, Plaintiff filed this action against the Defendant for wrongful death, survival, and negligence. On May 22, 2015, Defendant filed an Answer denying the allegations of Plaintiff's Complaint. In addition, Defendant filed Counterclaims against Plaintiff for assault and battery, the tort of outrage, frivolous lawsuit, slander and libel, and interference with the enjoyment of property.

I. Entitlement to Self-Defense

It is well established that in order to support a claim of immunity under §16-11-440, there must be a valid case of self-defense. State v. Dickey, 394 S.C. 491, 499, 716 S.E. 2d 97, 101 (2011). The court considers the elements of self-defense in determining a defendant's entitlement to immunity.

There are four elements required by law to establish a case of self-defense:

1. the defendant must be without fault in bringing on the difficulty.
2. the defendant must have actually believed he was in imminent danger of losing his life or sustaining serious bodily injury or he actually was in such imminent danger.
3. if his defense is based upon his belief of imminent danger, a reasonably prudent man of ordinary firmness and courage would have entertained the same belief. If the defendant actually was in imminent danger, the circumstances were such as would warrant a man of ordinary prudence, firmness and courage to strike the fatal blow in order to save himself from serious bodily harm or losing his own life.
4. the defendant had no other probable means of avoiding the danger of losing his life or sustaining serious bodily injury than to act as he did in the particular instance.

Id. at 499.

Here, the Defendant does not have a valid case of self-defense for several reasons:

1. The Defendant must be without fault in bringing about the difficulty.

The court heard testimony from Sharnika Morris that Defendant started the confrontation with Decedent who defended himself after the Defendant had struck him several times. Furthermore, at the time the Defendant shot the Decedent, it was after their fight had ended. The Decedent was attempting to leave the residence when the Defendant went into his home, retrieved his gun, then went back outside and shot the Decedent. In State v. Wigington, 649 S.E.2d 185, 188, 375 S.C. 25 (S.C. App., 2007), the Court stated, “(a)ny act of the accused in violation of the law and reasonably calculated to produce the occasion amounts to bringing on the difficulty and bars his right to assert self-defense as a justification or excuse for a homicide.”

In Wigington, as here, the Court of Appeals found the Defendant had injected himself into an altercation, removed himself from the controversy, and then returned with a loaded gun. “Therefore, the Defendant’s conduct could be reasonably calculated to bring about the difficulty that arose.” *Id.* at 188.

2. The Defendant must have actually been or believed he was in imminent danger of losing his life or sustaining serious bodily injury.

The Defendant admitted that, after the altercation, he retrieved a knife to brandish at his houseguests, including Decedent, in order to get them to leave. When the guests went outside but did not leave the grounds, he went back into the residence and retrieved his handgun. He walked outside from the back of the house to the front armed with the handgun. Phillip Jones was walking beside him trying to get him to put the handgun down. Defendant refused and stated he did not know where the Decedent was at the time.

Ms. Morris stated that the Decedent was on the front porch waiting for her to retrieve his clothing and keys from inside the house. As Defendant approached the front porch, the Defendant stated he saw a figure out his (injured) right eye on the porch and he reached up, pulled the trigger and shot towards the figure. The Defendant stated he did not know who he was shooting at - he just saw a figure and shot.

Defendant cannot claim he shot the Decedent because he was in fear of him from their prior altercation because, according to him, he was unaware the Decedent was the individual he shot. Defendant was not in danger of imminent death or serious bodily injury at this time and could not have reasonably believed he was because he approached the Decedent, who was on the front porch attempting to leave the Defendant's residence while unarmed. The initial altercation was over until it was re-started by the Defendant.

3. Whether a reasonable prudent person would believe they were in imminent danger of death or serious bodily injury.

The court finds a reasonable prudent person would not have been in imminent danger of loss of life or substantial bodily injury under these circumstances and would not have to kill to save themselves from death or serious bodily injury. The Defendant made the decision to get a knife to scare his guests off and, when they were not frightened and did not leave, he made the decision to go back into the house. He went upstairs to his bedroom, walked back outside with the gun, walked from the back of his house to the front, and then shot the unarmed Decedent.

I find these actions are not the actions of a reasonable, prudent person. There is no evidence whatsoever that Defendant was in imminent danger when he walked outside with the knife, went back inside to get the weapon, walked back outside with the weapon, walked from the back of the house to the front of the house and shot the unarmed Decedent. The Defendant

admitted during cross-examination that he had suffered bodily harm; however, it was prior to retrieving his gun. Because I find the Defendant was not in imminent danger, there was no reason for him to take a life to protect himself from death or further serious bodily injury.

4. Whether the Defendant had any other probable means of avoiding the danger of losing his life or substantial/serious bodily injury.

The initial altercation, started by the Defendant, and in which he claims to have suffered injury, was over. The melee had ended when the Defendant got his gun. The Defendant was the only person armed and he pursued the Decedent who was outside the home and trying to leave the residence.

However, the duty to retreat is not required as an element of self-defense when the Castle Doctrine, or the Stand Your Ground Defense, applies. The court will discuss this next.

The court concludes as a matter of law the Defendant has no entitlement to self-defense.

II. Defendant's Immunity Claim

The Defendant asserted a claim under the Protection of Person and Property Act, S.C. Code Ann. § 16-11-440, also known as the Castle Doctrine or the "Stand Your Ground" defense. The immunity clause is found at § 16-11-450(A), which states: "A person who uses deadly force as permitted by ... this article ... is justified in using deadly force and is immune from criminal prosecution and civil action for the use of deadly force...."

I conclude as a matter of law that this claim fails for several reasons. First, in order to assert this claim there must be a pre-trial determination that the Defendant is entitled to assert this claim. The Defendant has to bring a pre-trial motion and the court must find at a pre-trial hearing that the Defendant is entitled to assert this claim by a preponderance of the evidence and the court must issue an Order denying or granting the Motion to Dismiss on that basis. State v. Duncan, 392

S.C. 404, 411, 709 S.E.2d 662, 665 (2011). Immunity under the act is a bar to criminal or civil prosecution, upon motion of either party and must be decided prior to trial. A claim of immunity under this act requires a pretrial determination using a preponderance of the evidence standard. State v. Curry, 406 S.C. 364, 370, 752 S.E. 263, 266 (2013). State v. Duncan, 392 S.C. 404, 411, 709 S.E. 2d 662, 665 (2011). The Court in Duncan stated, by using the words "immune from criminal prosecution" the legislature intended to create a true immunity, and not simply an affirmative defense. Therefore, since the Defendant did not file for a pre-trial determination of immunity he cannot assert it as an affirmative defense.

Next, § 16-11-440(A) states the requirements for the use of deadly force:

- (A) A person is presumed to have a reasonable fear of imminent peril of death or great bodily injury to himself or another person when using deadly force that is intended or likely to cause death or great bodily injury to another person if the person:
- 1) against whom the deadly force is used is in the process of unlawfully and forcefully entering, or has unlawfully and forcibly entered a dwelling, residence, or occupied vehicle, or if he removes or is attempting to remove another person against his will from the dwelling, residence, or occupied vehicle; **and**
 - 2) who uses deadly force knows or has reason to believe that an unlawful and forcible entry or unlawful and forcible act is occurring or has occurred.

The victim in this case is similar to the victim in State v. Curry. The court stated Curry could not receive immunity under § 16-11-440(A), because the victim was found to be a social guest legally in Curry's mother's apartment. Therefore, although the victim lunged at Curry while he was holding a gun, Curry was not entitled to immunity.

It is undisputed that Sheldon Singletary was an invitee/social guest of Kelvin Shuler. Also, Sheldon Singletary committed no unlawful or forcible act. The Defendant started the altercation that occurred in the home as he slapped the Decedent more than once before the Decedent fought back against the Defendant. In addition, this altercation ended prior to the Defendant's decision



to go into his kitchen, retrieve a knife, and demand his houseguests leave the premises. The Defendant then went back into his home, retrieved a handgun, walked from the back of the house to the front of the house, and shot the unarmed Decedent in the chest. During his walk from the back to the front of the house, another invitee, Phillip Jones, pleaded with him to put the gun down. The Defendant admitted he was not in danger during this time and he did not see the Decedent with any type of weapon.

Finally, where Section A of the statute is unavailable to him because the victim had a right to be where he was as a social guest, § 16-11-440(B)(1), the statute defaults to Subsection C, which states:

A person who is not engaged in an unlawful activity and who is attacked in another place where he has a right to be, ... has no duty to retreat and has the right to stand his ground and meet force with force, including deadly force, if he reasonably believes it is necessary to prevent death or great bodily injury to himself or another person

Consistent with the Castle Doctrine and the ... Act, a valid case of self-defense must exist, and the trial court must necessarily consider the elements of self-defense in determining a defendant's entitlement to the Act's immunity. This includes all the elements of self-defense, save the duty to retreat. (emphasis supplied)

Curry, 752 S.E.2d at 266, citing to Section 16-11-440(C).

The court in Curry goes on to state that the Castle Doctrine is "predicated on the absence of aggression or fault on the party bringing on the difficulty; the doctrine is for defensive, and not offensive, purposes." *Id.* at 267. Here, I find that the Defendant was at fault in bringing on the difficulty by going and getting his gun after his guests and Decedent had left his house.

Because I find the defendant has no valid self-defense claim, he cannot claim statutory immunity. As a further ground, the Defendant's failure to file a pretrial motion for immunity under §16-11-440 does not entitle him to consideration for immunity under the statute.

III. Wrongful Death under S.C. Code of Laws § 15-51-10

I find the Plaintiff has met the burden of proof that Decedent's Estate is entitled to a wrongful death award in this case. It is clear and undisputed from the testimony of the witnesses the Decedent was killed at the hands of the Defendant. As this court has found, the Defendant has no valid claim for immunity or self-defense. The death of the Decedent was caused by the wrongful act of the Defendant as defined under SC Code of Laws §§ 15-51-10, *et seq.*

The Plaintiff, Stacy Singletary, as Personal Representative of the Estate of Sheldon Singletary is entitled to relief by an award of damages. The Plaintiff is entitled to compensation for medical bills and expenses, funeral expenses, lost wages and benefits, financial losses, pain and suffering, and mental anguish suffered as the surviving spouse. In addition, Plaintiff is entitled to damages for loss of the Decedent's care, companionship and protection.

Mrs. Singletary testified that medical bills totaled to \$203,251.25. As to loss of income and companionship, Sheldon Singletary worked as a bail bondsman and was 42 years of age at the time of death. Under the life expectancy tables, he is presumed to live another 32 years. While she testified that he earned about \$90,000 per year, she acknowledged that he was often paid in cash. Furthermore, income tax records were excluded from evidence as they were not complete. I find that the decedent would have earned \$50,000 per year for the remainder of his work life which would amount to \$1,250,000 before reducing to present value - although no economic evidence of this was presented by Plaintiff. Accordingly, I find that damages for the wrongful death claim should be set at \$1,500,000.00.

The court may award punitive damages in the event the court finds that the conduct which caused the death was deliberate and reckless. The court finds that, while the Defendant's actions

were negligent and unwarranted, they are unlikely to occur again and therefore there is no basis for an award of punitive or exemplary damages. S.C. Code Ann. § 15-51-40.

The Plaintiff has met her burden of proof and is hereby awarded One Million Five Hundred Thousand Dollars (\$1,500,000.00) in actual damages pursuant to her Wrongful Death Claim. The court finds that, under these facts, an award of punitive damages is not warranted.

IV. Survival Action under S.C. Code Ann. §15-5-90

Plaintiff is also entitled to an award and damages pursuant to the survival right statute. S.C. Code Ann. § 15-5-90. It is clear to the court from review of the medical records that, despite the testimony of the Decedent's family who were with him at the hospital, the Decedent was conscious for only a short period of time after being shot. The testimony of Sharnika Morris was that the Decedent was in extreme pain at the scene of the incident, cried out "help me," and then "his eyes rolled back."

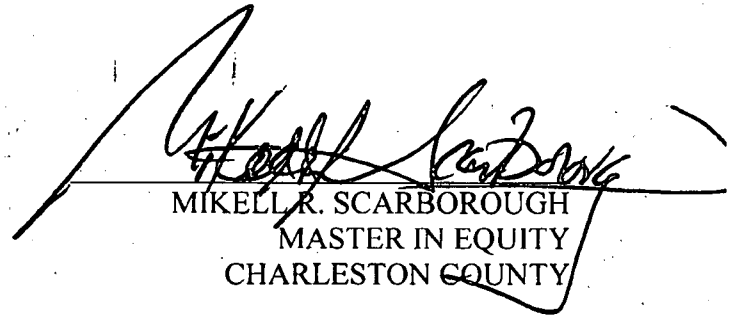
Decedent incurred severe pain and suffering at the scene. The testimony shows he was shot around 3 p.m. and died just after midnight - two operations could not stop his bleeding, and after multiple blood transfusions, he ultimately bled to death. The Decedent suffered conscious pain and suffering, severe personal injury and trauma for only a short time before his death. In this situation, I find Decedent's cries of "help me" sufficient to show conscious pain and suffering; however, his period of consciousness was apparently over by the time he was transported to MUSC hospital at 4:00 p.m.

The court finds that Plaintiff is entitled to an award of damages for pain and suffering, personal injuries and trauma, and compensatory damages and hereby awards the Plaintiff One Hundred Thousand Dollars (\$100,000.00) for her Survival Action Claim.

Based upon these findings and conclusions of law, the court concludes that all of Defendant's counterclaims fail as a matter of law and denies the same.

IT IS THEREFORE ORDERED that Plaintiff is awarded One Million Six Hundred Thousand Dollars (\$1,600,000.00) in actual damages. The court concludes no punitive damages are due to be awarded under the facts of this case.

IT IS SO ORDERED!



MIKELL R. SCARBOROUGH
MASTER IN EQUITY
CHARLESTON COUNTY

This 8 day of June, 2018

Charleston, South Carolina

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

STACY SINGLETARY, both personally)
And as the personal representative of the)
Estate of Sheldon Maurice Singletary)

Plaintiff,)

v.)

KELVIN SHULER,)

Defendant.)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

CIVIL CASE NO: 2015-CP-10-

2178

SUMMONS

(JURT TRIAL REQUESTED

FILED
2015 APR 15 PM 12:15
JULIE J. ARMSTRONG
CLERK OF COURT

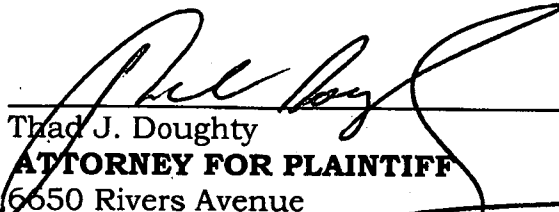
TO: THE DEFENDANT, KELVIN SHULER, ABOVE-NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, a copy of which is herewith served upon you, and to serve a copy of your answer to the said Complaint on the subscribers at their office at the address below, within thirty (30) days after service hereof, exclusive of the day of such service.

YOU ARE HEREBY GIVEN NOTICE FURTHER that if you fail to appear and defend and fail to answer the Complaint as required by this summons within thirty (30) days after service hereof, exclusive of the day of such service, judgment by default will be entered against you for the relief demanded in the complaint.

Respectfully Submitted,

April 15, 2015
N. Charleston, SC


Thad J. Doughty
ATTORNEY FOR PLAINTIFF
6650 Rivers Avenue
North Charleston, SC 29406
Tel.: (843) 576-1400
Fax.: (843) 576-5401

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

STACY SINGLETARY, both personally)
And as the personal representative of the)
Estate of Sheldon Maurice Singletary.)

Plaintiff,)

v.)

KELVIN SHULER,)

Defendant.)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

CIVIL CASE NO: 2015-CP-10- 2178

COMPLAINT
(Jury Trial Requested)

FILED
2015 APR 15 PM 12:15
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

Plaintiff, Stacy Singletary, both personally and as the personal representative of the Estate of Sheldon Maurice Singletary, brings this action against Defendant, Kelvin Shuler, based on the allegations set forth here below.

PARTIES

1. The deceased Sheldon Maurice Singletary was a citizen and resident of Charleston County.
2. The Plaintiff, Stacy Singletary, is the wife of Sheldon Maurice Singletary and is the duly appointed personal representative of the Estate of Sheldon Maurice Singletary.
3. The Defendant, Kelvin Shuler, is a resident of Charleston County.
4. The events and the incident leading to the Death of Sheldon Maurice Singletary occurred in Charleston County.
5. This Court has both subject matter and personal jurisdiction over this court.

FACTS

6. Sheldon Singletary was an invitee and guest at the home of the Defendant.
7. The Defendant was hosting a gathering at his home.
8. Sheldon Singletary was leaving the home of the Defendant and came back to retrieve his car keys.
9. Upon reentering the porch of the Defendant, Sheldon Singletary was fatally shot by the Defendant and died as a result of the gun shot wound.

COUNT ONE
(Wrongful Death)

10. Plaintiff repeats and realleges each and every allegation as if fully contained herein.
11. As a result of the above-referenced acts, Sheldon Singletary sustained serious injuries, and ultimately died.
12. As a result of the above-referenced acts, Singletary suffered conscious pain and suffering, personal injuries and traumas prior to his death.
13. Further, Plaintiff is entitled to compensation for funeral expenses and other compensatory damages and is entitled to punitive damages in an amount to be determined by a jury for the unconscionable conduct as alleged herein.
14. Pursuant to the Death by Wrongful Act and Lynching statute, Section 15-51-10 et seq., South Carolina Code of Laws, the Plaintiff allege entitlement to all of the above-referenced and foregoing causes of action as survivor and/or personal representative of the Estate of Sheldon Singletary.

COUNT TWO
(Survival)

15. Plaintiff repeats and realleges each and every allegation as if fully contained therein.
16. As a result of the above-referenced acts, Singletary suffered serious injuries that ultimately caused his wrongful death.
17. As a result of the above-referenced acts, Singletary suffered conscious pain and suffering, personal injuries and trauma before his death, funeral expenses, economic loss including earnings, benefits and other compensatory damages and is entitled to punitive damages in an amount to be determined by a jury.
18. Pursuant to the survival right of action, Section 15-5-90 et seq., South Carolina Code of Laws, the Plaintiff is entitled to all of the above-referenced entitlements and foregoing causes of action as a survivor, wife and personal representative of Sheldon Singletary. All of the above-referenced acts and/or omissions and/or commissions are in violation of common laws and statutes of the State of South Carolina, and the United States of America, and the defendant's obligation to Plaintiff.
19. Each of these acts and/or omissions and /or commissions singularly or in combination with others caused Singletary's injuries and wrongful death.

COUNT THREE
(Negligence)

20. Plaintiff repeats and realleges each and every allegation as if fully contained herein.
21. Defendant owed a duty of care to Sheldon Singletary and to Plaintiff to act with due care or as a person of ordinary prudence and reason under the same circumstances.

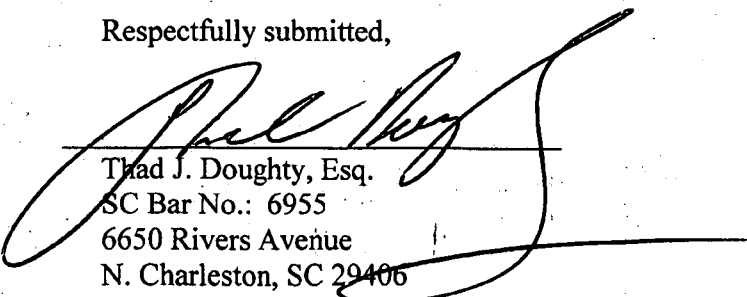
22. Defendant breached this duty by recklessly or with conscious disregard for human life by aimlessly firing his gun outside his home and striking and killing Sheldon Singletary.
23. Sheldon Singletary and Plaintiff suffered damages including, but not limited to, substantial medical expenses, pain and suffering, loss of enjoyment of life and lost wages, as a direct and proximate cause of the Defendant's breach of duty of care.
24. Therefore, Plaintiff is entitled to actual, consequential and punitive damages.

Plaintiff accordingly request a judgment of the Court awarding damages from the Defendant for:

- a. Pain and Suffering from physical injuries;
- b. Mental anguish, including mental pain and suffering;
- c. Compensatory damages;
- d. Future earnings, benefits, and support;
- e. Exemplary or punitive damages;
- f. Funeral and burial expenses;
- g. Prejudgment interest;
- h. Litigation fees and costs;
- i. Any other relief the court deems just and proper.

WHEREFORE, the Plaintiff pray for judgment against Defendant, for actual and/or punitive damages incurred as alleged herein in an amount to be determined by a jury, for the costs of this action, for other and further relief as this Court and jury may deem just and proper.

Respectfully submitted,



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ATTORNEY FOR PLAINTIFF

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)
)
STACY SINGLETARY, both personally)
And as the personal representative of the)
Estate of Sheldon Maurice Singletary,)
Plaintiff,)
)
vs.)
)
KELVIN SHULER,)
Defendant.)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

CIVIL ACTION NO. 2015-CP-10-2178

ANSWER AND COUNTERCLAIM
(Jury Trial Demanded)

FILED
2015 MAY 22 AM 9:15
JULIE M. RHISTRONG
CLERK OF COURT
BY

TO: THAD J. DOUGHTY, ATTORNEY FOR PLAINTIFF:

The Defendant, Kelvin Shuler, (hereinafter "Defendant"), by and through his undersigned counsel, hereby answers the Plaintiff's Complaint, subject to any and all affirmative defenses, qualifications, motions and any other pleadings as follows:

AS TO FACTS

1. The Defendant denies each and every allegation contained in the Plaintiff's Complaint which is not specifically admitted herein.
2. The Defendant lacks sufficient knowledge or information at this time to form a belief as to the truth of the allegations contained in Paragraphs 1 and 2 of the Plaintiff's complaint, and therefore those allegations are denied and demands strict proof thereof.
3. The Defendant admits the allegations contained in Paragraphs 3 and 4 of the Plaintiff's complaint.
4. The Defendant denies the allegations contained in Paragraphs 6 through 9 of the Plaintiff's complaint and demands strict proof thereof.

AS TO COUNT ONE
(Wrongful Death)

5. In response to the allegations contained in Paragraph 10 of the Plaintiff's Complaint, the Defendant repeats and realleges his response contained in Paragraphs 1-4 above as if set forth fully herein.

6. The Defendant denies the allegations contained in Paragraphs 11 through 14 of the Plaintiff's complaint and demands strict proof thereof.

AS TO COUNT TWO
(Survival)

7. In response to the allegations contained in Paragraph 15 of the Plaintiff's Complaint, the Defendant repeats and realleges his response contained in Paragraphs 1-6 above as if set forth fully herein.

8. The Defendant denies the allegations contained in Paragraphs 16 through 19 of the Plaintiff's complaint and demands strict proof thereof.

AS TO COUNT THREE
(Negligence)

9. In response to the allegations contained in Paragraph 20 of the Plaintiff's Complaint, the Defendant repeats and realleges his response contained in Paragraphs 1-8 above as if set forth fully herein.

10. The Defendant denies the allegations contained in Paragraphs 21 through 24 of the Plaintiff's complaint and demands strict proof thereof.

11. The Defendant denies the prayer for relief Paragraph of Plaintiff's complaint, including sections a, b, c, d, e, f, g, h, and i and demands strict proof thereof.

12. The Defendant denies the WHEREFORE Paragraph of Plaintiff's complaint, such being the remaining allegations of the Plaintiff's complaint and demands strict proof thereof.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(12(b)(6) Motion To Dismiss)

13. The Plaintiff's Complaint fails to state facts and causes of actions upon which relief can be granted; therefore, the Plaintiff's Complaint should be dismissed in its entirety under Rule 12(b)(6) of the South Carolina Rules of Civil Procedure.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Statute of Limitations / Statute of Repose)

14. Defendant realleges each and every Answer to Plaintiffs' Complaint as of restated herein.

15. Plaintiffs' claims are barred by the applicable statute of limitations and/or statute of repose in that Plaintiffs' failed to file and serve this action within the statute of limitations and/or statute of repose.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Insufficiency of Process)

16. The Plaintiff's Complaint should be dismissed in its entirety under Rule 12(b)(5) of the South Carolina Rules of Civil Procedure due to insufficient service of process.

FOR A SIXTH DEFENSE AND CAUSE OF ACTION
AND BY COUNTERCLAIM
(DOCTRINE OF LACHES)

17. Defendant realleges each and every Answer to Plaintiffs' Complaint as of restated herein.

18. That Defendant alleges that the Doctrine of Laches applies and the Plaintiffs should be estopped from bringing such claims against Defendant.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(Frivolous Lawsuit)

19. This lawsuit should be dismissed for the Plaintiff has filed a frivolous lawsuit, the ground thereof are delineated in the South Carolina Code of Law and recognized by Common Law.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(Intervening/Supervening Cause)

20. Any damages sustained by Plaintiff would be as a result of intervening and/or supervening causes, and acts or omissions caused by Plaintiff, therefore this action should be dismissed.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(No Proximate Cause)

21. That, even if the Defendant was negligent, as alleged in the Plaintiff's complaint, which is specifically denied, the negligence of the Defendant was not the direct or proximate cause of any injury or damages alleged by the Plaintiff and therefore the Defendant is not liable for any damages allegedly sustained.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(Punitive Damages Unconstitutional)

22. The Defendant would plead the requirements for an award of punitive damages as set forth by the Supreme Court of South Carolina in the case of State Farm Mut. Auto Ins. Co. v. Campbell, 538 U.S. 408 (2003) as defenses to this claim and would specifically assert that he is entitled to summary judgment on punitive damages, and if denied, to bifurcated trial.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(Comparative Negligence)

23. The Defendant alleges that any injuries received by the Plaintiff as alleged in the complaint, if any, were due to and caused by and were the direct and proximate result of acts of negligence on the part of the Plaintiff or a third party, over whom the Defendant had no control, so as to bar the claims of the Plaintiff against the Defendant.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(Lack of Foreseeability)

24. That upon information and belief, even if the damages alleged in the Plaintiff's Complaint, if any, were proximately caused by the acts and/or omissions of the Defendant, which is otherwise denied except for the purpose of these affirmative defenses, the Defendant did not and could not have foreseen that Plaintiff's damages, if any, could have proximately resulted from the Defendant's acts and omission.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(Unforeseeable Intervening or Superseding Events)

25. The damages complained of were solely the result of unforeseeable intervening or superseding events over which the Defendant had no control.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE

THE DEFENDANT ALLEGES:

(Self-Defense / Self-Protection)

26. The acts of forces alleged by Plaintiff to have been committed by Defendant were committed in the necessary protection of Defendant's body and person. Immediately prior to the time that the Defendant allegedly committed the acts described in Plaintiff's complaint, the Plaintiff, without any just cause or provocation on the part of Defendant, violently and viciously

attacked Defendant. Defendant then necessarily defended himself from any further attack by Plaintiff.

27. In doing the acts described above, Defendant used only that degree of force that reasonably appeared to be necessary to protect Defendant's person from any further attack by Plaintiff.

28. Any damage or injury suffered by Plaintiff was proximately caused by Plaintiff's own wrong.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Self-Defense / Protection of Property)

29. At the time mentioned in Plaintiff's Complaint, Defendant was lawfully in possession of the premises. At that time, the premises was being used as Defendant's residence.

30. The Plaintiff caused a disturbance on the Defendant's premises. Defendant requested that Plaintiff cease the disturbance and leave the premises, but Plaintiff refused to do so.

31. In order to preserve Defendant's peaceable possession of the premises, Defendant requested Plaintiff to leave the premises and Plaintiff responded by attacking Defendant.

32. Defendant used only that degree of force that reasonably appeared to be necessary to prevent any further disturbance or assault and battery by Plaintiff on Defendant's property.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Assumption of the Risk)

33. The Defendant alleges that the perils and dangers existing at the time of Plaintiff's actions, if any, were open, obvious, and known to the Plaintiff who nevertheless conducted himself in such a manner so as to voluntarily assume all risks pertaining thereto.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Lack of Subject Matter Jurisdiction)

34. Defendant alleges that Plaintiff's claims fail for a lack of subject matter jurisdiction based on Plaintiff's lack of standing to assert the claims against Defendant, and therefore, all claims against Defendant should be dismissed pursuant to Rule 12(b)(1) of the South Carolina Rules of Civil Procedure.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Lack of Personal Jurisdiction)

35. Defendant alleges that Plaintiffs' claim fails for a lack of personal jurisdiction, and therefore, all claims against Defendant should be dismissed pursuant to Rule 12(b)(2) of the South Carolina Rules of Civil Procedure.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Acts and Omissions)

36. Further answer the complaint and for a further defense thereto, Defendant alleges that no acts or omission of Defendant proximately caused or contributed to any injuries or damages that Plaintiffs may have sustained.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Punitive Damages)

37. Defendant deny that Plaintiffs' request for punitive damages constitute a "cause of action" and further deny that Plaintiff is entitled to punitive damages for any cause of action.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE
THE DEFENDANT ALLEGES:
(Reservation and Non-Waiver)

38. The Defendant reserves any additional and further defenses as may be revealed by additional information during the course of discovery and investigation, as is consistent with the South Carolina Rules of Civil Procedure.

FURTHER ANSWERING AND BY WAY OF COUNTERCLAIM
FIRST CAUSE OF ACTION
(Assault and Battery)

39. The Defendant realleges and reiterates the preceeding paragraphs as if fully set forth herein.

40. On or about April 20, 2012, Plaintiff was standing on Defendant's porch when he was asked to leave the premises of Defendant's home.

41. Plaintiff refused to leave and became combative and angry with Defendant.

42. Plaintiff then jumped off of Defendant's porch toward Defendant and began assaulting and striking Defendant.

43. Plaintiff committed assault and battery against Defendant.

44. Defendant was unable to retreat and his life was placed in danger.

45. The acts and conduct of Plaintiff placed Defendant in reasonable fear of bodily harm of Plaintiff's intent to assault Defendant and he believed he would suffer great bodily injury or death by Plaintiff.

46. Plaintiff inflicted forcible unwanted contact against Defendant.
47. The assault and battery was unauthorized and unlawful violence against Defendant.
48. The assault and battery by Plaintiff on Defendant was unprovoked by Defendant and was made with malice and with intent on the part of Plaintiff to severely injure and maim Defendant.
49. That by reason of the unprovoked assault and battery on the Defendant by Plaintiff, there was reasonable and great fear of bodily harm and fear for his safety and the safety of others caused by the conduct of the Plaintiff.
50. As a direct and proximate result of Plaintiff's assault and battery on the Defendant, the Defendant suffered physical injury, great terror, fright, revulsion, shame, humiliation, embarrassment, shock and indignities, all to his great damage, both actual and punitive, in an amount to be determined by Court.

FURTHER ANSWERING AND BY WAY OF COUNTERCLAIM
SECOND CAUSE OF ACTION
(Tort of Outrage)

51. The Defendant realleges and reiterates the preceeding paragraphs as if fully set forth herein.
52. Plaintiff's conduct of assault and battery upon Defendant was willful, wanton, reckless, negligent, and grossly negligent in the following particulars to wit:
- a. In committing assault and battery on the Defendant;
 - b. In using force and/or coercion to accomplish the assault and battery;
 - c. In committing assault and battery upon the Defendant, despite the Defendant's request for Plaintiff to cease the disturbance on his property and leave the property;
and
 - d. In other and further facts which may be disclosed during discovery.

53. As a direct and proximate result of Plaintiff committing assault and battery upon Defendant, the Defendant has suffered physical injury, great terror, fright, revulsion, disgust, shame, humiliation, embarrassment, shock and indignities, all to his great damage, both actual and punitive, in an amount to be determined by Court.

54. The acts and conduct of Plaintiff as alleged above were so extreme and outrageous as to exceed all possible bounds of decency and were committed by Plaintiff with the knowledge and intent that his actions would cause the Defendant severe harm, injury and emotional distress.

55. As a direct and proximate cause of Plaintiff's acts and conduct, the Defendant has suffered physical injury, severe emotional distress resulting in but not limited to mental distress, fear, nervousness, sleeplessness and depression.

FURTHER ANSWERING AND BY WAY OF COUNTERCLAIM
THIRD CAUSE OF ACTION
(Frivolous Lawsuit)

56. The Defendant realleges and reiterates the preceeding paragraphs as if fully set forth herein.

57. This lawsuit should be dismissed for the Plaintiff has filed a frivolous lawsuit and the Defendant should recover damages pursuant to the South Carolina Code.

58. The Defendant has suffered and sustained financial injury as a result thereof and demands recovery of actual damages, attorney fees and costs.

FURTHER ANSWERING AND BY WAY OF COUNTERCLAIM
FOURTH CAUSE OF ACTION
(Slander and Libel)

59. The Defendant realleges and reiterates the preceeding paragraphs as if fully set forth herein.

60. Defendant is informed and believes that Plaintiff Stacy Singletary has published

statements accusing the Defendant of criminal behavior and conduct.

61. Defendant is informed and believes that Plaintiff Stacy Singletary intended to cause the Defendant to suffer harm as a result of her statements.

62. Defendant is informed and believes that Plaintiff Stacy Singletary is communicating false allegations to others.

63. Defendant is informed and believes that Plaintiff Stacy Singletary intend that these statements cause the Defendant to suffer harm and incur financial hardship.

64. Defendant is informed and believes that Plaintiff Stacy Singletary knew or should have known that the statements that she made against the Defendant was completely false and untrue.

65. Defendant is further informed and believes that the Plaintiff Stacy Singletary published these allegations and caused the Defendant harm.

66. Defendant is informed and believes that persons who either read or heard Plaintiff Stacy Singletary's false statements concerning the Defendant understood the statements be defamatory and slanderous of the Defendant's character.

67. Plaintiff Stacy Singletary knew or should have known that her statements concerning the Defendant were false, made without reasonable grounds for belief in their truth, and without a reasonably diligent and adequate investigation.

68. Plaintiff Stacy Singletary published the statements maliciously with knowledge of the falsity and/or with a reckless disregard for their truth.

69. Plaintiff Stacy Singletary's false statements injured the Defendant's reputation among family members, co-workers, friends, and persons in the community and caused him to suffer emotional distress, humiliation, embarrassment, and incur special damages in the form of loss of income, financial hardship and attorney's fees for having to defend himself against legal

prosecution.

70. Defendant is further informed and believes that the Plaintiff Stacy Singletary is liable for her slanderous and libelous statements setting forth that the Defendant had engaged in criminal activity.

71. Defendant is informed and believes that he is entitled to reimbursement of loss of income, emotional damages, reimbursement of attorney fees and costs incurred in defending himself from the Plaintiffs' false claims, all other special damages; general damages; and punitive damages associated with the Plaintiffs' libel and slander of the Defendant's reputation and character.

FURTHER ANSWERING AND BY WAY OF COUNTERCLAIM
FIFTH CAUSE OF ACTION
(Interference With the Enjoyment of Property)

72. The Defendant realleges and reiterates the preceeding paragraphs as if fully set forth herein.

73. Defendant alleges that the real and personal property that is his possession was duly purchased by Defendant as his residence.

74. Plaintiffs, by and through the assault and battery, refusal to leave and disturbing the peace, interrupted and breached Defendants' use and enjoyment of his home and property.

75. Plaintiffs' actions were intentional, wanton, willful and malicious in continuing to deprive Defendant of his use, possession and enjoyment of his property and home.

76. That as a direct and proximate cause of Plaintiffs' actions, Defendant has been irreparably harmed to include, not being able to possess, use and enjoy its property.

77. The Defendant alleges that he has been damaged in an unspecified amount to be determined by a trier of fact.

FURTHER ANSWERING AND BY WAY OF COUNTERCLAIM
SIXTH CAUSE OF ACTION
(DISCOVERY)

78. The Defendant realleges and reiterates the preceeding paragraphs as if fully set forth herein.

79. The parties should be authorized and allowed to engage in pre-trial discovery as authorized by the South Carolina Rules of Civil Procedure.

FURTHER ANSWERING AND BY WAY OF COUNTERCLAIM
SEVENTH CAUSE OF ACTION
(ATTORNEY FEES)

80. Defendant realleges each and every Answer to Plaintiffs' Complaint as of restated herein.

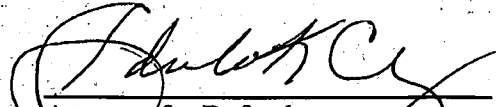
81. That Defendant has employed an attorney to represent him and is informed and believes that he is entitled to an Order requiring Plaintiffs pay his attorney's fees and costs.

WHEREFORE, the Defendant prays for the following:

1. For a dismissal with prejudice of Plaintiffs' Complaint in its entirety.
2. Granting Defendant's Answer, Counterclaims and Defenses in its entirety.
3. For actual, incidental, consequential, damages.
4. For the cost;
5. For Attorney's Fees and the cost of defending this action.
6. For punitive damages;
7. For a jury trial.
8. For such and other relief and this Honorable Court deems just and proper.

RESPECTFULLY SUBMITTED,

**CURRY LAW FIRM, LLC
EDUARDO K. CURRY, ESQUIRE**



Attorney for Defendant

P.O. Box 42270

North Charleston, SC 29423

(843) 767-5284

(843) 767-5286 (Fax)

21 Day of May, 2015

CERTIFICATE OF SERVICE

15-CP-10-2178

The undersigned hereby certifies that a true copy of the Plaintiff's Answer and Counterclaim has been served upon opposing counsel by hand delivery, email, or by mailing a copy properly addressed with sufficient postage affixed thereto this 21 day of May, 2015, to the following:

Thad J. Doughty
6650 Rivers Avenue
North Charleston, SC 29406

BY _____
Paralegal

FILED
2015 MAY 22 AM 9:15
JULIE J. ARMSTRONG
CLERK OF COURT

N. Charleston, South Carolina

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)
)
STACY SINGLETARY, both personally)
And as the personal representative of the)
Estate of Sheldon Maurice Singletary)
)
Plaintiff,)
)
v.)
)
KELVIN SHULER,)
)
Defendant.)

IN THE COURT OF COMMON PLEAS
CIVILCASE NO: 2015-CP-10-2178

REPLY TO COUNTERCLAIM

FILED
2015 MAY 26 AM 9:47
JULIE J. ARMSTRONG
CLERK OF COURT

TO: KELVIN SHULER AND HIS ATTORNEY, EDUARDO CURRY:

The Plaintiff above-named, responding to the counterclaim herein, responds, alleges and states as follows:

1. The Defendant was properly and timely served with the Summons and Complaint in this matter.
2. The Defendant has filed an untimely Answer and Counterclaim as his Thirty (30) days to answer expired before the Defendant filed an Answer to the Complaint.
3. The Plaintiff had prepared an Order of Default to present to the court.

DEFAULT

4. Plaintiff restates and realleges each and every allegation fully contained herein.
5. The Defendant has failed to plead or defend within the time prescribed in the South Carolina Rules of Civil Procedure.
6. An Order of Default should be entered against the Defendant because of his failure to Answer the Complaint within the Thirty (30) days provided in the South Carolina Rules of Civil Procedure.

RULE 12 (F)

7. Plaintiff restates and realleges each and every allegation as if fully contained herein.
8. The Defendant's Answer and Counterclaim should be stricken because he has filed these documents after the thirty(30) day period.
9. An Order striking the Answer and Counterclaim should be issued by the Court.

Response to AFFIRMATIVE DEFENSES of the Defendant

10. Plaintiff denies the allegations in paragraphs 13-38.
11. The Affirmative defenses should be barred because the Defendant has failed to file an Answer in a timely manner.

REPLY TO COUNTERCLAIM

12. Plaintiff denies each and every allegation in paragraphs 39- 78.
13. Plaintiff admits the allegations in paragraph 79.
14. Plaintiff denies the allegations in paragraphs 80-81.

FAILURE TO STATE A CLAIM Rule 12 (b)(6)

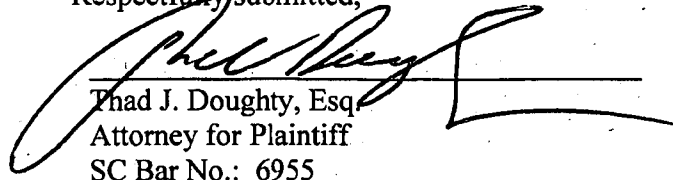
15. Plaintiff restates and realleges each and every allegation as if fully contained herein.
16. Plaintiff has failed to state facts sufficient to constitute a cause of action for the claims of Libel and Slander in paragraphs 59-71.
17. Plaintiff has not stated any dates as to when the alleged Slander and Libel took place therefore there are no facts sufficient to state a claim.

Wherefore, the Plaintiff prays for the following:

1. For an Order striking the Answer and Counterclaim of the Defendant;
2. For an Order denying the affirmative defenses and Counterclaims of the Defendant;
3. For an Order dismissing the claims of Slander and Libel under Rule 12(b)(6);

4. For such and other relief and this Honorable Court deems just and proper.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thad Doughty", is written over a horizontal line.

Thad J. Doughty, Esq.
Attorney for Plaintiff
SC Bar No.: 6955
6650 Rivers Avenue
N. Charleston, SC 29406
(843) 576-1400 Office
(843) 747-4030 Fax

N. Charleston, South Carolina

May 24, 2015

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STATE OF SOUTH CAROLINA
COURT OF COMMON PLEAS
COUNTY OF CHARLESTON

Stacy Singletary, individually
and as personal representative
of the Estate of Sheldon Singletary,

Plaintiff,

vs. CASE NO. 2015-CP-10-2178

Kelvin Shuler,

Defendant.

Hearing before the Honorable Mikell R.
Scarborough, reported by Christine A. Smith, Court
Reporter and Notary Public, at 9:47 a.m. on
March 29, 2018 at 100 Broad Street, Courtroom 2A,
Charleston, South Carolina.

Christine A. Smith, Court Reporter

Master-in-Equity
P.O. Box 30276
Charleston, South Carolina, 29417
(843) 958-5071
casmith@charlestoncounty.org

1 APPEARANCES OF COUNSEL:

2 ATTORNEYS FOR THE PLAINTIFF:

3 Thad Doughty, Esq.
4 Doughty Law Firm, LLC
5 6650 Rivers Avenue
6 North Charleston, SC 29406
7 (843) 576-1400
8 Tdoughty@sc.rr.com

7 ATTORNEYS FOR THE DEFENDANT:

8 Eduardo K. Curry, Esq.
9 The Curry Law Firm, LLC
10 P.O. Box 42270
11 North Charleston, SC 29423
12 (843) 767-5284
13 Currylawfirm@bellsouth.net

14 (INDEX AT REAR OF TRANSCRIPT)

1 (PLF. EXH. #1, Medical Records, were marked
2 for identification.)

3 (PLF. EXH. #2, Medical Bills, were marked for
4 identification.)

5 (PLF. EXH. #3, Autopsy Report, was marked for
6 identification.)

7 (PLF. EXH. #4, Tax Returns, were marked for
8 identification but not proffered.

9
10 P R O C E E D I N G S

11
12 THE COURT: So this morning we have the case
13 captioned Stacy Singletary personally and as PR for
14 the Estate of Sheldon Maurice Singletary as Plaintiff
15 versus Kelvin Shuler. Ms. Singletary is represented
16 by Mr. Thad Doughty. Mr. Eduardo Curry is here for
17 Mr. Shuler.

18 MR. CURRY: Good morning, Your Honor.

19 THE COURT: Good morning. Gentlemen, we've
20 pretried it a couple of times. Let me just tell
21 you -- I know we're ready to go to trial, and I am
22 happy to have the trial. What I need you-all to know
23 is I have some time limitations this morning. I have
24 a speaking engagement at the law school a little
25 after noon, so somewhere between 11:30 and 12:00,

1 when we get to where we have a break, I'm going to
2 try and break and then come back here probably at
3 2:00. Okay? My engagement is basically from noon to
4 1:00, 12:15 to 1:15. Then we'll come back. We'll
5 just plan to come back at 2:00 and finish up. Okay?

6 MR. DOUGHTY: Yes, sir.

7 THE COURT: So I've had a chance to review the
8 pleadings again this morning. I think I'm pretty
9 much familiar with what it is. I think what I would
10 like would be maybe about a five-minute opening from
11 both sides, and then we'll get started with the
12 witnesses.

13 Are there any motions or any matters we need
14 to take up before we start?

15 MR. CURRY: No, Your Honor. We just renew our
16 Motion to Dismiss that was summarily --

17 THE COURT: Summarily dismissed previously?

18 MR. CURRY: Yes, Judge, but we just renew it
19 as a matter of course..

20 THE COURT: All right. As a matter I'll note
21 it and deny it for the record. Okay?

22 MR. CURRY: Thank you, Your Honor.

23 THE COURT: Thank you, Mr. Curry.

24 MR. DOUGHTY: Your Honor, I think there is one
25 matter I need to address. There was a criminal

1 trial, and my motion would be that there be no
2 reference to the criminal trial, of course. The
3 criminal trial has a different standard of proof than
4 civil, so that would be my one and only motion.

5 THE COURT: Okay. That would be a Motion in
6 Limine. Let's cross that bridge when we get to it.
7 Okay? I would expect you to make the appropriate
8 objection at the appropriate time, and we'll go from
9 there. I don't think that that necessarily -- it is
10 a different standard of proof, and it's a different
11 level. This is a different case.

12 MR. DOUGHTY: Sounds good.

13 THE COURT: All right, Mr. Doughty.

14 MR. DOUGHTY: Thank you, Your Honor.

15 Your Honor, today we'll go back to April 19, 2012.
16 On that date there was a gathering at Mr. Shuler's
17 house. Mr. Singletary was an invitee of that
18 gathering.

19 Sometime during the time that they -- during
20 the gathering there was an argument between
21 Mr. Shuler and Mr. Singletary. Mr. Shuler basically
22 assaulted Mr. Singletary by slapping him a few times.
23 It ultimately resulted in an altercation. That
24 altercation was broken up by other invitees at
25 Mr. Shuler's house.

1 Mr. Singletary proceeded to leave. He had
2 forgotten his jacket. Well, his jacket and his -- he
3 was a bondsman. He had a badge. Those were inside
4 the home. Sharanika Morris, who is a witness
5 today -- she went inside to retrieve these items. As
6 she was going inside Mr. Shuler was coming out of the
7 home.

8 Well, first he brandished a knife at
9 Mr. Singletary, and depending on who you believe,
10 Mr. Singletary and the invitees -- I guess when that
11 didn't scare them enough he went back inside his
12 residence, back to his bedroom, which from what I've
13 been told is inside or upstairs in his residence,
14 came back outside along the side of his home with a
15 gun.

16 Mr. Singletary was in the front of the home.
17 Mr. Shuler is coming from the back part of the house,
18 and there was like, walking along the side, a young
19 man by the name of Phillip Jones, who was also one of
20 the invitees. He tries to stop Mr. Shuler from
21 basically using a weapon. He's talking to him,
22 asking him to put the weapon away.

23 He doesn't. He goes past Mr. Jones and
24 Ms. Morris and shoots Mr. Singletary, who is in the
25 front of the house. Mr. Singletary was transported

1 to the hospital, MUSC, and ultimately died from his
2 injuries about nine hours later.

3 THE COURT: Okay. Mr. Curry?

4 MR. CURRY: If it please the Court, Attorney
5 Doughty. Your Honor, April 19, 2012, was a Saturday.
6 It was a Saturday because Mr. Shuler was at his
7 house, and never in his wildest dreams would he have
8 thought that the day would have ended the way it
9 ended. For that, obviously, he's sorry for the way
10 it ended.

11 What had happened is he was having a gathering
12 at his house and invited some friends.

13 Mr. Singletary showed up as one of those people.

14 Originally, there was not a lot of alcohol, and then
15 the group ordered alcohol the evidence will show.

16 Then at some point Mr. Shuler and
17 Mr. Singletary were joking around, and obviously when
18 you have alcohol the evidence will show that things
19 got out of hand, and there was a fight that ensued in
20 the house. According to what we believe the evidence
21 will show, Your Honor, is that Mr. Singletary
22 viciously beat Mr. Shuler to the point where he
23 cracked his left eye orbit and fractured two of his
24 left ribs.

25 From that Mr. Singletary ended up leaving at

1 that point. From the evidence we believe that
2 Mr. Shuler had asked people to leave. He was fearful
3 of his life. He was hurt, beat down, and he had a
4 knife saying, Hey, everybody, leave.

5 It's our understanding that Mr. Singletary
6 returned, kicked the knife out of his hand, and then
7 at some point Mr. Shuler got a gun in his own home
8 where he was lawfully there to be. As he was walking
9 down the side of his home Mr. Singletary jumped off
10 the railing and Mr. Shuler, fearful of his life,
11 already with a cracked left eye orbit, two fractured
12 left ribs, fired one shot from the .45, and it
13 punctured Mr. Singletary and he was shot.

14 Judge, from all occasions it appears that from
15 the medical records that -- I'm sure the Plaintiff
16 will want to introduce that Mr. Singletary was
17 unconscious and presented unconscious. He never
18 resumed consciousness. So it is -- we believe that
19 the evidence will show that Mr. Shuler was in a
20 lawful place where he had a right to be, had a
21 vicious confrontation, and had a gun lawfully on his
22 property and used it to defend himself.

23 He's plead that in his responsive pleadings,
24 and we believe the -- you are the Judge of the law
25 and of the facts. You will be able to see that he

1 had a right to stand his ground and to protect
2 himself and his property and that there should be no
3 negligence, no liability on behalf of Mr. Shuler
4 before defending himself and ultimately shooting --
5 because he was in fear of his life and believed that
6 he had a right to be where he was.

7 THE COURT: All right. Thank you, Mr. Curry.
8 Mr. Doughty?

9 MR. DOUGHTY: Yes, sir.

10 THE COURT: You may call your first witness.

11 MR. DOUGHTY: Thank you, sir. Your Honor,
12 plaintiff calls Sharanika Morris.

13 SHARANIKA MORRIS,

14 being first duly sworn, testified as follows:

15 THE COURT: Your name is Ms. Sharanika Morris?

16 THE WITNESS: Sharanika.

17 THE COURT: Sharanika Morris. And your
18 address, ma'am?

19 THE WITNESS: I -- just call me Nikki.

20 THE COURT: Nikki? All right. I'll make a
21 note of that. Ms. Morris, what is your address?
22 Where do you live?

23 THE WITNESS: 682 Lawrence Street.

24 THE COURT: Say it again?

25 THE WITNESS: 682 Lawrence Street.

1 THE COURT: Lawrence? Is that Charleston or
2 North Charleston?

3 THE WITNESS: North Charleston, 29405.

4 THE COURT: Thank you, ma'am. All right.
5 Mr. Doughty?

6 MR. DOUGHTY: Thank you, Your Honor. May it
7 please the Court?

8 THE COURT: Yes, sir.

9 EXAMINATION

10 BY MR. DOUGHTY:

11 Q. Ms. Morris, you're from the Charleston area?

12 A. Yes, sir.

13 Q. And do you recall the date of April 19, 2012?

14 A. Yes, sir.

15 Q. And were you at the home of Mr. Shuler on that
16 date?

17 A. Yes, sir.

18 Q. Was that in Charleston County?

19 A. Yes, sir.

20 Q. And the incident occurred at Mr. Shuler's
21 house, correct?

22 A. Yes, sir.

23 Q. All right. And who else was present at
24 Mr. Shuler's house on that day?

25 A. It was him (indicating).

1 Q. And that's Kelvin Shuler?

2 A. Him and another guy named Kevin, a guy from
3 Atlanta, me, Phil, Jerry, and two other females that
4 were there.

5 Q. Okay. And let me fast forward a little bit.
6 Was there a point where you and Mr. Singletary were
7 in the kitchen?

8 A. We was in the kitchen. This is how everything
9 played out.

10 Q. Okay.

11 A. This is how everything played out. He was
12 on -- when we got there that day, and I'm warning
13 you -- Mr. Phil came to my house and got me. I never
14 knew who he was (indicating).

15 Q. Mr. Shuler?

16 A. Yes. My friend that called me said they were
17 having a cookout at her friend's house. That was his
18 house (indicating). I was like -- she called me and
19 she said, You want to come down? He was on the --
20 when she was on the phone he must have been telling
21 her to bring some girls over. He never knew who I
22 was on the phone.

23 Q. And that's Mr. Shuler?

24 A. Yeah. He never knew who I was on the phone.
25 She told me to come in a cab. The cab didn't come.

1 Phil came and got me because my daughter said, Mama,
2 a man in a gold car is outside. You have to call --
3 she had to talk to him to tell him how to get to my
4 house because he didn't ever know me to come straight
5 to my house.

6 So we got -- to make a long story short, we
7 went to the house. When I walked in the house he was
8 standing in the kitchen. When we walked in -- we
9 came to the front door. I didn't ever know he had a
10 side door at that time. We walked into the front
11 door. Sheldon had him back like this (indicating),
12 he was sitting like this with his back turned. Him
13 and the other man -- the other man and the girl, they
14 was cooking. I guess they was cooking breakfast or
15 something.

16 They already were -- they were drinking. I
17 don't drink. They were like you want some liquor? I
18 said, No, I don't drink. I'm sorry. They were like,
19 you're a party pooper. I was like whatever. So we
20 just started laughing and having fun.

21 So Sheldon was like -- he turned around and he
22 said, I know that girl. I know her family. He just
23 went off and we just started talking about some other
24 stuff. He was like, well, we're going to make some
25 Frogmore Stew. I was like, what is that? So he was

1 cutting purple onions. They knife was --

2 Q. He being Mr. Shuler?

3 A. Yeah. He was cooking breakfast. I guess he
4 was cooking breakfast for everybody. He was cooking
5 breakfast. When I walked in I was like, oh, hi,
6 everybody. He was just looking at me like, who are
7 you? Who you is?

8 MR. CURRY: Objection, Your Honor. Calls for
9 speculation. She doesn't know what he was thinking.

10 THE WITNESS: No, I didn't know what he was
11 thinking.

12 THE COURT: Hold on. Hold on one second.
13 Objection as to what he was thinking?

14 MR. CURRY: Yes, Judge. Her testimony is that
15 he was like, who is you? And I'm like -- she doesn't
16 know what he's thinking. She can only say what she
17 saw.

18 THE COURT: Just say when he said. You can
19 say that.

20 THE WITNESS: What I was saying is, he didn't
21 know who I was. He was trying to figure out, who is
22 this young lady that was in his house? He just saw
23 me walk in the house with Phil. That's what he saw,
24 me walk in the house. So he figured in his mind I
25 was one of Phil's friends.

1 MR. CURRY: Objection, Your Honor.

2 THE WITNESS: So when I walked in the house he
3 thought I was Phil's friend. He knew --

4 THE COURT: Sustained. Sustained. He didn't
5 know who you were?

6 THE WITNESS: No. Because I walked in the
7 house with Phil.

8 THE COURT: That's fine.

9 THE WITNESS: Okay. So all of us was in the
10 house. The girl, Faith -- her name was Faith. He
11 was like, all of them is going to get liquor. I told
12 him I don't drink. So when they said they were going
13 to get liquor at that time of the morning, me and
14 Faith went to the liquor store on the corner,
15 downtown on the corner. There's a store right here
16 and on the corner is another store on the corner.
17 There's a liquor store right here. I don't know the
18 name of it. We walked in there. He is the one that
19 gave us the money to go get the liquor, him and the
20 other guy (indicating). They had two \$100 bills. I
21 can tell you what we had.

22 So we came out of the liquor store. He had
23 brown liquor. The other boy had white liquor. The
24 other boy, who was drunk -- I said, You need to eat
25 something to cut some of that liquor in your system.

1 because you are totally drunk.

2 Q. (BY MR. DOUGHTY) And that gentleman was
3 the --

4 A. The Kevin guy.

5 Q. Okay.

6 THE COURT: Excuse me. What was his name?

7 MR. DOUGHTY: Kevin.

8 THE COURT: Kevin, okay.

9 THE WITNESS: He lives somewhere on Dorchester
10 off Allen -- whatever. When all this commotion
11 started going on, Sheldon was coming in the kitchen.
12 He was about to make the Frogmore Stew. They were
13 about to go to Murray to get the meat and stuff. I
14 said, Ewww. That's nasty. The way he said it -- I
15 was like ewww. That's nasty. He was like, oh, no.
16 No. That's how I'm going to make it. We
17 proceeded -- he told me to cut the onions. So I
18 started cutting the onions.

19 Mr. Mickey -- that's what I know him as. I
20 didn't know his name was Kelvin. They introduced him
21 to me as Mickey.

22 Q. And you're referring to Mr. Shuler?

23 A. Yes.

24 Q. And he was upstairs. Like if you go in his
25 house there's stairs. There's a bathroom right here

1 and then there's a room right here. I guess that was
2 his room. You go up a little stair, like one or two
3 stairs, and then there's a room right there. So
4 we're all in the kitchen and then like on the side --
5 beside the side door there's like a little bar or
6 whatever they had right there.

7 We was all in the kitchen, and he told me to
8 cut the onion. He (indicating) came down the stairs,
9 and when he came down the stairs I thought in my mind
10 they were playing. That's what I thought. Everybody
11 was going outside to start the grill or whatever they
12 were doing. Everybody still was drinking. The
13 guy -- I don't know his name. He had on a mint shirt
14 with khaki pants on. He was from Atlanta. He said
15 that was their friend. So when I told him -- he said
16 he went up with Sheldon. He slapped him so I said --

17 MR. CURRY: Objection, Your Honor.

18 MR. DOUGHTY: Hold on one second.

19 THE COURT: Okay.

20 MR. CURRY: Judge, she's testifying as to what
21 someone else said, and she's not an eyewitness, so
22 I'm just saying --

23 THE WITNESS: How am I not an eyewitness?

24 MR. CURRY: I'm going to say it's hearsay,
25 Your Honor.

1 THE COURT: I understand. I think she was
2 testifying from personal experience.

3 MR. DOUGHTY: Yes, she was. She was there.

4 THE WITNESS: All right. This is how it
5 happened.

6 THE COURT: Wait a minute. Let me stop you.
7 I want to give you some instructions, and I want you
8 to follow those as best you can. Okay? So Nikki --
9 Ms. Morris, you can tell me anything that you saw or
10 that you heard Mr. Shuler say. All right?

11 THE WITNESS: Uh-huh.

12 THE COURT: But I want you to leave it at
13 that. Okay? So if you saw somebody get slapped or
14 anything like that, yes, you can talk about that. If
15 somebody told you that then that would be hearsay.
16 Okay?

17 THE WITNESS: Okay.

18 THE COURT: So you may tell me what you saw.
19 I understand you to say you thought they were
20 playing.

21 THE WITNESS: We thought they were playing.
22 He had on no shirt. Mickey didn't have on no shirt.
23 He had on blue pants. Sheldon had on a black and
24 white Adidas outfit. He took the jacket and he had
25 it on the end of a chair. He had on a white shirt

1 with the black pants. He had his badge. I said, Oh,
2 you're a police officer? He said, No, I'm a
3 bondsman.

4 We started to proceed to start cooking. He
5 was in -- I guess he was getting dressed or whatever
6 because everybody was just getting -- you know,
7 gathering around, so we thought he was getting
8 dressed. He came down -- Sheldon was like this. His
9 back was turned like this (indicating), and we were
10 standing there talking to each other. He came
11 (indicating) and we -- his foot was dragging. He had
12 on bedroom slippers, so his foot was dragging. When
13 we turned around he walked up on Sheldon. If you
14 walk in his house there's a bathroom right here. He
15 had a yellow bucket, like a mop bucket right here
16 (indicating). It was sitting right here.

17 So I told him -- I said, What's going on? He
18 said, Sheldon -- he just walked up on Sheldon and he
19 was putting his hands in Sheldon's face.

20 MR. CURRY: Objection, Your Honor.

21 THE WITNESS: So Sheldon said --

22 MR. DOUGHTY: Hold on. Hold on. Hold on.

23 THE COURT: Hold on a second. There's an
24 objection.

25 MR. CURRY: Hearsay. Based on hearsay, Judge.

1 She can only testify as to what she saw. She's
2 testifying what someone else said they saw.

3 THE WITNESS: I'm not testifying about what
4 nobody said. I --

5 THE COURT: Ms. Morris, you've got to stop.
6 Okay? You're going to get to tell your story --
7 okay -- but you've got to follow the directions. All
8 right? You're talking real fast. I'm okay. My
9 understanding was you testified from -- this was from
10 personal experience; is that correct?

11 THE WITNESS: Yes.

12 THE COURT: Objection is overruled.

13 THE WITNESS: I'm talking about how it started
14 to the end.

15 THE COURT: I understand that.

16 THE WITNESS: That's what I'm trying to get
17 at.

18 THE COURT: I'm with you. I want you to slow
19 down a little bit for me. Okay?

20 THE WITNESS: So he came in --

21 THE COURT: Let me tell you why I want you to
22 slow down a little bit for me. This lady sitting to
23 your left is trying to take down everything you're
24 saying. Okay?

25 THE WITNESS: Oh, I'm sorry.

1 THE COURT: So she's trying to get it down and
2 take it down correctly. Okay? So just take your
3 time, take a breath, and go ahead and tell me what
4 you saw and heard.

5 THE WITNESS: Okay. We was in the kitchen.
6 He already had took his jacket off. He put his
7 jacket on the chair. The boy, Kevin, the one who was
8 already drunk, he was leaning on the table like this
9 (indicating) sleeping. He was sleeping on the table.
10 I said, Sheldon, you-all need to give him something
11 to eat so he can cut the alcohol in his system. He
12 said, Yeah. We're going to fix him something to eat.

13 He came -- his foot was dragging. He had on
14 slippers, but he was dragging his foot. He walked up
15 on Sheldon. He put his hand in Sheldon's face.
16 Sheldon backed him up like -- I'm not doing this to
17 be funny. Sheldon said, Go ahead. Stop. Chill out.
18 Sit down. He went back. He came back again.
19 Sheldon said, Stop. Chill out.

20 Me, I told Phil, Jerry, Kevin, and the other
21 man and the two girls that was outside the gate --
22 the two girls outside, they were arguing. I said,
23 You-All need to come and stop them. He said, Phil,
24 whatever his last name is, and Jerry said, They are
25 20 years of best friends. Mind your own business, B.

1 So I don't know what was going on. I went back and
2 continued what I was doing with him.

3 So when they come back him and him got into it
4 again. I went back to the door.

5 THE COURT: Let me stop you right there. So
6 him and him would be --

7 THE WITNESS: Jerry -- I mean, Mickey. I
8 don't know. I called him Mickey.

9 THE COURT: I understand.

10 THE WITNESS: Mickey and Sheldon got into it
11 again. They started fussing. I said, Oh, Lord. Let
12 me get somebody to come in and break it up. By the
13 time I could get them to come in the house, he
14 slapped Sheldon. That's when the altercation went
15 off. When he slapped Sheldon the second time, that's
16 when Sheldon slapped or hit him back.

17 He hit him first and then Sheldon hit him
18 back. That's when they started fighting. The yellow
19 bucket was in the corner, so they were fighting on
20 top of the yellow bucket. The bucket got moved.
21 When they broke the fight up, after they broke the
22 fight up, Mickey took the butcher knife that was
23 sitting on the counter by itself and he threw it.

24 When he threw it I jumped. I could have
25 gotten stabbed. Whoever was in the house could of

1 get hit. Everybody was trying to move everybody.
2 Sheldon was going out the front door. When he told
3 me to go out the side door -- I was going out the
4 side door, you know, to try to diffuse the
5 altercation, you know, trying to calm everybody down
6 because everybody was so riled up. I'm not a rowdy
7 person unless you make me that way.

8 So when I went out the front door -- they
9 called me Red because he didn't know my real name.
10 He said, Red and I said, White. He said, Get my
11 badge and my jacket. Okay. My mind said go don't
12 back through that side door. Beyond who came with
13 Sheldon -- all I know is it was in Mickey's house.
14 That's how I met Dion and everybody. I knew Jerry
15 because me and Jerry's sister go to school together.

16 I knew Phil because Phil used to talk to my
17 niece. So that's how we were meeting each other. I
18 just didn't know their names, but they knew my face.
19 I said, Okay. I proceeded to walk in Mickey's house
20 in the side door like this (indicating). I walked in
21 the side door to go and get Sheldon's stuff.

22 Mickey was coming to the front -- to the side
23 door like this with the gun pointed. I walked
24 straight into the gun. My stomach hit the gun. I
25 walked straight into it. I jumped back like this

1 (indicating). When I jumped back I said, Oh, no.
2 He's got a gun. Phil. Phil. Phil. He's got a gun.
3 You-all get the gun.

4 Phil's right here (indicating). This is Phil
5 right here. This is Jerry right here. I'm right
6 here, and Sheldon's right here. Phil, Jerry, and
7 that other boy from Atlanta could have knocked the
8 gun out of his hand and make it hit the ground and
9 said, You-all let that go. Let it diffuse.

10 No. Mickey walked around me saying, You see
11 what you did to my face? You see what you did to my
12 face, nigger? I should kill you. You see what you
13 did to my face? He walked around me. Sheldon was
14 sitting -- standing on the porch still waiting on me
15 to bring his stuff, but I'm trying to diffuse the
16 problem.

17 Mickey just walked up. Sheldon was on the end
18 of the porch and the gun went (indicating). When
19 Sheldon fell -- he didn't fall backwards because they
20 told me -- they said, He got shot.

21 THE COURT: Don't tell me what they said.

22 THE WITNESS: No. I'm saying what I --

23 THE COURT: No. Tell me what you saw.

24 THE WITNESS: Okay. When he got shot he fell
25 just like this (indicating) and fell straight on his

1 back like that. I went down like this on my knees --
2 I said 9-1-1 -- help. Mickey, he walked right behind
3 me. I had already got on my knees. I was trying to
4 get help for Sheldon because he was holding my hand
5 (indicating). He was saying, Help me (indicating).
6 I was like, I'm trying to get 9-1-1 as fast as I can.
7 I'm trying. And I'm on the phone and the lady on the
8 phone was asking me where did he get shot at. I
9 said, Ma'am, I do not know. I'm trying to look.

10 I had on blue pants and a white shirt. They
11 done -- I thought I got hit the way he -- you know,
12 I'm trying to help him, and the lady told me -- she
13 said, Baby. You-all need to turn him on his right
14 side and pull him. The blood -- he was gurgling on
15 his blood. He kept saying (indicating) like that.
16 He was gurgling. So I turned him over.

17 Mickey, when I was on -- Mickey turned around
18 and walked off. He just stood like this here
19 (indicating). He looked at him and he looked at me
20 and he kept walking. When he walked off two maybe
21 three minutes later the police pulled up. He said,
22 Where -- he was trying to figure out who was who?
23 Where is where? What is what?

24 He said, Where's the assailant? When he said,
25 Where's the assailant I did just like this

1 (indicating). I said (indicating). That's when he
2 said, Where? I said, He went that way. That's when
3 everybody kept saying or pointing that way. So I'm
4 figuring he went back in the house, or he went back
5 on the outside of town. My mind was saying get him
6 help and then I can get help for me.

7 So when I walked -- when they came and got --
8 the man came out there. He told me -- he did me like
9 this. He said, Did you get hit? Do you know you're
10 bleeding? No. That was Sheldon's blood on me. I
11 said, No. I'm okay. I'm okay. He was like -- he
12 cut the pants off, and that's when they put the blue
13 thing in his mouth and he was doing like that
14 (indicating). I was standing there, and I couldn't
15 stand there no more, so I said, I've got to go. I've
16 got to go.

17 So I live in North Charleston and I'm way
18 downtown. I don't know how I'm going to get home. I
19 didn't know nothing. My mama always taught me to
20 tell the truth. If something happens and you see it
21 tell the truth.

22 No one didn't know who I was. No one didn't
23 know -- his family didn't know who I was. Everybody
24 was looking for clues, answers, this, that. I was
25 the person that goes and tells the truth. I walked

1 right up on the policeman and said that I was in the
2 house. I told him. He said, What's your name? I
3 told him. He said, Where do you live at? I told
4 him. He said, Are you sure you're telling me the
5 truth? I am (indicating).

6 THE COURT: I'm with you there. So let me --
7 go ahead. I think the story has been told. Okay.

8 Q. (BY MR. DOUGHTY) Let me ask you this,
9 Ms. Morris. Were you with Sheldon when the ambulance
10 came?

11 A. Yes. Jerry was standing -- Phil was standing
12 like -- when the ambulance man walked in -- Phil was
13 still standing right here. This is the gate. This
14 is Mickey's gate. Jerry was on the outside of the
15 gate. He never was inside the gate. He was on the
16 outside of the gate. So when the man came in he
17 turned around -- like I said -- when the ambulance
18 man came in that's when they told him they had him.
19 He asked me if I was hit. I said, No, I'm okay.
20 Phil came through the -- going through the gate,
21 Jerry was already on the outside of the gate and they
22 started to walk up the street. I was walking behind
23 them.

24 Q. Okay. Did Sheldon say anything to you while
25 you were waiting with him for the ambulance?

1 A. He just kept saying, Help me. He would say
2 (indicating) help me. Please help me. I was trying.
3 I was trying to do everything I could to save him at
4 that time.

5 Don't nobody know what I go through. Nobody
6 knows what I go through. You-all don't know what I
7 go through. I witnessed two friends that hurt each
8 other. I thought they were brothers when I met them.
9 That's how they introduced themselves to me, as
10 brothers. They don't know what I go through. This
11 is five years of my life. I'm on medicine because of
12 my nerves. I couldn't sleep. I'm on medicine. I
13 was in the hospital -- in the hospital for three days
14 because I couldn't sleep. My mama don't know what I
15 go through at night. She has to sit here on the side
16 of the bed and look at me and say, Baby, go to sleep.
17 I can't sleep because every time I close my eyes,
18 boom, I saw the gun and the man -- and a friend
19 standing right there like nothing happened. He don't
20 know what I go through. My children don't know what
21 I go through. But you can sit here and tell me I
22 don't know what I go through? I went through this.
23 If I didn't went through all this here I would not be
24 on medicine. I'm on two different medicines.

25 THE COURT: I understand.

1 THE WITNESS: Two.

2 THE COURT: What are you taking, Ms. Morris?

3 THE WITNESS: I take Xanax for the mood
4 depression and Ritalin for my nerves to go to sleep
5 at night.

6 THE COURT: All right. Thank you.

7 THE WITNESS: I have to take that for the rest
8 of my life.

9 MR. DOUGHTY: No further questions.

10 THE COURT: All right. Ms. Morris, Mr. Curry
11 is going to ask you some questions.

12 EXAMINATION

13 BY MR. CURRY:

14 Q. Ms. Morris, I'm Eduardo Curry. I represent
15 Mr. Shuler. Good morning.

16 A. Go ahead.

17 Q. Ms. Morris, what time of morning was it when
18 you said you-all came to the house?

19 A. They first called me 9:00 in the morning.

20 Q. Who called you?

21 A. They called me. Faith done went to his house.
22 That's how I got to his house. The girl who -- the
23 one stayed the night with him that night, it was a
24 girl. Her name was Faith. I didn't know where he
25 lived at. They called me and told me how to get to

1 his house. I don't know this man from Adam.

2 Nothing.

3 Q. All right. And who picked you up. Was it
4 Phil --

5 A. Phil.

6 Q. -- or Faith?

7 A. Phil. Phil.

8 Q. And when you got there they were already
9 drinking, correct?

10 A. Yes.

11 Q. All right. And so you don't know what
12 happened before you got there, correct?

13 A. I just told you. When I got there they were
14 drinking and he asked me if I was drinking.

15 Q. Do you know what happened prior to your
16 arriving at the house around 9:30 on Odessa Street?

17 A. I didn't get there at 9:30. I got there at
18 11:00 something.

19 Q. You got there at 11:00?

20 A. Yes. I didn't get there at 9:30. At 9:30 I
21 was still in my bed.

22 Q. So you got there at 11:00?

23 A. Yes. Because Phil had an appointment. They
24 was in somebody's wedding. They had an appointment
25 to go get his suit at 11:00. So in between that same

1 time he was going to get his suit at the tailor
2 that's when they came. He picked me up. His suit
3 was already in the car.

4 Q. So you don't know what happened prior to
5 11:00, do you?

6 A. No, because I wasn't there. I know they was
7 drinking and they told us to go back to the liquor
8 store and get some.

9 Q. And when you got there you noticed that there
10 was one man -- the other boy named Kevin who was
11 totally drunk?

12 A. Yeah. He was laying out on the table. He had
13 his head down on the table. I told them you need to
14 get some kind of bread or some kind of rice to soak
15 up some of that liquor. He was totally drunk. You
16 cannot send him outside walking down the street if
17 he's drunk like that.

18 Q. Okay. All right. Now, you talk about that
19 there was some ongoing instances that were occurring.
20 You don't know what had been happening between
21 Mr. Shuler and Mr. Singletary before you got there,
22 do you?

23 A. First of all, they said that they was fussing
24 over a game. That's a lie. Ain't nobody fussing
25 over a game. Their game was not even happening.

1 Sheldon was asking Mickey if they were going to the
2 super ball game. He said everybody has got to give
3 him the money before the super ball game. If he put
4 it on his credit card you-all have to give him his
5 money for the game. That's what they was talking
6 about. I was like, Oh, I don't watch football. I'm
7 not dumb and I'm not slow and I'm not stupid so don't
8 try to come in here and play me like I'm stupid
9 because I'm not.

10 Q. All right. So the answer is "no" you don't
11 know, do you?

12 A. No. I told you what happened. I'm telling
13 you what happened. I'm telling you how it started.
14 They was talking about the super ball game, and
15 that's when Sheldon and Mickey was talking about the
16 game. Sheldon told him, if you want to put the money
17 for his ticket on the card -- if he buys the ticket
18 you've got to give him the money because it's going
19 to be on his credit card. Go ahead. Next question.

20 Q. Did you see the altercation where Mr. Shuler
21 and Mr. Singletary were fighting?

22 A. Yes. I was standing right there. I was
23 trying to get Phil, Jerry, Kevin and the other boy to
24 come in here and stop them from fighting.

25 Q. Okay.

1 A. Uh-huh.

2 Q. So you left the fight and went out to get the
3 people outside?

4 A. No. When they started -- they started
5 arguing. My back wasn't even turned. I said, Hey.
6 Hey. Hey. You-all, they are starting to argue.
7 Phil's words was, that's 20 years of best friends.
8 Mind your own business, B.

9 Q. Where was Phil and the other people that
10 you were talking to?

11 A. Outside. If you walk out -- Kelvin, Mickey,
12 whatever you-all call him -- outside was a tent.
13 They were sitting right there drinking.

14 Q. Did you go to the door to call them?

15 A. No. It's the door -- it's just a little hall
16 you can -- when you get to the door -- I was in
17 between calling them to try to stop -- I can't stop
18 two men. I'm an old female. Why would I stop two
19 men from fighting? I called men to come and help me
20 diffuse the problem.

21 Q. All right. At that point there was a full
22 fight going on?

23 A. No. There wasn't a fight yet. They were
24 about to fight.

25 Q. All right. So they were boxing? Like shadow

1 boxing?

2 A. Listen. Quit trying to overtalk me when I'm
3 trying to tell you what happened. Okay?

4 THE COURT: Ms. Morris --

5 THE WITNESS: No. He's trying to play with me
6 like I'm stupid.

7 THE COURT: Ms. Morris --

8 THE WITNESS: He's trying to make me out like
9 I'm a liar, and I'm not a liar. If you ask me a
10 question -- I'm telling you how it happened. The
11 fight started when -- the first time they were
12 arguing -- do you hear what I'm saying? They were
13 arguing. I told them to come and stop them from
14 arguing because I already knew they were going to
15 fight because he was drunk. He was drunk. Sheldon
16 was drinking -- one cup -- he was literally drunk.
17 He was staggering. He was drunk. Yes. I understand
18 that's your house. That's your house, and you can do
19 what you want to do in your house. I understand
20 that, but pay people respect. You fight somebody --
21 you put your hand in this man's face for no reason.
22 He told you to stop. Stop.

23 When you -- when he told you to stop the
24 second time you should have gone upstairs and stayed
25 in your room like you were going to do it.

1 THE COURT: Well, I'm just telling you, that's
2 not testimony. I'm not going to accept all that.
3 You can strike that from the record.

4 MR. CURRY: Thank you, Your Honor. Thank you,
5 Your Honor.

6 Q. (BY MR. CURRY) You say you're on medicine.
7 What type of medicine are you on?

8 A. Xanax.

9 Q. You're on Xanax?

10 A. And Ritalin.

11 Q. And what is the other?

12 A. Ritalin.

13 Q. And Ritalin. How long have you been on Xanax?

14 A. I just started taking that when I started
15 going to the psychiatrist.

16 Q. And when did you start going to a
17 psychiatrist?

18 A. When I started? When I keep people -- that
19 dead person coming in my sleep. I can't sleep. I
20 can't do nothing. I can't function like I used to.
21 I was a bubbly person, a sweet person. Anybody can
22 get anything out of me. I'm not like that. I'm a
23 mood swinger now. I just snap for no reason.

24 Q. Do you recall what year you started going to
25 see the psychiatrist?

1 A. 2016.

2 Q. What about Ritalin? How long have you been on
3 Ritalin?

4 A. He put me on that in 2016.

5 Q. Prior to that you weren't on Xanax?

6 A. Nothing.

7 Q. Or Ritalin?

8 A. Nothing.

9 Q. Do you recall what time it was before -- move
10 to strike.

11 Do you recall what time it was when the
12 incident occurred with the shooting?

13 A. It happened between 2:00 or 3:00. When all
14 this went down it was no later than 4:00. There
15 wasn't nothing you could do for him. He kept saying,
16 Help. Help. The last help he said -- at the last
17 time he said, Help me and he coughed. That's when
18 the ambulance came. It was 4:00.

19 Q. Was he conscious after he said, Help?

20 A. No.

21 Q. No?

22 A. No. His eyes started rolling to the back of
23 his head.

24 Q. So he was not conscious by the time the police
25 got there in three minutes, correct?

1 A. He wasn't moving no more. It was nothing. It
2 was right there (indicating).

3 Q. And Mr. Shuler never used the gun on you, did
4 he?

5 A. No. When I walked in the house to get
6 Sheldon's stuff I walked right into the gun.

7 Q. All right.

8 A. I didn't know he had a gun until I looked
9 down.

10 Q. Let's talk about it. You said Sheldon had
11 gone out the front door, correct?

12 A. He was out the front door. He told me to get
13 his stuff, so I had to go back in the side door to
14 get his stuff.

15 Q. So you had gone outside?

16 A. I was going outside to diffuse the problem.
17 They were already fighting. Everybody was trying to
18 leave. Sheldon told me to get his stuff, his jacket,
19 his badge, and the phone or whatever. I said, Fine.
20 I walked back in Mickey's house to get what Sheldon
21 told me to get. That's when I walked up into the
22 gun.

23 Q. So when you were outside you don't know what
24 happened on the inside, do you?

25 A. I can tell you what happened from the inside

1 to the outside. Where was I standing?

2 Q. Tell me, on that side door is there a walkway
3 that goes down the side of the house?

4 A. No.

5 Q. Is there a glass --

6 A. It's not a -- it's just a bunch of grass. He
7 had a big dog right there and the big tent sitting
8 right there.

9 Q. And do you recall which side Mr. Shuler came
10 out of the house?

11 A. The side door.

12 Q. All right. And the side door allows you, once
13 you come down the grass, to walk all the way down to
14 the front of the house, correct?

15 A. Yes.

16 Q. Do you recall where Mr. Singletary was --

17 A. Standing on the porch. He never left off the
18 porch.

19 Q. And that would have meant that he came out
20 through the front door, correct?

21 A. Yes. When they broke their thing up he went
22 through the front door to leave, and he said, Get my
23 shit. I said, Okay. I turned around to get his
24 stuff he came out the side door with the gun in his
25 hand saying, Bitch, do you see what you did to my

1 face? Do you see what you did to my face?

2 All this is like I said did -- all of this --
3 you did something wrong, and you got your ass beat
4 and you couldn't take it like a man. That was all
5 happening.

6 Q. All right. Do you recall whether or not the
7 knife was ever found?

8 A. He's the judge. He's still got the papers.
9 If you look at one of the pictures that they have,
10 the knife is still sitting on the floor by the door.

11 Q. Do you know if anyone else touched the knife?

12 A. No. The knife was still there. The police
13 and everybody sealed the door off.

14 Q. All right. Let me finish my question.

15 A. Go ahead. You're trying to play me like I'm
16 crazy and I'm not.

17 Q. Did you at any time touch the knife to cut
18 onions?

19 A. Me?

20 Q. Yes.

21 A. That's not the knife he had. I had a little
22 knife. He had a big kitchen knife. He had the big
23 kitchen knife. I had the little knife. If you look
24 at the picture on the sink, it shows you the knife
25 right there, and it has a purple onion sitting right

1 there (indicating). On the other side it had a bunch
2 of different meats. Look at your pictures.

3 Q. Do you recall Mr. Shuler asking everyone to
4 leave?

5 A. No. He didn't tell nobody to leave. He never
6 said nothing. He was trying to get in somebody's ass
7 that day. He didn't ask nobody to leave. Everybody
8 was having fun. So when did he tell me to leave? My
9 mama always told me -- if he told me to leave I would
10 have left his house.

11 Q. Now, you didn't know Mr. Shuler by Kelvin
12 Shuler; is that correct?

13 A. They introduced me as Mickey to him.

14 Q. That was your first time meeting him?

15 A. No.

16 Q. You had met him before?

17 A. I met him at the bachelor party.

18 Q. When was that?

19 A. Two days before that happened.

20 Q. And what did you know about him then?

21 A. No. I didn't know him. I didn't know nothing
22 about him. I met him at the party.

23 Q. And what did he call himself at the party?

24 A. He didn't call himself nothing. They said,
25 Hey, that's Mickey. That's all they said.

1 Q. Did you know he was coming to Mr. Shuler's
2 house?

3 A. Nope. They just told me to get in the cab and
4 tell them you're going to Rosemont. Call me when you
5 get on Rosemont and we'll call the cab and let them
6 know what address you're coming to.

7 Q. Okay. Now, previously you testified that Phil
8 had brought you to the house.

9 A. You must have misheard what I said the first
10 time. They called and told me to catch a cab to
11 Mickey's house. I said, No. I'm still in my bed.
12 When they called back they said that Phil was coming.
13 I don't know Phil, so you have to get my address from
14 another female for him to tell you how to get to my
15 house. Listen to what I said. Quit trying to act
16 like I'm crazy because I'm not. Thank you. Listen
17 to my words and maybe you'll find out things.

18 Q. Do you wear glasses?

19 A. Uh-huh.

20 Q. Is that a yes?

21 A. Yes, I do wear glasses.

22 Q. What is your visual acuity?

23 A. I didn't have glasses then.

24 Q. When did you get glasses?

25 A. I just started wearing glasses.

1 Q. Was your vision 20/20 --

2 A. My vision is 20/20 without my glasses. I can
3 see you from here right here to there, wherever
4 you're at. I seen what happened. I'm not dumb. I'm
5 not crazy. I tell you what happened. It's going on
6 five years. April 19th will be five years. If I can
7 remember what happened today like it was yesterday
8 I'm not crazy. There's nothing wrong with my head.
9 If I can tell you what he did, what he had on, and
10 what the next man had on at that point and what
11 everybody had on -- it's nothing wrong with me. I
12 was sitting in front of him. I was in your house
13 (indicating). I was in his home. He doesn't know
14 me. Ask him what I had on then if he's trying say I
15 don't know something. I had on blue pants and a
16 white shirt. If you look at the pictures it will
17 tell you what I had on.

18 THE COURT: Ms. Morris, I got that. Okay. I
19 got it.

20 Q. (BY MR. CURRY) Were you gainfully employed in
21 2012?

22 A. No.

23 Q. Why?

24 MR. DOUGHTY: Objection as to relevance,
25 Your Honor.

1 THE WITNESS: Thank you.

2 THE COURT: How is it relevant?

3 MR. CURRY: Judge, I wanted to know what she
4 did for a living, and if she said --

5 THE WITNESS: Oh, what I do for a living? I
6 get Social Security. My daddy is dead. That's what
7 you know, what I do for a living. I get Social
8 Security. My daddy is dead. He's no longer here.
9 I'm on his pension. That's what I get since you want
10 to know. That's what is going on.

11 THE COURT: Any Redirect?

12 MR. DOUGHTY: No Redirect, Your Honor. May I
13 ask that the witness be excused?

14 THE COURT: Yes. Ms. Morris, I have a couple
15 of questions I just want to make sure that I'm clear
16 on. Okay?

17 THE WITNESS: Yes, sir.

18 EXAMINATION

19 BY THE COURT:

20 Q. So when the fight broke out between Sheldon
21 and Mr. Shuler --

22 A. Like this little side --

23 Q. That was in the kitchen?

24 A. Yeah. It's the kitchen here. This is the
25 sink right here (indicating), and there's a table

1 right here. Then this is a bathroom. I want to say
2 it's a bathroom, and then he's got a yellow bucket.
3 It looked like a mop bucket, like one of those school
4 buckets. It happened between there. It was like a
5 little table, like one of those whatnot tables. It
6 happened right there.

7 Q. But the room that you're in is the kitchen?

8 A. Uh-huh.

9 Q. Is that right?

10 A. Uh-huh.

11 Q. All right. And did you see who threw the
12 first punch?

13 A. He did (indicating).

14 Q. He being --

15 A. Mickey or Kelvin or whatever you call him.

16 Q. Did you ever see him hit in the face?

17 A. When he hit Sheldon, Sheldon held his hand
18 like this and told him to go chill out. He did it
19 again, and Sheldon backed him up like back up. Stop
20 playing. I'm thinking they're playing, but it got
21 serious when you did it again. That's when the fight
22 broke out. I said, Hey, they're fighting. I'm
23 standing literally right here (indicating).

24 Q. All right. So I asked you a specific question
25 which was: Did you ever see Mickey, Mr. Shuler, get

1 hit in the face?

2 A. Yes. Sheldon hit him in the face when he hit
3 Mickey -- Sheldon first.

4 Q. I understand. But you saw him get popped in
5 the eye; is that right?

6 A. I don't know -- who hit -- I just know when
7 they hit they was on the ground and they were just
8 going at it.

9 Q. Okay.

10 A. And that's when everybody came to break them
11 up.

12 Q. So they were tussling on the ground?

13 A. Yeah.

14 Q. That's when you called the people outside to
15 come in?

16 A. Yes, to help me stop them. They were two
17 guys. I'm only one person.

18 Q. I understand. So the other question I had
19 was -- the tent, was that in the front yard?

20 A. No. It was like this is the side. This is
21 the side door right here. Then you walk in --
22 there's a tent. As soon as you walk out the door the
23 tent is sitting right there.

24 Q. Okay. So the tent was out the side door?

25 A. Yeah. The side door.

1 Q. That's where most of the people were?

2 A. Yeah. Everybody was like mostly right there.

3 Q. But the porch was at the front door?

4 A. At the front of the house.

5 Q. And that leads me to -- I want to make sure
6 I'm clear. You saw Sheldon shot?

7 A. I was standing literally right there.

8 Q. You saw him shot?

9 A. Sheldon didn't shoot -- he shot Sheldon
10 (indicating). Sheldon didn't shoot nobody.

11 Q. Sheldon got shot?

12 A. Yeah.

13 Q. Right?

14 A. Yeah.

15 Q. You saw him get shot?

16 A. I heard the gun went off, and Sheldon --
17 boom -- and when he fell and hit the ground -- when
18 he hit the ground I dropped to his aid and I was
19 helping him. I had like a bracelet.

20 Q. Let me stop you right there. What I'm
21 interested in finding out, you said he fell, and he
22 fell on his back?

23 A. Yeah. When he fell -- he came off the porch
24 like this -- when he fell like this here
25 (indicating), he just fell like that (indicating).

1 Q. Did he fall on the porch or did he fall in the
2 yard?

3 A. In the yard off the porch.

4 Q. So he fell off the porch and onto the yard?

5 A. Yeah.

6 THE COURT: Those are all the questions that I
7 had. That was all I was trying to get clear on.
8 Okay? Do you-all have any follow-up to those?

9 MR. DOUGHTY: No, sir.

10 THE COURT: Mr. Curry?

11 MR. CURRY: No, Your Honor.

12 MR. DOUGHTY: Your Honor, may the witness be
13 excused?

14 THE COURT: She may. Ms. Morris, thank you.
15 You may step down. If you need to leave, you may.

16 (Witness excused.)

17 MR. DOUGHTY: Your Honor, the Plaintiff calls
18 John Singletary.

19 JOHN SINGLETARY,
20 being first duly sworn, testified as follows:

21 THE COURT: Your address, please, sir.

22 THE WITNESS: 4321 Waterview Circle, North
23 Charleston, South Carolina, 29418.

24 THE COURT: Thank you, sir.

25 MR. DOUGHTY: Thank you, Your Honor. May it

1 please the Court?

2 EXAMINATION

3 BY MR. DOUGHTY:

4 Q. Mr. Singletary, you are the brother of Sheldon
5 Singletary?

6 A. Yes, I am.

7 Q. Do you recall the date of April 19, 2012?

8 A. I do.

9 Q. And on that date were you informed that
10 Sheldon had been shot?

11 A. Yes, I was.

12 Q. And how were you informed?

13 A. I was called by a young lady by the name of
14 Regina, who is a family friend.

15 Q. And what did you do as a result of that phone
16 call?

17 A. I immediately went to the hospital, MUSC's
18 emergency room.

19 Q. Tell us what was going on when you got there.

20 A. When I got there I got there right before the
21 ambulance did. As they were coming in, of course I
22 recognized my brother. There was blood everywhere.
23 Of course they wouldn't let me get near him. They
24 said they were going to take him straight down to
25 surgery, and they did.

1 Q. Okay. And how long was he in surgery?

2 A. A couple of hours.

3 Q. And at some point did the medical personnel
4 come and tell you that he's out of surgery?

5 A. They did.

6 Q. And were you allowed to see him at that point?

7 A. Yes, we were. A lot of family members were
8 there. We were allowed to go back. We went back two
9 or three at a time. Initially they said that he
10 would definitely have a recovery. It would be long
11 and difficult but certainly he would recover. He was
12 conscious.

13 Q. He was conscious at the time?

14 A. And he could understand us, and we could talk
15 to him.

16 Q. What did you observe about him? Was he --
17 were you in ICU?

18 A. We were in the ICU section. He was extremely
19 swollen.

20 Q. What do you mean by swollen?

21 A. His midsection was enlarged, probably twice
22 the normal size. His head, face, neck, his whole
23 body was swollen not to the point where he was
24 unrecognizable. I had grown up with him. He was
25 certainly swollen to a great deal.

1 Q. Okay. And so you're -- he's had surgery.
2 They brought him back and you were allowed to see
3 him. What happened next?

4 A. As we were in there visiting him, the doctor
5 came in and said that they were giving him blood at a
6 pretty quick rate. Every time they gave it to him he
7 continued bleeding, so they wanted to really go back
8 in and see what the problem was.

9 Q. Okay.

10 A. So they took him back into surgery.

11 Q. Okay. And how long was he in surgery the
12 second time?

13 A. About another hour.

14 Q. And did the medical personnel come and get you
15 after that surgery was complete?

16 A. Yes. After that they came and got us, and we
17 went back in and saw him and still -- the bleeding
18 had stopped, so they actually used paddles to try to
19 revive him. His vitals started going down. We kind
20 of stepped outside of the room where there were some
21 sliding glass doors. As they were working on him --
22 lots of doctors around and nurses -- they did it
23 probably three or four times. At some point the
24 doctor said that he wasn't going to do anymore, and
25 they called the time of death.

1 Q. About what time was that?

2 A. It was probably around 1:00.

3 Q. And that would be on the 20th?

4 A. The 20th, yes.

5 Q. What time did you find out he had been shot?

6 A. I found out -- it was the close to 4:00, 3:00
7 something.

8 Q. Okay. Now, did you receive a phone call from
9 anyone who was actually at the home that day, at
10 Mr. Shuler's house?

11 A. I did.

12 Q. And who did you receive a phone call from?

13 A. Phillip Jones.

14 Q. And what was relayed to you by Mr. Jones?

15 A. Mr. Jones said to me that he was there, that
16 my brother, Sheldon, was shot and that he was, of
17 course, sorry that it happened.

18 MR. CURRY: Objection, Your Honor.

19 THE COURT: Objection?

20 MR. CURRY: He can tell -- Judge, it's hearsay
21 again.

22 THE WITNESS: It's what he's saying to me.

23 THE COURT: One second.

24 MR. CURRY: Judge, it's hearsay in that he can
25 testify to what he saw, but he can't testify as to

1 what somebody else said. It was hearsay within the
2 hearsay.

3 THE COURT: Objection is to hearsay.

4 MR. DOUGHTY: Your Honor, it's not hearsay
5 because this is a direct conversation. He's relaying
6 what was said to him. That's not hearsay.

7 MR. CURRY: I think it's a bubble within a
8 bubble, Judge. He can testify, I saw this. I heard
9 this. You can't say that somebody else told me what
10 the deal is because that's the hearsay within the
11 hearsay.

12 THE COURT: What's the purpose of the report?
13 Is it to report what somebody told him?

14 MR. DOUGHTY: Yes.

15 THE COURT: Well, that's hearsay then. I'm
16 going to sustain the objection on that one. What
17 somebody else told Mr. Singletary outside of the
18 Court, if offered for the truth of the matter
19 asserted, would be hearsay. If Mr. Jones -- is it
20 Phillip Jones?

21 MR. DOUGHTY: Yes, sir.

22 THE COURT: If he's here he can testify to
23 that, what he said.

24 MR. DOUGHTY: Okay.

25 Q. (BY MR. DOUGHTY) Let me ask it another way

1 then. As a result of your conversation with
2 Mr. Jones, what did you learn -- what did you find
3 out had happened at the house?

4 A. I found out that my brother was shot, and
5 Phillip said directly to me that he, himself, was
6 walking along with Shuler. He was telling him to put
7 the gun down, that he did not need to use it, and he
8 tried to stop him from using it in order to shoot
9 Sheldon.

10 Q. Now, during the surgeries, the in-between
11 times of the surgeries -- so you went back and saw
12 Sheldon twice?

13 A. Correct.

14 Q. Let's go to the first time. Was he conscious
15 when you were -- when you went back to see him?

16 A. Yes. He was conscious. He could hear what
17 you said. He could respond. He could squeeze your
18 hand. We didn't try and overburden him by asking him
19 a lot or anything. We were just kind of looking at
20 him and each other and of course praying and were
21 thankful that there would be a recovery as the doctor
22 said.

23 Q. Okay. So your understanding of -- Sheldon got
24 shot between 3:00 and 4:00. What time would you say
25 it was --

1 MR. CURRY: Objection, Your Honor. He didn't
2 testify to that. He testified 4:00, Judge. That was
3 his testimony.

4 THE COURT: I think he testified he got a call
5 about 4:00.

6 MR. CURRY: He didn't testify anything about
7 3:00 and 4:00, Judge.

8 Q. (BY MR. DOUGHTY) When you had the phone call
9 about Sheldon being shot, did they tell you when --
10 how long ago it had happened?

11 A. She just said that he just recently got shot.
12 She didn't say a time.

13 Q. So let's say you found out about 4:00. What
14 time would you say it was when he came out of the
15 first surgery?

16 A. It probably was 8:00 or 9:00.

17 Q. And then he went into another surgery. What
18 time would you say it was when he came out of the --
19 let me ask you this: Was he conscious when he came
20 out of the second surgery?

21 A. When he came out of the second surgery, he
22 wasn't talking or anything like that, but still,
23 initially it was that there was going to be a
24 recovery. We didn't try to test anything. We, at
25 that point, figured they were able to correct

1 whatever issue it was and that nothing had changed,
2 and there was going to be a full recovery.

3 Q. So you found out he had been shot around 4:00
4 and he passed away around 1:00 in the morning, the
5 next morning?

6 A. Correct.

7 MR. DOUGHTY: Thank you, Your Honor. No
8 further questions.

9 EXAMINATION

10 BY MR. CURRY:

11 Q. Mr. Singletary, good morning. I'm Eduardo
12 Curry representing Mr. Shuler. Now, you don't know
13 anything factually from personal knowledge as to what
14 happened, do you?

15 A. I was not at the incident.

16 Q. Okay. So you don't have any personal
17 knowledge about that, correct?

18 A. Correct.

19 Q. Your testimony here today is to talk about
20 your brother and what you saw when you saw him at the
21 hospital; is that correct?

22 A. That's correct.

23 Q. And you testified that in your testimony that
24 when you saw him you had a conversation with him when
25 you first went back in the room after the first

1 surgery; is that correct?

2 A. No conversation.

3 Q. No conversation? Was he conscious?

4 A. Yes, he was.

5 Q. How do you know he was conscious?

6 A. Because I asked him to squeeze my hand and he
7 did.

8 Q. All right. And then you went back into --
9 what time was that?

10 A. I don't know what time it was.

11 Q. What about the second surgery? What time was
12 that?

13 A. The second surgery, when he when back in, it
14 was close to 12:00. I'm not sure of the exact time.

15 Q. Now, you didn't have any communication with
16 him from that first surgery that you said was around
17 8:00 to the 12:00 for the second surgery, did you?

18 A. No.

19 Q. Sir?

20 A. No conversation at all during the entire time,
21 but like I said, I asked him to squeeze my hand and
22 he did. I was able to go back and see him between
23 the surgeries.

24 Q. Now, the time he squeezed your hand was after
25 the first surgery; is that correct?

1 A. That's correct.

2 Q. But you didn't ask him to squeeze your hand
3 anytime thereafter?

4 A. Correct.

5 Q. All right. And in this courtroom, what was
6 the guy -- Phil? What was his name? Phil what?

7 A. Phillip Jones.

8 Q. And is he in this courtroom today?

9 A. I don't see him, no.

10 MR. CURRY: All right. The Court's
11 indulgence.

12 No further questions of this witness, Your
13 Honor.

14 MR. DOUGHTY: No Redirect, Your Honor.

15 EXAMINATION

16 BY THE COURT:

17 Q. Mr. Singletary, I only have one question.
18 What was the age of your brother when he died?

19 A. My brother was 4- -- I guess it was five years
20 ago. 42.

21 Q. 42 years old. And we heard testimony that he
22 was a bail bondsman?

23 A. Correct. Yes, sir.

24 Q. Who was he with?

25 A. He was independent. He had his own bail

1 bondsman business.

2 THE COURT: All right. That's all I've got.

3 MR. DOUGHTY: Your Honor, may the witness be
4 excused?

5 THE COURT: Certainly. You can step down and
6 be excused.

7 (Witness excused.)

8 THE COURT: I need to take about five minutes
9 if you-all would. Okay? Let's take a little
10 bathroom break and we'll come back in about five
11 minutes.

12 (A recess transpired.)

13 MR. DOUGHTY: The Plaintiff calls Stacy
14 Singletary.

15 THE COURT: All right.

16 STACY SINGLETARY,

17 being first duly sworn, testified as follows:

18 THE COURT: Give us your full name and
19 address, please.

20 THE WITNESS: My name is Stacy Singletary. My
21 address is 9792 Seed, Ladson, South Carolina.

22 THE COURT: Ladson?

23 THE WITNESS: Yes, sir.

24 THE COURT: And that street again? I'm sorry.

25 THE WITNESS: Seed, S-E-E-D.

1 THE COURT: Thank you, ma'am.

2 MR. DOUGHTY: Thank you, Your Honor. May it
3 please the Court?

4 EXAMINATION

5 BY MR. DOUGHTY:

6 Q. Ms. Singletary, you are the widow of Sheldon
7 Singletary?

8 A. Yes.

9 Q. And you are the Plaintiff in this case?

10 A. Yes.

11 Q. How old was Sheldon when he passed away?

12 A. 42.

13 Q. And this incident occurred in Charleston
14 County?

15 A. Yes.

16 Q. Okay. And do you recall the date of April
17 19th of 2012?

18 A. Yes.

19 Q. And at some point during the day were you
20 informed that Sheldon had been shot?

21 A. Yes.

22 Q. And how were you informed?

23 A. I received a phone call from my sister-in-law
24 stating that he was shot.

25 Q. And what did you do as a result of the phone

1 call you received?

2 A. I asked her to come and get me because I
3 didn't have a car. My daughter took my car. So I
4 asked her to come get me, and she did and we went to
5 the hospital.

6 Q. Do you recall about what time this was?

7 A. She called me about maybe 6:00, and we got to
8 the hospital maybe a little before 7:00.

9 Q. And which hospital was it?

10 A. MUSC.

11 Q. What was going on when you got to the
12 hospital?

13 A. When I got to the hospital all the family
14 members were in the waiting room, and Sheldon was in
15 surgery.

16 Q. And at some point were you informed that he
17 was out of surgery?

18 A. Yes.

19 Q. And at that point were you allowed to go back
20 and see him?

21 A. Yes.

22 Q. And what did you observe when you went back to
23 see him?

24 A. When I went back there he was swollen,
25 everything was swollen. He was bleeding.

1 Q. Okay. And were you informed at some point
2 that there was going to be a second surgery?

3 A. Yes. After being there the first time for
4 maybe 20 minutes, the doctors pulled me aside to let
5 me know that they wanted to take him back for a
6 second surgery.

7 Q. Okay. Did they give you a reason why they
8 wanted to take him back for a second surgery?

9 A. They wanted to -- he was bleeding, and they
10 wanted to figure out where the bleeding was coming
11 from.

12 Q. And so he was taken into a second surgery.
13 How long would you say he was in the second surgery?

14 A. Maybe an hour.

15 Q. Okay. And were you informed that -- did
16 someone inform you that that surgery was over?

17 A. Yes. The doctors came out.

18 Q. And tell me what happened at that point. Were
19 you allowed to see him again?

20 A. Yes. I was allowed to go back. I went back
21 and he was still swollen and bleeding from every
22 which way, his nose, eyes, and I was back there for
23 maybe ten minutes, and I couldn't take it anymore.

24 Q. Did they at some point pronounce him dead?

25 A. Yes.

1 Q. And what time would you say that was?

2 A. Maybe 12:45, 12:50.

3 Q. And now, since that time have you received
4 Sheldon's medical records?

5 A. Yes.

6 MR. DOUGHTY: Your Honor, may I approach the
7 witness?

8 THE COURT: You may.

9 Q. (BY MR. DOUGHTY) I'm showing you what has
10 been marked as Plaintiff's Exhibit No. 1. Are these
11 the medical records that you received?

12 A. Yes.

13 Q. And do you have a certification here from the
14 record's custodian?

15 A. Yes.

16 MR. DOUGHTY: Your Honor, I move Plaintiff's
17 Exhibit 1 into evidence.

18 MR. CURRY: Without objection.

19 THE COURT: Without objection. Thank very
20 much.

21 MR. DOUGHTY: I'll just put these here,
22 Your Honor (indicating).

23 THE COURT: All right, sir.

24 Q. (BY MR. DOUGHTY) Did you also receive
25 Sheldon's medical bills?

1 A. Yes.

2 MR. DOUGHTY: May I approach the witness,
3 Your Honor?

4 THE COURT: You may.

5 Q. (BY MR. DOUGHTY) I'm showing you what's been
6 marked as Plaintiff's Exhibit No. 2. Are these the
7 medical bills that you received?

8 A. Yes.

9 MR. DOUGHTY: Your Honor, I would like to move
10 Plaintiff's Exhibit No. 2 into evidence.

11 MR. CURRY: Judge, in an effort to streamline
12 this, without objection.

13 THE COURT: Very good. Thank you.
14 Plaintiff's Exhibit 2 in evidence.

15 MR. DOUGHTY: Your Honor, may I approach the
16 witness?

17 THE COURT: You may.

18 Q. (BY MR. DOUGHTY) Looking at Exhibit No. 2,
19 which is the medical bills, did the amount of his
20 medical bills total \$203,251.25?

21 A. Yes.

22 Q. And did they also provide a summary of or a
23 breakdown of the medical bills?

24 A. Yes.

25 Q. Okay. I'm going to do my best -- these are

1 very small print. It states here Type 4 therapy and
2 what is the amount there?

3 MR. DOUGHTY: It is so tiny. I'm sorry, Your
4 Honor.

5 THE WITNESS: I need my reading glasses.

6 MR. CURRY: I can't read it.

7 MR. DOUGHTY: Do you have them with you?

8 THE WITNESS: I do.

9 MR. DOUGHTY: May I get her reading glasses,
10 Your Honor?

11 THE COURT: You may.

12 Q. (BY MR. DOUGHTY) The first item is typed
13 therapy. What is that amount?

14 A. 288.

15 Q. And also there's an amount for minor surgery.
16 What is that amount?

17 A. 946.

18 Q. And there is an emergency room cost. What is
19 that amount?

20 A. 1,850.

21 Q. And you have a trauma response, and what was
22 that amount?

23 A. 3,010.

24 Q. You have O.R. services. What is that amount?

25 A. 24,990.

1 Q. And then you have medical/surgical supplies?

2 A. 880.

3 Q. And you have sterile supplies?

4 A. 898.

5 Q. And you have supplies for implants?

6 A. 383.

7 Q. And you have Type 4 solutions?

8 A. 630.

9 Q. And you have another notation for
10 medical/surgical supplies?

11 A. That's \$90.

12 Q. And then you have sterile supplies?

13 A. 1,493.

14 Q. And then you have medical/surgical supplies
15 again?

16 A. 428.

17 Q. Okay. And on to the next page, sterile
18 supplies?

19 A. 1,498.

20 Q. And Type 4 solutions?

21 A. 319.

22 Q. Let me ask you this. How many times -- or do
23 you know how many times they had to do blood
24 transfusions?

25 A. I don't know.

1 Q. Was it more than one?

2 A. Yes.

3 Q. And you also have pharmacy?

4 A. 3,109.67.

5 Q. And you have another Type 4 solutions?

6 A. 302.

7 Q. And I think I missed a sterile supply up here.

8 What was that?

9 A. 762.

10 Q. And you have drugs?

11 A. 49,200.

12 Q. I'm sorry. Up here.

13 A. Oh. \$667.58.

14 Q. And then there's another notation for a drug?

15 A. \$74.

16 Q. And there's drugs/miscellaneous?

17 A. That's \$49,200.

18 Q. And then you have a respiratory service
19 charge?

20 A. That is \$911.

21 Q. And anesthesia?

22 A. \$14,720.

23 Q. And other diagnostic services?

24 A. \$72.

25 Q. Radiology?

1 A. \$540.

2 Q. Pathological lab?

3 A. 692.

4 Q. And a laboratory charge?

5 A. 504.

6 Q. You also have, I believe all these -- you also
7 have another laboratory charge?

8 A. \$46.

9 Q. Another laboratory charge?

10 A. 321.

11 Q. Laboratory/chemistry charge?

12 A. 428.

13 Q. Okay. Laboratory/rheumatoid charge?

14 A. 1,023.

15 Q. And you have a laboratory/chemistry charge?

16 A. 6,419.

17 Q. And then a laboratory -- another rheumatology
18 charge?

19 A. 430.

20 Q. And another laboratory charge?

21 A. 1,088.

22 THE COURT: 1,088?

23 THE WITNESS: Yes.

24 Q. (BY MR. DOUGHTY) And another laboratory?

25 A. 3,240.

1 Q. And a charge for blood?

2 A. \$76,876.

3 Q. A charge for intensive care?

4 A. 2,749.

5 Q. And I believe that's all of the charges. And
6 what kind of -- did you also have an autopsy done?

7 A. Yes.

8 MR. DOUGHTY: May I approach the witness,
9 Your Honor?

10 THE COURT: Certainly.

11 Q. (BY MR. DOUGHTY) I'm showing you what's been
12 marked as Plaintiff's Exhibit No. 3. Is this the
13 autopsy that you received?

14 A. Yes.

15 Q. And this came from the Office of the Coroner?

16 A. Yes.

17 MR. DOUGHTY: Your Honor, I would like to move
18 Plaintiff's Exhibit No. 3 into evidence.

19 THE COURT: That's the autopsy report?

20 MR. CURRY: Your Honor, we would object.
21 Unless it's a certified copy, they would have to
22 bring the coroner or whoever prepared that down with
23 regard to it, and I just don't see that he's
24 established or laid the foundation for it.

25 MR. DOUGHTY: Your Honor, this is a certified

1 document received from the coroner's office. The
2 certification is on the report.

3 THE COURT: Is it stamped on there?

4 MR. DOUGHTY: Yes, sir. Let's see. May I
5 approach, Your Honor?

6 THE COURT: Sure.

7 MR. DOUGHTY: There's a certification at the
8 bottom, and it was also received from the coroner's
9 office.

10 THE COURT: May I see?

11 MR. DOUGHTY: Yes, sir.

12 THE COURT: Do you have a copy of this?

13 MR. CURRY: I don't, Your Honor. May I
14 approach? I can just look at that one.

15 THE COURT: Sure.

16 MR. CURRY: That's fine. If I can just see if
17 it's certified.

18 THE COURT: The certification is on the last
19 page. It's on the last page.

20 MR. CURRY: That's fine, Judge.

21 THE COURT: All right. I find it's not
22 hearsay anyway. It's a certified medical record.

23 MR. CURRY: That's fine, Your Honor.

24 MR. DOUGHTY: Your Honor, again, I would like
25 to move Plaintiff's Exhibit No. 3 into evidence.

1 THE COURT: In evidence.

2 Q. (BY MR. DOUGHTY) And did you learn from this
3 autopsy that the gunshot was the cause of Sheldon's
4 death?

5 A. Yes.

6 Q. Where was Sheldon employed at the time of his
7 death?

8 A. He was a bail bondsman.

9 Q. And what kind of income was he making at that
10 time?

11 A. About 90,000.

12 Q. And how have you determined that?

13 A. Just based on the caseload that he had and
14 being --

15 MR. CURRY: Objection, Your Honor. Calls for
16 speculation.

17 MR. DOUGHTY: I asked how she made that
18 determination.

19 MR. CURRY: Judge, she would have to add some
20 kind of proof. You can't say according to the
21 caseload, Judge. We don't know what the caseload
22 was. I guess if he wants to talk about all the cases
23 and what money he was making --

24 THE WITNESS: I didn't even finish.

25 THE COURT: All right --

1 MR. DOUGHTY: She was in the process of
2 answering.

3 THE COURT: Right. The question is: What
4 was had he been making?

5 MR. DOUGHTY: Right. At the time of his
6 death.

7 THE COURT: What was he expecting to be making
8 going forward; is that right? Or just as to the time
9 of death?

10 MR. DOUGHTY: I asked -- well, the question I
11 asked was: What was he making at the time of his
12 death?

13 MR. CURRY: And she said, Based on his
14 caseload, and I'm like -- Judge, it calls for
15 speculation. She has to have something other than
16 based on his caseload.

17 MR. DOUGHTY: Well, here's the thing, Your
18 Honor. She's already answered and said 90,000.

19 MR. CURRY: Object, Your Honor.

20 MR. DOUGHTY: He objected when I asked her how
21 did she come to that calculation, but she had already
22 answered and said it was 90,000.

23 THE COURT: I'm going to allow the answer to
24 stand as to the 90, and then I'm going to allow you
25 to cross-examine her as to the basis for that. Okay?

1 MR. DOUGHTY: That's fine, Your Honor.

2 Q. (BY MR. DOUGHTY) Yes, ma'am. And how did you
3 come to that figure?

4 A. Because I was given deposits to make to the
5 bank. He gave me any deposits that show that from
6 the caseloads. I was given that amount to take to
7 the bank.

8 Q. Okay. All right. At the time of Sheldon's
9 death, he had not filed tax returns for that year?

10 A. That's correct.

11 MR. DOUGHTY: Okay. And Your Honor, may I
12 approach the witness?

13 THE COURT: Yes.

14 Q. (BY MR. DOUGHTY) I'm showing you what's been
15 marked as Plaintiff's Exhibit No. 4. Do you
16 recognize these documents?

17 A. Yes.

18 Q. Are these the last two tax returns filed by
19 Sheldon?

20 A. Yes.

21 MR. DOUGHTY: All right. Your Honor, I would
22 like to move Plaintiff's Exhibit No. 4 into evidence.

23 MR. CURRY: Your Honor, my objection is that
24 they're not self-authenticating documents, and Judge,
25 I'm not sure if they're even certified documents with

1 regards to it, and I'm not sure of the years that
2 they were because this allegedly happened in 2012.
3 He said the last two years before his death. I'm not
4 sure what two years they are.

5 MR. DOUGHTY: I didn't say that. I said the
6 two he filed.

7 MR. CURRY: Judge, all that be as it may,
8 he --

9 THE COURT: Are these joint or are these
10 individual or are these corporate?

11 MR. DOUGHTY: These are individuals, but I
12 have the tax preparer right here if we need to call
13 him back.

14 MR. CURRY: Judge, he can't. You already
15 released him, Your Honor. I don't think you can.

16 MR. DOUGHTY: I think we can.

17 THE COURT: Is the information, personal
18 information, redacted? Social Security numbers and
19 stuff out of there?

20 MR. DOUGHTY: I'll redact them.

21 THE COURT: And then what years are these for?

22 MR. DOUGHTY: These are for 2007 and 2009.

23 MR. CURRY: Judge, I figure we were more than
24 at best in terms of trying the calculations, but
25 that's something I would have asked -- I just don't

1 think that meets --

2 THE COURT: Here's what I'm going to do. I'm
3 going to sustain the objection as to admissibility.
4 I'm going to allow you to proffer them. Go ahead and
5 put them in for ID purposes. I'll allow it for that
6 purpose. Okay?

7 MR. CURRY: Okay. Thank you, Your Honor.

8 MR. DOUGHTY: Well, Your Honor, if they're for
9 ID purposes only, I'm just going to stand on what she
10 reported as his income.

11 THE COURT: That's fine.

12 Q. (BY MR. DOUGHTY) Are you asking this Court --
13 are you missing the income you used to receive from
14 Sheldon?

15 A. Yes.

16 Q. Is your household missing that income?

17 A. Yes.

18 Q. Are you asking this Court to award you money
19 for wrongful death, Sheldon's wrongful death?

20 A. Yes.

21 Q. And for a survival action?

22 A. Yes.

23 Q. And are you asking this Court to award
24 \$3 million for the wrongful death?

25 A. Yes.

1 Q. And \$2 million for the survival action?

2 A. Yes.

3 Q. So you're asking the Court to award a total of
4 \$5,000,000?

5 A. Yes.

6 MR. DOUGHTY: Court's indulgence, please,
7 Your Honor?

8 THE COURT: Okay.

9 Q. (BY MR. DOUGHTY) I think I asked you this
10 already. How old was Sheldon when he died?

11 A. 42.

12 Q. Let me ask you this: In addition to his job
13 as a bondsman, was he working at any other jobs
14 during that time?

15 A. ILA longshoreman.

16 Q. Say that again?

17 A. ILA longshoreman.

18 Q. Okay. That \$90,000 that we talked about, that
19 would be a combination of his work as a bondsman and
20 his work as a longshoreman?

21 A. Correct.

22 MR. DOUGHTY: No further questions,
23 Your Honor.

24 THE COURT: So you're not going to proffer the
25 tax returns then?

1 MR. DOUGHTY: No, sir. I'll just stand on her
2 income.

3 THE COURT: Okay. Very good. Mr. Curry?

4 MR. CURRY: Thank you, Your Honor.

5 EXAMINATION

6 BY MR. CURRY:

7 Q. Ms. Singletary, good morning.

8 A. Good morning.

9 Q. I want to say that I'm sorry you have to be
10 here today. As you know, I represent Mr. Shuler.
11 We've met before, correct?

12 A. Yes.

13 Q. And now, I want to have some clarity. You
14 don't have any personal knowledge about what happened
15 on Odessa Lane at the house of Mr. Shuler; is that
16 correct?

17 A. No.

18 Q. And you don't know the facts and circumstances
19 that surround what happened in the altercation
20 between your husband and Mr. Shuler, do you? Is that
21 correct?

22 A. No.

23 Q. And you don't know whether or not your husband
24 was drunk or he was not drunk; is that correct?

25 A. I wasn't there. I'm not sure.

1 Q. You don't know whether or not Mr. Shuler was
2 drunk or not drunk, correct?

3 A. I wasn't there.

4 Q. Now, the medical records that you proffered,
5 they don't talk about what happened and the facts and
6 circumstances that led up to the altercation; is that
7 correct from your reading?

8 A. That's right.

9 Q. What about the autopsy report? We are going
10 to talk about that as well, correct?

11 A. Correct.

12 Q. And the medical records and all the bills are
13 just things that occurred after your husband was
14 taken to the hospital for treatment; is that correct?

15 A. Correct.

16 Q. And so from your reading of those medical
17 records and Plaintiff's Exhibit 1, 2, and 3, it
18 doesn't tell you about the facts and circumstances
19 surrounding what happened on April 19th, 2012; that's
20 correct?

21 A. Uh-huh.

22 Q. All right. You talked about the -- was there
23 any insurance -- did you or your husband carry any
24 insurance on these bills?

25 A. Did we have insurance?

1 Q. Yes ma'am.

2 A. Yes.

3 Q. Medical insurance?

4 A. Yes.

5 Q. Did health insurance pay any of those bills?

6 A. I am not sure.

7 Q. Did you check to see?

8 A. I did not.

9 Q. Have you received bills from the hospital
10 saying that you owe a certain amount of money?

11 A. Yes.

12 Q. How much is that?

13 A. The amount that the attorney mentioned
14 earlier.

15 Q. So you're saying that you received a bill from
16 the hospital for around \$203,251 and nothing has been
17 paid by health insurance?

18 A. I am not sure.

19 Q. Have you looked to check to see whether or not
20 health insurance has paid, or do you have a co-pay?

21 A. Like I stated earlier when you asked that
22 question, I don't know.

23 Q. So do you --

24 A. No, I did not look.

25 Q. Do you know if there is a co-pay on your

1 health insurance?

2 A. There is a co-pay.

3 Q. What is the co-pay?

4 A. I am not sure. I am in a totally different
5 job now, so I don't remember.

6 Q. What about deductibles? Did you have a
7 deductible with this health plan?

8 A. I'm pretty sure I did.

9 Q. Do you know what that deductible was?

10 A. I do not.

11 Q. So your testimony today is that you received
12 bills for \$203,254 (sic) and you're not aware of any
13 co-pay and you're not aware of any deductible that
14 was met; is that correct?

15 A. I do not know.

16 Q. Okay. You don't know or are you --

17 A. I do not know.

18 Q. Do you know who would know?

19 A. I guess if you call the insurance office they
20 would be able to tell you.

21 Q. Who was the insurance company?

22 A. Like I said, I'm on a different job. I don't
23 know. I was working for the State of South Carolina
24 at that time.

25 Q. Would it be safe to say you had the State

1 Health Plan if you worked for the State of South
2 Carolina?

3 A. Well, I was a contractor, so it may not be the
4 State Health Plan.

5 Q. But you had health insurance?

6 A. Correct.

7 Q. And your husband, Sheldon, was under that
8 insurance plan?

9 A. Correct.

10 Q. And do you know whether or not you turned that
11 plan into the hospital?

12 A. The insurance card was turned into the
13 hospital.

14 Q. All right. Now, you stated that Sheldon was
15 making about \$90,000 a year?

16 A. Yes.

17 Q. And you said you based that on deposits?

18 A. Yes. On deposits that I received when he had
19 cases.

20 Q. Tell me about that. How does that work? Was
21 it deposits from bail bondsmen or was it deposits
22 from longshoremen?

23 A. Both.

24 Q. And when would you be making those deposits
25 and then to what bank?

1 A. It was made to the Bank of America, and just
2 when I took them.

3 Q. And so how much would have been from the
4 longshoremen?

5 A. That would have been a separate check. Most
6 of the deposits that Shel got from bail bonds was in
7 cash.

8 Q. And did he report that on his tax return?

9 A. He didn't file tax returns. He hadn't filed
10 taxes yet.

11 Q. Filed taxes, right?

12 A. Not yet.

13 Q. Since you've been the personal representative
14 did you report that \$90,000? What year would that
15 have been?

16 A. That would have been, I guess, 2011.

17 MR. DOUGHTY: Your Honor, I object to whether
18 she reported it as a personal representative. I
19 don't see where that has any relevance in this case.

20 MR. CURRY: Judge, the relevance is that she
21 says that's his income. As a personal representative
22 she has to deal with his just debts, expenses, and
23 she has to do her state filings and those things
24 along that line, so that's what's relevant. She said
25 he made 90. It had to be reported.

1 THE COURT: I'll allow it. Overruled.

2 MR. CURRY: And have you made that report into
3 the IRS.

4 THE WITNESS: I did not.

5 Q. (BY MR. CURRY) And it's 2018, approximately
6 six years later?

7 A. Yes, it's 2018.

8 Q. And have you made any reportings for your
9 husband to the Internal Revenue Service for that
10 \$90,000?

11 A. No, I did not.

12 MR. CURRY: Court's indulgence?

13 Q. (BY MR. CURRY) Okay. You talked about going
14 about 7:00 to the hospital. Did you see your husband
15 at 7:00 when you got there?

16 A. I saw him around -- it was after 8:00.

17 Q. And was he talking?

18 A. He was not talking.

19 Q. All right. Was he communicative?

20 A. The doctors told me to talk to him because he
21 could hear. They encouraged me to speak to him.

22 Q. But he did not respond to you at all, did he?

23 A. No, he did not.

24 Q. And that was at 8:00, correct?

25 A. It was after 8:00?

1 Q. After the first surgery?

2 A. Yes.

3 Q. What about prior to the surgery? Were you
4 able to see him?

5 A. No. When I got there he was already in
6 surgery.

7 Q. Were you able to speak to him, or for him to
8 reply to you at any time that evening?

9 A. No.

10 Q. Do you know the premises or the place your
11 husband got shot?

12 A. I heard Rosemont.

13 Q. Do you know whether or not it was in
14 Mr. Shuler's home?

15 A. I assume that's where his house is. I'm not
16 from Charleston.

17 Q. Have you learned since that it was at
18 Mr. Shuler's house?

19 A. Yes.

20 Q. You talked about that you were -- you asked
21 this Court to award you a certain amount of money.
22 You mentioned \$3 million for the wrongful death and
23 \$2 million for the survivorship, correct?

24 A. Correct.

25 Q. Do you know what is the basis of your

1 survivorship claim?

2 A. From the time that he was in the hospital and
3 still alive.

4 Q. But he wasn't conscious, was he?

5 A. Well, the doctors told me that he could hear.
6 That tells me that he's conscious enough to hear me.

7 Q. All right. Did he ever respond to you?

8 A. No. He did not respond to me.

9 Q. And on the wrongful death you asked the Judge
10 to award you \$3 million on the wrongful death; is
11 that correct?

12 A. Correct.

13 Q. And do you know whether or not your husband
14 had been in a fight with Mr. Shuler?

15 A. Yes, I was told.

16 Q. You don't know the facts or circumstances
17 surrounding that fight, do you?

18 A. Only what I learned in Court.

19 MR. CURRY: Court's indulgence.

20 THE COURT: Sure.

21 Q. (BY MR. CURRY) You said that you were relying
22 on your husband's income. Let's talk about that.

23 MR. DOUGHTY: Objection, Your Honor. That's
24 not what she said. She never said she was relying on
25 his income. The question to her was, is that income

1 missing from the house? She didn't say she was
2 relying on this income.

3 MR. CURRY: All right. I'll move to strike
4 that.

5 THE COURT: All right.

6 Q. (BY MR. CURRY) You weren't relying on the
7 income that you stated that your husband made?

8 A. I wasn't?

9 Q. Or were you?

10 A. The income is or was missing from the
11 household.

12 Q. Were you relying on it?

13 A. Well, it helped pay the bills.

14 Q. Let's talk about the bills. The house, was
15 the house in his name, your name, or both your names?

16 A. The house was in my name.

17 Q. Okay. So you were responsible for that bill,
18 correct?

19 A. No. That's not how marriage works.

20 Q. Was the house in your name on the mortgage?

21 A. It was in my name on the mortgage.

22 Q. And you were legally responsible for it
23 according to the mortgage papers, correct?

24 A. According to the mortgage.

25 Q. What about other bills? Did you-all have any

1 other assets that you-all shared?

2 A. He also had a house on (unintelligible).

3 COURT REPORTER: On what?

4 THE WITNESS: Parsnip (phonetic).

5 Q. (BY MR. CURRY) Was that house in both of
6 you-all's names? Just in his name, correct?

7 A. (Witness nods head.)

8 Q. So isn't it true that you-all had no other
9 assets that you-all shared?

10 A. If you're talking about the joint stuff we
11 bought together, no. We didn't have time.

12 Q. And in terms of bills, you had no other bills
13 that were in your name; is that correct?

14 A. No. We didn't have any bills in his name.

15 Q. All right. And upon his death, you had no
16 joint bills together that both of you jointly were
17 responsible for; is that correct?

18 A. We had no bills that were in both of our
19 names, but we both lived in the house, so therefore
20 bills are due to both of us.

21 Q. Okay. And you said you had mental anguish.
22 Have you sought the services of a mental health
23 professional?

24 A. I have not.

25 Q. So you don't have any bills or any treatment

1 plans or any of that stuff with regard to mental
2 anguish, correct?

3 A. No.

4 MR. CURRY: The Court's indulgence.

5 Q. (BY MR. CURRY) You-all didn't file jointly
6 together for taxes; is that correct?

7 A. No, sir.

8 MR. CURRY: All right. Court's indulgence.

9 I have no further questions. Please answer
10 any questions Mr. Doughty may have.

11 MR. DOUGHTY: Just briefly, Your Honor.

12 EXAMINATION

13 BY MR. DOUGHTY:

14 Q. Stacy, you and Sheldon lived together as man
15 and wife?

16 A. Correct.

17 Q. And whether a bill was in your name or his
18 name you both were responsible for it?

19 A. Correct.

20 MR. CURRY: Objection, Your Honor. He asked
21 her a question, and she didn't testify to that.

22 MR. DOUGHTY: I'm asking a question.

23 THE COURT: Overruled. Go ahead.

24 Q. (BY MR. DOUGHTY) Whether a bill was in
25 Sheldon's name or your name, when you're married

1 you're both responsible for it?

2 A. Yes. That's what I said earlier. That's how
3 a marriage works.

4 MR. DOUGHTY: Thank you.

5 MR. CURRY: Your Honor, may I follow up?

6 THE COURT: You may.

7 EXAMINATION

8 BY MR. CURRY:

9 Q. You-all didn't have any written agreement
10 about the bills being in both your names, did you?

11 A. But when you're married you know you pay bills
12 together, right?

13 Q. Did you have any written agreement about
14 you-all being jointly responsible for the bills?

15 A. When I signed that marriage certificate that
16 made the agreement.

17 Q. Do you have a written agreement that both of
18 you-all were jointly responsible for the bills?

19 A. There is not a written agreement --

20 Q. Thank you.

21 A. -- besides the marriage license.

22 MR. CURRY: Thank you.

23 MR. DOUGHTY: Nothing further, Your Honor.

24 May the witness be excused?

25 THE COURT: Yes. Let me ask --

1 Ms. Singletary, you testified that at the time of the
2 event you were working with the State? In what
3 capacity was that at that time?

4 A. I was working at the unemployment office.

5 Q. And are you working today?

6 A. I'm sorry?

7 Q. And are you working today?

8 A. I'm working today but not there.

9 Q. Where do you currently work?

10 A. I work at the United States State Department.

11 Q. The State Department?

12 A. Yes.

13 THE COURT: Got it. Thank you very much,
14 ma'am. You may step down.

15 MR. DOUGHTY: And may the witness be excused,
16 Your Honor?

17 THE COURT: Sure. She's the Plaintiff. I
18 hope she sticks around.

19 MR. DOUGHTY: Yes. From the witness stand.

20 THE COURT: Excused from the witness stand.

21 (Witness excused.)

22 THE COURT: All right. It's 11:30. Do you
23 have another short one, or do you want to take a
24 break now? What's your preference?

25 MR. DOUGHTY: The Plaintiff will rest at this

1 time, Your Honor.

2 THE COURT: Plaintiff rests? All right.

3 MR. CURRY: Your Honor, I just have a motion.

4 THE COURT: Let's hear it.

5 MR. CURRY: Your Honor, if it please the
6 Court, the Plaintiffs have the burden of proof and
7 the burden of persuasion going forward, Judge. That
8 burden never shifts.

9 Judge, we would ask that you award a directed
10 verdict on behalf of the Defendants because they have
11 failed in pursuing and perfecting their burden. In a
12 negligence case they have a duty, breach of a duty,
13 causal connection, and damages, Your Honor.

14 What we would suspect, Your Honor, is that
15 they have failed in proving that in the survivorship
16 action, we heard from the widow that he was never
17 conscious. Therefore, it requires a willful
18 consciousness under the statute, Judge. If you look
19 in the statute that you're talking about, wrongful
20 death, there has to be -- in order to collect in a
21 survivorship action it has to show that the Decedent
22 was conscious. Your Honor, if three minutes will get
23 you \$3 million then that's what they're saying, that
24 it's disproportionate. We don't think that they even
25 met the burden with regard to the wrongful death

1 survivorship action. Judge, we ask that you issue a
2 directed verdict on behalf of the Defendant.

3 THE COURT: Very good. Let me hear from you,
4 Mr. Doughty.

5 MR. DOUGHTY: Thank you, Your Honor.

6 THE COURT: I note there are three causes of
7 action: Wrongful death, survival, and there was a
8 negligence cause of action.

9 MR. DOUGHTY: Yes, sir.

10 THE COURT: Let me hear from you on all three.

11 MR. DOUGHTY: Your Honor, I believe that
12 there's been ample testimony, and ultimately it's up
13 to you as the trier of fact. We had testimony from
14 Ms. Morris that, you know, after Sheldon was shot he
15 was saying, Help me. He's still conscious. He's
16 still talking to her.

17 Mr. Singletary, John Singletary, testified
18 when he was at the hospital he was still conscious.
19 He was squeezing his hand. Stacy Singletary
20 testified that the medical personnel told her, you
21 know, you can talk to him. He can hear you.
22 Ultimately, it's up to the trier of fact, but we have
23 met our burden as far as whether he was conscious.

24 Your Honor, I think the actions of Mr. Shuler
25 exhibit negligence. You know, him using a gun,

1 shooting him, I think he owed a duty of care to him.
2 I think we met all the burden. I think it's enough
3 for a trier of fact to make a determination.

4 THE COURT: All right. So at this stage of
5 the trial the Motion for Directed Verdict or Nonsuit
6 is whether or not there's any evidence to support the
7 allegations in the Complaint, and I find that there
8 are, that the Plaintiff has established at least the
9 elements of each of the three causes of action, so
10 I'm going to allow the case to proceed under those
11 three causes of action at this point in time.

12 So I mentioned at the outset that somewhere
13 between 11:30 and 12:00 I wanted to take a break, so
14 why don't we break now, and then come back. Let's
15 just come back at 2:00. I apologize but I had this
16 speaking engagement on my calendar for a while.
17 Let's just plan to come back and start back right at
18 2:00 and we'll start in on the Defendant's case at
19 that time.

20 MR. CURRY: That's fine, Your Honor.

21 THE COURT: Thank you-all. We'll go ahead and
22 break now. I'll see you-all at 2:00.

23 (A luncheon recess transpired.)

24 THE COURT: We'll go back on the record.
25 Plaintiff has rested. We're on the Defense case.

1 MR. CURRY: Yes, Your Honor.

2 THE COURT: Mr. Curry?

3 MR. CURRY: If it please the Court, Attorney
4 Doughty, I call to the witness stand Mr. Kelvin
5 Shuler.

6 THE COURT: Mr. Shuler, come on up.

7 KELVIN SHULER,

8 being first duly sworn, testified as follows:

9 THE COURT: When you get settled in there,
10 give me your full name and address, please, sir.

11 THE WITNESS: Kelvin Shuler. 2318 Odessa
12 Street, Charleston, South Carolina, 29405.

13 THE COURT: Thank you, sir. All right.
14 Mr. Curry?

15 MR. CURRY: Thank you very much.

16 Q. (BY MR. CURRY) Mr. Shuler, are you
17 comfortable?

18 A. Yes, sir.

19 Q. And you know me. I'm your attorney, correct?

20 A. Right.

21 Q. Let's get down to it. How old are you?

22 A. I'm 54.

23 Q. And where do you work?

24 A. The International Longshoreman's Association.

25 Q. And do you recall April 19, 2012?

1 A. Yes, I do.

2 Q. Why don't you tell His Honor what you recall
3 from --

4 MR. CURRY: Your Honor, may I approach the
5 witness to get the mic?

6 THE COURT: Sure.

7 Q. (BY MR. CURRY) Why don't you tell His Honor
8 what you recall about April 19th, 2012.

9 A. I'm going to go back to this as best I can
10 from that point. It was approximately 9:00 or 9:30.
11 I went out to check the mail, went to my mailbox. As
12 I was out checking my mail, Sheldon drove up and
13 said, What's going on? I said, Well, I'm out here
14 checking my mail. I had a long night. He asked me,
15 Did you go to the bachelor party? I said, Yeah, I
16 went to the bachelor party. It was very nice. Have
17 you got anything to drink? He asked me if I had
18 anything to drink. I said, I don't think so but I'll
19 go and check. So we went inside. I really didn't
20 have anything to drink.

21 So we talked for a little while, and he asked
22 me about, you know, what kind of entertainment was at
23 the party, what kind of girls was at the party? I
24 said, Well, a few girls. Did you get any of their
25 numbers? I said, I think I've got a number. He

1 said, Give me the number and I'll call them. We'll
2 call them over here. I said, Okay. That's fine.
3 Then I don't know who he called. He called several
4 people because at first it was just him and I. Then
5 the next thing you know it was five or six other
6 people.

7 Q. Do you recall who those people might have
8 been? Their names?

9 A. I know one of them was named Jerry Campbell.
10 Phillip Jones was one of them. There was another guy
11 there that was with them that I don't really know
12 that guy. That was my first time meeting him.

13 Q. Did you keep alcohol in the house?

14 A. Not really. I very seldom keep alcohol in my
15 house.

16 Q. So what happened next?

17 A. So he called -- he made some phone calls and
18 called some people up, and then he said, Okay. Well,
19 bring some drinks, bring some beer, bring some
20 liquor, bring -- you know --

21 Q. Those were the people that were supposed to
22 bring it, correct?

23 A. Yes. They was supposed to bring it. He told
24 them what to bring, and I guess they either had the
25 money, or he was going to give them the money when

1 they got there.

2 Q. What happened next?

3 A. So then my normal thing is breakfast. I like
4 to cook breakfast, so I started making breakfast. I
5 made breakfast for him and I anticipated whoever was
6 coming over, so I made a pretty good breakfast. So
7 some people finally came over with the drinks. We
8 started drinking the beer. After breakfast then it
9 was -- we might as well -- why don't we just put
10 something on the grill, so somebody brought some
11 food, some meats. So we were cleaning the meats and
12 talking trash. You know, we might have been talking
13 about football. I don't know. How much money you
14 make. You know how guys are. I make more money than
15 you make or -- and so on.

16 Q. All right.

17 A. And I don't know how -- there was an argument.
18 I didn't think it was an argument. I just thought it
19 was just words. The next thing I know I was shoved
20 and he was shoved. Then I was punched.

21 Q. Who punched you?

22 A. Sheldon punched me in the eye.

23 Q. Okay.

24 A. So at this time I'm delirious. He must have
25 punched me pretty good because my eye was bleeding.

1 When I fell to the ground he kicked me a couple of
2 times. He kicked me in the ribs. He kicked me in
3 the face. I heard some screaming and yelling. Oh,
4 somebody's fighting. Somebody's fighting.

5 So I'm like -- I'm not going for this right
6 here. So I'm already being taken advantage of, so I
7 saw a knife. I grabbed the knife, and I said, You
8 guys have got to go.

9 Q. So all the people that are in your house, you
10 start telling them they have to --

11 A. Get out. Get the heck out of my damn --
12 excuse my French -- get out of my "D" house. Get
13 your "A" out of my "D" house.

14 Q. Okay. What happened next?

15 A. So Sheldon said, If you don't put that knife
16 down, I'm going to whoop you with both of my feet.
17 In other words, it was like maybe some type of
18 karate-type thing. I'm like -- I either dropped the
19 knife or he kicked the knife, and that was basically
20 about the end of that, you know, but I was still
21 asking everybody to leave, not just one person. I
22 wanted everybody out of my yard. At this time I'm
23 thinking I need to get to the emergency room or go to
24 the doctor.

25 So I'm afraid. I don't know. You leave --

1 Sheldon left -- I don't know whether -- whatever he
2 left to do -- he might have went to go get a gun. He
3 might have went to go get -- I don't know whatever he
4 went to get. All I know is he left, and I'm thinking
5 something isn't right about this right here.
6 Everybody needs to get out of my yard.

7 Q. Okay.

8 A. So I go get my pistol.

9 Q. All right. Now, how were you feeling
10 emotionally and psychologically?

11 A. Well, you know, I was hurt. I was bruised.
12 You know? My main concern was -- I just needed
13 everybody to leave my house. I wanted everybody to
14 go. Nobody was invited right now. Nobody. I didn't
15 want nobody there. Phillip -- you know, I came out
16 of the house with the gun to my side.

17 Q. Tell me how you came out of the house. Which
18 side did you come from? Did you come out the front
19 door or --

20 A. The back side. The back door, what is
21 considered the back door. It's on the side of the
22 house. It's considered the back door. So Phillip
23 was walking with me saying, Give me the gun. I'm
24 saying, No. I just want everybody to leave. So my
25 intentions were to go to the gate, stand by the gate,

1 everybody out.

2 As I was walking towards the gate and Phillip
3 was walking beside me, out of my peripheral vision I
4 saw an image, a body. I don't know whether it was
5 close -- a gun -- whatever. All I saw is this out of
6 my peripheral off the banister of the side. It was
7 coming at me.

8 Q. Okay. Let's get this straight.

9 MR. CURRY: Your Honor, may I ask the witness
10 to get up and draw on the white board?

11 THE COURT: Sure.

12 Q. (BY MR. CURRY) I want you to draw for His
13 Honor how your house is and -- the front -- label "F"
14 for the front and show the back. Draw your house,
15 the width and the length of it, not to scale of
16 course.

17 A. Okay. I'm doing the best I can.

18 Q. Okay. Just go.

19 A. All right.

20 Q. If this is the front of your house put "F"
21 right here (indicating), and if this is the back of
22 your house put "B" back there, and if this is the
23 side of the house put "S" right there (indicating) --
24 okay -- to show the judge where you came out.

25 A. (Witness complied.) I came out of the house

1 right here (indicating).

2 Q. Mark "X".

3 A. (Witness complied.)

4 Q. You came out of the house right there
5 (indicating)?

6 A. I came out of the house right here and walked
7 down the side of my house right here (indicating).

8 Q. Okay.

9 A. At this point I see somebody right here
10 (indicating) jumping off of this -- my porch has got
11 a rail all the way around it.

12 Q. Put an "A" right there for assailant at the
13 top. You've got an "A" right there?

14 A. An "A" right here for assailant.

15 Q. Okay. And where were you?

16 A. I was here (indicating), you know, on the side
17 of the house walking towards this way right here,
18 coming this way.

19 Q. Did you see Mr. Singletary when you were
20 walking?

21 A. No. I didn't see him at all. You know, I
22 didn't know where he went, what he went to do or
23 anything. I didn't see him at all. Then the next
24 thing you know I'm about right there. All I could
25 see is somebody jumping at me. I'm scared as hell.

1 All I did was raise the gun and pull the trigger at
2 the same time. That's all I did.

3 Q. Okay.

4 A. And then he fell.

5 Q. And did he fall on the porch or did he fall on
6 the ground?

7 A. On the ground in the yard.

8 Q. All right. Mark where you think you saw him
9 fall.

10 A. I think he fell right up in this area right
11 here (indicating).

12 Q. Okay. And that's how your recollection of the
13 shooting was?

14 A. Yes.

15 Q. And you're testifying today that you said you
16 were fearful?

17 A. Yes, sir. I was very fearful.

18 Q. All right. Why?

19 A. Because I mean I had already gotten the crap
20 beaten out of me. I had asked everybody to leave. I
21 had already said, Hey, I've got a knife. Get the
22 heck out of here, and ain't nobody afraid of me.
23 This was my house. These people were his friends. I
24 knew them, but they were his friends. These were the
25 people that he invited. He called these people. I

1 didn't call anybody.

2 Q. Okay. Now, you talked about your injuries.
3 What kind of injuries did you receive?

4 A. I have a fractured orbital socket.

5 Q. Which side? Left or right?

6 A. I think it was my right.

7 Q. Okay.

8 A. And my nose was fractured, and I had two
9 fractured ribs.

10 Q. Which side? Left or right?

11 A. I think it was the right. I'm sure.

12 Q. Okay.

13 A. And so when they arrested me, they took me to
14 the jail, and then when they were going to admit me
15 to the jail the nurse at the jail said, Oh, we can't
16 admit this man right here. He's got some bad
17 injuries. They sent me from the jail in the
18 ambulance back to the emergency room.

19 When I went to the emergency room the doctor
20 examined me and told me what my injuries were. He
21 asked me what happened. I told him what happened.
22 Then they took me back to the jail.

23 Q. Okay. Were you trying to defend yourself?

24 A. Yes, I was.

25 Q. And did you think you were at fault for

1 starting the fight?

2 A. No, I wasn't.

3 Q. Did you believe that you were in imminent
4 danger?

5 A. I did.

6 Q. Did you believe that you had suffered serious
7 bodily harm?

8 A. Yes, I did.

9 Q. Did you think that your thoughts were -- you
10 acted reasonable and you were prudent given what was
11 going on?

12 A. Yes, I do.

13 Q. Did you think you had to run away from your
14 house?

15 A. I didn't see why I needed to leave my house.
16 I wanted everybody else to leave. I didn't think I
17 needed to leave my house. There was no reason for me
18 to leave. That's just like a man coming over and
19 taking over my house and telling me to get the heck
20 on. I'm going to stay here and you leave. I didn't
21 think that that was a fair thing for me to do.

22 Q. Were you fearful for your life?

23 A. I was.

24 Q. Did you think you could have avoided this
25 danger of having to shoot?

1 A. Well, I'm thinking -- how it could have been
2 avoided if everybody had just left my house like I
3 asked them to leave then there would be nothing to --
4 there would be no more confrontation because
5 everybody would have been gone. That's all I asked
6 them to do was leave. I didn't say, Well, I'm going
7 to get you and I'm going to get you and I'm going to
8 get you. I just said, Leave. That's all I wanted
9 you to do. I wanted everybody to leave.

10 Q. Now, in terms of the sequence, you testified
11 that there was a break in the melee between you and
12 Mr. Singletary, and Mr. Singletary came back to you
13 or you-all had another confrontation?

14 A. No. We didn't have another confrontation. He
15 just left, and I just assumed that everybody was just
16 going. He left and I think -- I don't know where he
17 went to, why did he leave but my thing is why did you
18 come back? I don't know why you left. Maybe you
19 might have came back. I'm thinking maybe he might
20 have come back to finish the job. I don't know.

21 Q. All right. Now, you were attacked first; is
22 that correct?

23 A. I was. That's correct.

24 Q. You're not here to tell the Judge anything
25 that would be something made up or magnified?

1 A. No. No.

2 Q. Remember you're under oath, correct?

3 A. Yes.

4 Q. And you reasonably believe that you had to
5 protect yourself, right?

6 A. Yes, I did.

7 Q. In your own home?

8 A. Yes, I did, in my own home.

9 Q. Okay. What's the address for that?

10 A. My address is 2318 Odessa Street, Charleston,
11 South Carolina, 29405.

12 Q. Did you believe that you were protecting
13 yourself?

14 A. Yes, I did.

15 Q. From harm, danger, or death? You thought it
16 was imminent?

17 A. Yes, I did.

18 Q. Now, you had to pay some attorney's fees to
19 defend this action; is that correct?

20 A. That's correct.

21 Q. How much did you have to pay your lawyer?

22 A. Initially my lawyer's -- my attorney's fees
23 was approximately \$50,000.

24 Q. Okay.

25 A. And then --

1 Q. For this particular case?

2 A. For this case and then --

3 Q. No. What did you have to pay for this case?

4 A. This case right here cost me \$7,000.

5 Q. Now, in addition to paying that lawyer, when I
6 got out on in December -- February I was taken back
7 to Court and I was -- what they were doing is they
8 were trying to revoke my bond saying that I was in --
9 I was under house arrest. They were saying I was out
10 somewhere which I wasn't. He was out somewhere where
11 he shouldn't have been, and that caused me to --

12 MR. DOUGHTY: Objection to relevance,
13 Your Honor.

14 MR. CURRY: I'll move on.

15 THE COURT: What's the --

16 MR. CURRY: I'll move on.

17 THE WITNESS: Judge, I was getting to the
18 point about --

19 THE COURT: The question was talking about how
20 much --

21 THE WITNESS: I was going to tell you how much
22 more money I had to spend.

23 Q. (BY MR. CURRY) Let's talk about for this
24 case. Did you lose any income as a result of having
25 to do deal with this case?

1 A. Well, when I was incarcerated --

2 THE COURT: For how long?

3 THE WITNESS: For eight months.

4 THE COURT: Okay.

5 THE WITNESS: I lost my seniority. When you
6 lose your seniority and you don't make your hours,
7 you don't get your vacation and holiday pay. You
8 don't get your bonus. If you miss eight months of
9 actual pay --

10 Q. (BY MR. CURRY) How much money did you miss?

11 A. Well, eight months -- I approximately missed
12 about \$60,000 to maybe \$70,000.

13 MR. DOUGHTY: Your Honor, I hate to interrupt
14 again. I object to this whole line of questioning.
15 This was not part of anything they pled.

16 MR. CURRY: Judge, I think we did plead it.

17 THE COURT: What's the basis of the claim for
18 damages?

19 MR. CURRY: The Statute 16-11-450 says that if
20 per chance he were to prevail, he's entitled to the
21 recovery of his reasonable attorney's fees, Court
22 costs, loss of income, all along the line. If this
23 is his one chance to present his case, he certainly
24 has -- in his answer he pled all of these things
25 comparative negligence, assumption of risk, all this

1 stuff, so he's got to testify to it. If he doesn't
2 testify to it then it gets struck.

3 THE COURT: Title 16 is a criminal statute.
4 Is that applicable?

5 MR. CURRY: 16-11-450 allows him to recover
6 if, in fact, this is a -- I can read that out for
7 you, Judge.

8 MR. DOUGHTY: I don't remember that being pled
9 in his counterclaims.

10 MR. CURRY: I think it did, Judge. I can go
11 pull it if the Court will permit me.

12 THE COURT: I have it in front of me. I can
13 look at it. Go ahead.

14 MR. CURRY: Your Honor, I just -- I've got the
15 answer, Judge, if you would like to see it. I can
16 hand it up to you.

17 THE COURT: Tell me what you've got.

18 MR. CURRY: On what we pled -- I guess it
19 would be Page 13 of 15, pled for attorney's fees in
20 their answer and counterclaim with regard to it,
21 Judge.

22 MR. DOUGHTY: Your Honor, he's going into,
23 hey, I missed my seniority.

24 THE COURT: Right.

25 MR. CURRY: But Judge, I tried to limit it to

1 only about what's in this case, and not necessarily
2 anything that happened in the criminal. I tried to
3 do that.

4 THE COURT: Okay. So let's do that.
5 Attorney's fees and costs incurred, right?

6 MR. CURRY: That's right, Your Honor. He's
7 already testified to that already, so I guess we can
8 move on.

9 THE COURT: That will be fine. Objection
10 sustained. Go ahead.

11 Q. (BY MR. CURRY) You have --

12 MR. CURRY: Your Honor, may I approach the
13 witness?

14 THE COURT: You may.

15 Q. (BY MR. CURRY) I'm going to hand you what is
16 Plaintiff's Exhibit No. 1, that's already in
17 evidence. I want you to turn to page -- I guess it
18 would be 11 of 327. Let me look at it just to make
19 sure, Judge. Turn to Page 11 of 287.

20 MR. CURRY: Your Honor, if I may continue to
21 approach the witness?

22 THE COURT: You may.

23 Q. (BY MR. CURRY) Look down on the end right
24 here at the very bottom. Let me get it for you if
25 you don't mind. 11 of Page 287.

1 MR. CURRY: Your Honor, I don't have it over
2 here, but if I can approach you I can give you just a
3 copy of it if you would like to see it.

4 THE COURT: That will be fine.

5 Q. (BY MR. CURRY) Page 11 of 287, do you see it,
6 sir?

7 A. Yes, I do.

8 MR. CURRY: May I continue to approach the
9 witness?

10 THE COURT: Yes, sir.

11 Q. (By MR. CURRY) I want you to read for me -- I
12 wear bifocals, so you may have to help me. I want
13 you to go to the middle of the page. Do you see
14 where it says, Condition on admission?

15 A. Yes, I do.

16 Q. And do you see where it says, History of
17 present illness?

18 A. Yes.

19 MR. DOUGHTY: Your Honor, I object. He's
20 attempting -- if he wanted to cross-examination the
21 witness on his records, under what foundation or
22 under what authority does Mr. Shuler have to read and
23 question the authentication of these records? These
24 records were put in when Ms. Singletary took the
25 stand, so he should have cross-examined her if he had

1 a question about them.

2 THE COURT: He's not required to. He can go
3 into this.

4 MR. CURRY: Thank you.

5 THE COURT: The documents are in evidence.

6 MR. CURRY: Thank you, Your Honor.

7 Q. (BY MR. CURRY) Back to history of present
8 illness, will you read where it says, The patient is
9 a 42?

10 A. The patient is a 42-year-old man who sustained
11 a gunshot wound to the abdomen on the afternoon of --

12 Q. Of admission?

13 A. -- of admission. He presented to the MUSC
14 emergency department. He was transported by EMS with
15 a level -- a trauma alert was called. The patient
16 was unresponsive at the scene and intubated at the
17 scene.

18 Q. Now, you were present at that time; is that
19 correct?

20 A. Yes.

21 Q. Would that record be consistent with what you
22 observed?

23 A. Yes.

24 Q. And that you didn't see Mr. Singletary moving
25 or talking --

1 A. No.

2 Q. -- while at your house on -- where do you
3 live?

4 A. 2318 Odessa Street.

5 Q. Okay. And so you believe that these records
6 are consistent with the fact that he was
7 unresponsive, correct?

8 A. Yes, that's correct.

9 Q. You didn't see him talking?

10 A. No.

11 Q. Did you hear him moaning?

12 A. No.

13 Q. Did you hear him saying anything with regard
14 to this?

15 A. Anything at all, no.

16 Q. All right. You have no reason to contradict
17 these records that they have at MUSC, do you?

18 A. No, I don't.

19 MR. CURRY: Court's indulgence?

20 THE COURT: All right.

21 Q. (BY MR. CURRY) Were you acting in
22 self-defense?

23 A. Yes, I was.

24 MR. CURRY: Please answer any questions that
25 Attorney Doughty may have of you regarding these

1 matters.

2 THE WITNESS: Okay. I will.

3 EXAMINATION

4 BY MR. DOUGHTY:

5 Q. Mr. Shuler, you stated that you didn't -- you
6 would agree with the findings in the medical records
7 that he was unresponsive at the scene?

8 A. Yes.

9 Q. And you also stated that you didn't feel like
10 you should have to leave your house? Didn't you say
11 that?

12 A. I did say that, yes.

13 Q. But you did, in fact, leave your house,
14 correct?

15 A. What do you mean?

16 Q. You left before -- when Sheldon was shot you
17 left your home, didn't you?

18 A. Yes. Yes.

19 Q. And you fled the scene, didn't you?

20 A. I just walked away.

21 Q. Okay. So you weren't there when EMS arrived,
22 were you?

23 A. I was there before they got there.

24 Q. But you weren't there when they arrived, were
25 you?

1 A. I was there before they got there. No.

2 Q. My question is: Were you there, sir --

3 A. No.

4 Q. -- when they arrived?

5 A. No.

6 Q. So you don't know what his state was at that
7 point, do you?

8 A. Yes, I do because -- I'm telling you when I
9 left there he was not moving, he was not talking, he
10 was not doing anything. He was just laying there. I
11 can't state what the EMS observed. Of course I can't
12 state that if I wasn't there.

13 Q. Well, let me ask you this: You didn't feel
14 like you should leave your home, right?

15 A. I didn't feel like I had -- that nobody had
16 the right to make me leave my home.

17 Q. So why did you leave your home --

18 A. Because --

19 Q. -- after Sheldon was shot?

20 A. Because I was in a traumatized state because
21 of the situation that happened at the time.

22 Q. Okay. Let's talk about that for a second.

23 A. Okay.

24 Q. You're so hurt?

25 A. Right.

1 Q. Because you took such a beating, right? Your
2 eye and your ribs are broken. Do you have anything
3 to show any of that, sir?

4 A. Yes, I do.

5 Q. Well, if you're so hurt, your eyes are
6 swollen, your eyes are broken, your eye sockets are
7 broken, your ribs are broken, but yet instead of
8 getting care for yourself you took the time to go
9 into the house and get a gun, didn't you? Didn't
10 you?

11 A. That's what I did.

12 Q. And before that you took the time to get a
13 knife, didn't you?

14 A. That's what I did.

15 Q. You're so hurt, you've got all of these broken
16 bones, but instead of tending to yourself as you say,
17 you took the time to go get a knife and a gun?

18 A. To get people out of my house.

19 Q. Let's talk about that for a minute. Do you
20 think it's okay, sir, to get a knife and a gun
21 because you want people to leave your home?

22 A. If I felt I was defending myself, yes.

23 Q. So it's okay in your mind to get a deadly
24 weapon against people that are unarmed?

25 A. Well, like I said, I was defending myself.

1 Q. Against who? So you were defending --

2 MR. CURRY: Objection, Your Honor.

3 THE COURT: Let him answer. Let him answer.

4 MR. CURRY: Thank you, Your Honor.

5 Q. (BY MR. DOUGHTY) Who were you defending
6 yourself against?

7 A. Against the person who attacked me first.

8 Q. You said you got a knife at everybody. You
9 wanted everybody to leave; didn't you say that?

10 A. I wanted everybody to leave, right.

11 Q. So you were defending yourself against
12 everybody? Everybody attacked you?

13 A. You know why? Because of the fact that these
14 were -- I felt that these people were all against me
15 because they weren't my friends. These people --
16 these weren't my cousins. These weren't my
17 neighbors. These weren't some people that I called
18 over. So in my mind all of these people right
19 here --

20 Q. Did you tell any of those people they couldn't
21 come in?

22 A. I told everybody to leave.

23 Q. Did you tell anybody when they arrived at your
24 house that they couldn't be there?

25 A. I told them to leave. At first they were

1 invited until I uninvited them.

2 Q. Listen to my question, sir.

3 A. What?

4 Q. When they came to your house you didn't tell
5 them, You can't come in here, did you?

6 A. I had no reason to tell them that.

7 Q. But you didn't, did you?

8 A. I had no reason to.

9 Q. Answer my question, sir.

10 A. No.

11 Q. So they were invitees at your house?

12 A. No, they weren't.

13 Q. Okay. Let's go back for a minute.

14 April 19th, this is your residence, correct? This
15 drawing that you drew, this is your residence,
16 correct?

17 A. Absolutely.

18 Q. You -- at some point you and Mr. Singletary,
19 Sheldon, got into an altercation, correct?

20 A. Correct.

21 Q. And in your words earlier you said that that
22 was the end of that. So it was over, right?

23 A. Correct.

24 Q. And you took it upon yourself after everything
25 was over to go get a knife?

1 A. No. That wasn't correct. This was during the
2 altercation.

3 Q. So you got a knife during the altercation?

4 A. Right. I picked up the knife, that's right,
5 to tell them to get the hell out. That's when the
6 knife went around --

7 Q. And you told --

8 A. That's when he told me he was going to kick my
9 butt with both feet.

10 Q. So what would you expect him to do? Sit there
11 and let you stab him?

12 A. No. I expected him to just leave.

13 Q. And here is another thing, sir. You said that
14 you told them, Everybody leave, right? You told
15 everybody to leave?

16 A. Right.

17 Q. But you found it strange when he left? You
18 said you found it strange that he left?

19 A. No, I didn't find it strange that he left. I
20 found it strange that he came back.

21 Q. Okay. But you said earlier when you
22 testified -- you said he went somewhere, he had left,
23 and you found that strange; you didn't say that?

24 A. No.

25 Q. Okay. So he did leave at some point?

1 A. Yes.

2 Q. He was in the front of your house, right?

3 A. I don't know where he was at.

4 Q. He was in the front?

5 A. I don't know where he was at.

6 Q. But you found out later that he was in the
7 front?

8 A. I encountered him leaping on me from the
9 banister of my front porch as I walked down the side
10 of the house is what I found.

11 Q. Okay. That's your version of the story. I've
12 got it. Either way he was in the front, correct?

13 A. He had to be in the front if he leaped off the
14 banister.

15 Q. And you went and got a knife first, correct?

16 A. No.

17 Q. You never got a knife?

18 A. This was already -- this was past the knife
19 thing.

20 Q. I'm not -- I'm not asking you -- listen to my
21 question.

22 MR. CURRY: Objection, Your Honor.

23 THE COURT: Let me call a halt right now. The
24 knife incident happened in the kitchen?

25 THE WITNESS: Right. Right. It doesn't have

1 nothing to do with this part right here.

2 THE COURT: You were telling everybody to
3 leave, right?

4 THE WITNESS: Yes, sir.

5 MR. DOUGHTY: Your Honor, I'm asking him about
6 the knife right now.

7 THE COURT: Go ahead. Take him back to the
8 knife.

9 Q. (BY MR. DOUGHTY) Okay. You went and got a
10 knife because you wanted everybody to leave?

11 A. I didn't went and grabbed -- I just grabbed
12 the knife. The knife was just right there.

13 Q. You picked up a knife?

14 A. I picked up a knife, absolutely.

15 Q. Because you wanted everybody to leave?

16 A. Right.

17 Q. Okay. And then at some point you went
18 outside?

19 A. I was outside. The knife was outside. All
20 this incident was outside in the back.

21 Q. So you got the knife?

22 A. He wasn't in -- he was involved when I had the
23 knife. He wasn't in the front of the house with me
24 having the knife is what I'm trying to tell you, sir.

25 Q. Okay. So you had the knife on the people

1 outside; is that correct?

2 A. I just had the knife, period, telling
3 everybody to leave.

4 Q. And that was outside?

5 A. Yes, it was.

6 Q. And that didn't scare people enough, right?
7 In your opinion they weren't scared enough, they
8 weren't moving fast enough for you?

9 A. I don't know. All I know is they didn't
10 leave.

11 Q. Okay. And then you decided that the knife
12 wasn't scaring them, correct?

13 A. No, I didn't decide that.

14 Q. You didn't testify to that?

15 A. I didn't decide that. That's not what I
16 decided.

17 Q. You didn't say that they wouldn't leave when
18 you got the knife? You didn't say that?

19 A. No. I did say that, but I can't decide for
20 them what they're thinking.

21 Q. Okay. So after the knife, and they didn't
22 leave, so you went back into the house, correct?

23 A. Yeah.

24 Q. You went up to your bedroom --

25 A. Right.

1 Q. -- and retrieved a weapon? A gun?

2 A. Yes, I did.

3 Q. You came back out of the house --

4 A. Yes.

5 Q. -- with the gun? Phillip Jones was telling
6 you to put the gun away, wasn't he?

7 A. Okay. Yeah.

8 Q. And you didn't do that, did you?

9 A. No, I didn't.

10 Q. You told Phillip you didn't see a reason why
11 you should have to put the gun away?

12 A. I didn't tell Phillip anything.

13 Q. You didn't say you told Phillip that?

14 A. No. No.

15 Q. Okay. So Phillip is telling you to put the
16 gun away, correct?

17 A. Phillip is saying whatever Phillip is saying.
18 I don't know.

19 Q. Oh, now you don't know what he was saying?

20 A. Well, no.

21 Q. And you were doing all -- let me ask you this:
22 You were doing all of this while you have -- while
23 you're suffering from all of these broken bones; is
24 that correct?

25 A. Fractures, yeah. Fractures.

1 Q. So while your eye is fractured, while your
2 ribs are fractured, you're in here going to get a
3 gun?

4 A. Right. To get everybody to leave my house.

5 Q. Okay. So you go out the door. Phillip is
6 walking beside you telling you to put the gun away
7 but you continue, don't you?

8 A. Yeah, that's right.

9 Q. Okay. And you encounter Ms. Morris, too,
10 don't you?

11 A. No.

12 Q. You never encountered her?

13 A. No.

14 Q. So she's lying?

15 A. Yes. She absolutely is about a lot of things.

16 Q. Okay. But it just so happens that she said
17 you walked along the side of the house with a gun and
18 you're saying that you did, too?

19 A. Yeah, but she's lying. Yeah. Absolutely.

20 Q. So you walk along the side of the house.
21 Phillip's beside you, and you say you see somebody on
22 the porch?

23 A. No, I didn't say I see somebody on the porch.
24 I said, someone leaped -- I saw -- out of my
25 peripheral someone leaping off the banister.

1 Q. And you didn't --

2 MR. CURRY: Objection, Your Honor. He has a
3 right to at least explain his answer.

4 MR. DOUGHTY: I'm sorry. Go ahead.

5 THE COURT: Okay.

6 THE WITNESS: That's all I was doing.

7 Q. (BY MR. DOUGHTY) Okay. You saw someone
8 leaping. You didn't know who it was?

9 A. Right.

10 Q. You didn't see it was someone with a gun, did
11 you?

12 A. All I saw was an image coming towards me.

13 Q. Okay. Let me ask you something, sir. Do you
14 think it's okay to pull a knife and a gun on unarmed
15 people?

16 A. I think it's okay to defend yourself if you
17 feel as though that are --

18 Q. What if --

19 MR. CURRY: Objection, Your Honor.

20 MR. DOUGHTY: I'm sorry.

21 THE COURT: Let him finish.

22 MR. DOUGHTY: I'm sorry.

23 THE WITNESS: I feel as though it's okay to
24 defend yourself if I feel that I was in fear of my
25 life, and if I was in fear of being hurt, yes. I

1 felt it was okay for me to do that.

2 Q. (BY MR. DOUGHTY) So somebody was following
3 you back inside the house? Was somebody following
4 you back inside the house when you went and got the
5 gun?

6 A. No.

7 Q. So there was no one near you, was there?

8 A. No. No.

9 Q. So when you came back out of the house with a
10 gun there was somebody near you?

11 A. Phillip.

12 Q. Besides Phillip. Somebody was threatening
13 you?

14 A. No. No.

15 Q. Okay. So why did you go in the house and
16 retrieve the gun?

17 A. Because I wanted everybody to leave my yard.

18 Q. Okay.

19 A. That's right.

20 Q. So if someone has to get shot to leave your
21 yard then so be it?

22 A. If someone decided that they wanted to stay in
23 the yard and they wanted to do whatever they wanted
24 to do when I'm asking them to leave, I don't know
25 what's going to happen.

1 Q. So in your mind it's okay to shoot somebody if
2 they don't leave your yard?

3 A. No. It's not okay to shoot somebody if they
4 don't leave your yard. In my mind it's okay to
5 protect myself if I feel that they --

6 Q. So if --

7 MR. CURRY: Your Honor. Your Honor.

8 THE WITNESS: Why do you keep asking me the
9 same thing?

10 MR. CURRY: Your Honor. Your Honor. Your
11 Honor, objection. My objection is -- I don't mind
12 Attorney Doughty asking him the questions, but he's
13 entitled to give an answer. He's over talking him so
14 he's not letting his answer be complete. I'm sure
15 the Court Reporter is probably wondering about it.

16 THE COURT: I want to --

17 MR. DOUGHTY: I'm sorry, Your Honor.

18 THE COURT: Mr. Doughty --

19 MR. DOUGHTY: Yes, sir.

20 THE COURT: Just let him finish.

21 MR. DOUGHTY: Yes, sir.

22 THE COURT: Then get your question out.

23 MR. DOUGHTY: Yes, sir.

24 THE COURT: He's trying to answer the question
25 fully and completely.

1 MR. DOUGHTY: All right. Yes, sir.

2 Q. (BY MR. DOUGHTY) So my question to you, sir,
3 is, if no one is bothering you when you went inside
4 the house, when you're walking along the side -- when
5 you retrieved the gun, when you came back outside
6 walking towards the front, who are you protecting
7 yourself against?

8 A. I just had it for my protection, period. I
9 was already assaulted. If I'm already assaulted and
10 I'm already bleeding, I don't have to have a specific
11 person to protect myself against. All I'm just doing
12 is protecting myself, period, because I was already
13 assaulted is what I'm saying to you, sir.

14 Q. Okay. So anybody who gets in the way is free
15 game to you is what you're saying?

16 A. Anybody that's trying to do bodily harm to me,
17 I'm going to have to protect myself against them is
18 what I'm telling you.

19 Q. Okay. Tell me who was trying to do bodily
20 harm to you when you were walking into your house to
21 get the gun. Who was trying to do bodily harm to you
22 at that point?

23 A. The bodily harm was already done.

24 Q. Okay. But at that particular time -- like you
25 said, everything was already over. It was already

1 done. So at that particular time who was trying to
2 do bodily harm to you?

3 A. Nobody.

4 Q. When you were walking down the side of the
5 house with the gun, who was trying to do bodily harm
6 to you?

7 A. Well, at this point I'm not aware of who is
8 trying to do bodily harm to me. The only thing that
9 I'm trying to do at this point, sir, is to clear my
10 yard. That's all I'm trying to do. I'm not trying
11 to keep nobody from doing bodily harm because I don't
12 think that's going to happen. I'm just trying to
13 clear my yard. I want everybody to leave.

14 Q. All right. Okay. Let me ask you this,
15 Mr. Shuler, you said that you don't find anything
16 wrong with what you did?

17 A. I mean, I'm sorry that it happened, of course,
18 yes.

19 Q. Okay.

20 A. But at the time that it happened I was afraid.
21 I was fearful, so what I did was I reacted according
22 to the situation and my fear.

23 Q. Okay. So you felt that your actions were
24 justified?

25 A. Yes, sir.

1 Q. Then why did you leave the yard?

2 A. Because I was in shock. I've never shot
3 nobody before. Have you? Have you ever shot
4 somebody?

5 Q. That's --

6 A. I'm asking you a question.

7 THE COURT: No. No. No. Mr. Shuler, this is
8 not Mr. Doughty's day to answer questions. This is
9 your day to answer questions.

10 THE WITNESS: Your Honor, all I'm saying is
11 I've never shot somebody before. It's not like I go
12 around shooting people, so I know exactly what to do
13 once you shoot somebody or what my mental state is
14 going to be because it's never happened before. It
15 wasn't planned. So I mean, I'm in a fog, you know?

16 THE COURT: I understand.

17 THE WITNESS: I'm walking down the street. I
18 just walked off. I was walking down the street with
19 the gun in my hand, and I'm just walking. So when
20 the officer approached me I had the gun in my hand.
21 I tossed the gun. I didn't want to get caught --
22 have a gun in my hand with the police. They just
23 told me to come here. They got the gun. They put me
24 in the car, and they took me to jail.

25 Q. (BY MR. DOUGHTY) Okay. Well, let me ask you

1 this, Mr. Shuler, if you felt nothing was wrong, not
2 only did you leave the scene, you even tossed the gun
3 into the marsh, didn't you?

4 A. I tossed the gun when I saw the police. Yes,
5 sir, I did.

6 Q. Okay. But why would you do that if everything
7 is so justified?

8 A. Because I didn't want to -- do you want me to
9 answer the question?

10 Q. Yes, sir.

11 A. Because I didn't want to get shot with a gun
12 in my hand or for them to say, He's got a gun. What
13 the heck was I supposed to do? You would toss it,
14 too. At least I got rid of the gun. I didn't want
15 to hold it. I wasn't going to point it at him. The
16 best thing for me to do is to get rid of the durn gun
17 and let them see that I wasn't a threat to anybody.

18 Q. Well, answer me this, Mr. Shuler, why -- if
19 everything was justified -- you still haven't
20 answered this -- why did you leave the house?

21 A. Like I said, I was in shock.

22 Q. Okay. So you were in shock?

23 A. YEAH. Absolutely.

24 Q. And you have all these broken bones and all
25 this, but you're able to go inside the house, get a

1 gun, walk up here, shoot, run away from the scene?

2 A. Walk away, yes. Absolutely.

3 Q. And throw a gun away, but you're in such
4 physical distress?

5 A. Yes. Absolutely.

6 MR. DOUGHTY: Court's indulgence, Your Honor?

7 Q. (BY MR. DOUGHTY) You didn't see anyone at the
8 house, including Mr. Singletary, with any type of
9 weapon, did you?

10 A. I don't know whether they had a weapon or not.

11 Q. Okay. So you didn't see any?

12 A. No. I --

13 MR. CURRY: Objection, Your Honor. He didn't
14 testify. He asked him a question. He gave him an
15 answer and said, You didn't see it? He said, I don't
16 know. So he can't go back and testify for him,
17 Judge.

18 MR. DOUGHTY: I asked him whether he saw
19 anybody.

20 MR. CURRY: He said he didn't see anybody. So
21 he said you didn't see anybody. You can't testify
22 for him. He asked and he answered.

23 MR. DOUGHTY: Your Honor, it was a question.

24 THE COURT: All right. Do you want to restate
25 the question?

1 MR. DOUGHTY: Yes, sir.

2 THE COURT: All right.

3 Q. (BY MR. DOUGHTY) At the scene, you said that
4 you had at your house at different points you
5 retrieved a knife and you retrieved a gun, correct?

6 A. That's correct.

7 Q. And you didn't see anyone else with a knife or
8 a gun?

9 A. I don't know who had a knife or a gun. No, I
10 didn't see it, no. I didn't see it, no.

11 Q. Okay. All right. Now, in your testimony you
12 said that Sheldon was here at the front porch?

13 A. I said --

14 Q. -- or on the front porch?

15 A. I said when I came down the side of the house
16 somebody leaped from over the banister toward me, and
17 I raised the gun and shot one time. I don't know
18 where Sheldon was. I didn't know where anybody was
19 at. All I know is I was walking from the side of the
20 house to go to my gate, to open the gate, and tell
21 everybody to get the hell out of my house, out of my
22 yard.

23 That go to my intention. Who was where I
24 don't know. I can't say who was where. All I know
25 is where I was at and what I was -- what I was trying

1 to do. That's all I can tell you. I can't tell you
2 anything other than that.

3 Q. And you also said that Sheldon, when he
4 left -- you said he had left after your altercation?

5 A. I didn't see him, so I assumed he left.

6 Q. But you don't know where he went?

7 A. I don't know.

8 Q. And when you shot the person on the porch, you
9 later discovered it was him?

10 A. I didn't shoot the person on the porch. I
11 shot the person leaping over the banister from the
12 porch, not on the porch. The person was shot in the
13 air and landed on the ground. That's why there was
14 no blood anywhere. Anywhere. That's what I'm
15 saying.

16 Q. All right. Well, let me ask you another way.
17 He was in the front of the house?

18 A. I don't know where he was at. Like I just
19 said, it was determined after he got shot that he was
20 in front of the house. Before that I don't know
21 where he was at. I couldn't even tell you because I
22 didn't see him, so I can't assume that he was in
23 front of the house.

24 Q. Well, let me ask you this: You can't assume
25 that? When you shot him and he landed on the ground,

1 that was in front of your house, correct?

2 A. That was in my yard, right. Absolutely.

3 Q. So that means he was in front of the house?

4 A. Well, it turns out that he was leaping off the
5 banister is where he was at.

6 Q. Okay.

7 A. That's where it turned out he was.

8 Q. Okay, Mr. Shuler. So if he was in front of
9 the house when you shot him and you don't know --

10 A. I wasn't in front of the house. I didn't say
11 that.

12 Q. You're not even listening to my question, sir.

13 A. You're asking me -- you said, if I was in
14 front of the house --

15 Q. Sir, let me finish the question. Okay?

16 THE COURT: Go back and restate the question.

17 MR. DOUGHTY: Okay.

18 Q. (BY MR. DOUGHTY) What I'm asking you is, you
19 found out from when you shot him that he was in front
20 of the house?

21 MR. CURRY: Objection. Asked and answered.

22 MR. DOUGHTY: No.

23 THE COURT: I think he's trying to pin him
24 down on a particular point. I'm going to give you
25 some leeway on that. All right?

1 MR. DOUGHTY: Okay.

2 THE WITNESS: So what now?

3 Q. (BY MR. DOUGHTY) when you shot him you found
4 out he was in the front part of your house?

5 A. When I shot him I realized, like I said, that
6 he jumped over the rail, over the banister, and I
7 turned my head. I don't know. All I know is I
8 turned my head and fired the gun. That's what
9 happened. I don't know whether he was in front of
10 the house. Apparently he was somewhere if he ended
11 up on the ground shot. He had to have been
12 somewhere.

13 Q. In front of the house?

14 A. That's apparent, yes. Wherever. In front of
15 the house, by the side of the house. He wasn't
16 walking with me, and he wasn't in my view is what I'm
17 trying to tell you.

18 Q. My point, sir, is you said he left and he came
19 back. You said that earlier, correct?

20 A. Correct.

21 Q. Well, if you didn't know where he went you
22 can't say that he came back, can you?

23 A. Well, just like you said, if he was on the
24 ground apparently he had to come back. He did come
25 back. I can't say -- it's obvious that he came back

1 if he was on the ground. If he's on the ground shot,
2 I don't have to say he came back. You can see that
3 he came back.

4 Q. When did he leave? When did he leave?

5 A. Sir, I don't know if he left.

6 Q. And you don't know whether he was waiting on
7 Ms. Morris to bring him his items, do you?

8 MR. CURRY: Objection, Your Honor. Calls for
9 speculation.

10 THE COURT: He can ask him that. It's
11 cross-examination.

12 THE WITNESS: I have no clue of what -- what
13 was going on. I have no idea of any of that.

14 Q. (BY MR. DOUGHTY) So what I'm saying is, you
15 don't know whether he was waiting there for Ms.
16 Morris to bring him his things?

17 A. I don't know anything about Ms. Morris and
18 what they were doing. I have no clue what they were
19 doing. No.

20 MR. DOUGHTY: Nothing further, Your Honor.

21 THE COURT: Mr. Curry?

22 EXAMINATION

23 BY MR. CURRY:

24 Q. Mr. Shuler?

25 A. Yes, sir.

1 Q. Your eye was crushed, the orbit on the side,
2 correct?

3 A. Correct.

4 Q. You're bleeding, correct?

5 A. Yes.

6 Q. You've got two cracked ribs, correct?

7 A. Correct.

8 Q. You're bleeding, correct?

9 A. Correct.

10 Q. You're in fear of your life; is that fair to
11 say?

12 A. That's correct, yes.

13 Q. You're just going down -- you don't know who's
14 friend or foe, do you?

15 A. No. Not at this point.

16 Q. All right. And is it your testimony today
17 still that whoever jumped out at you jumped at you in
18 a menacing way?

19 A. Yes, absolutely.

20 Q. And were you in fear of your life?

21 A. Yes, I was.

22 Q. You thought you were getting ready to be
23 attacked again?

24 A. Yes, sir.

25 Q. You fired out of reflex?

1 A. Right.

2 Q. And out of defense of yourself?

3 A. Right.

4 Q. Do you think that was reasonable?

5 A. Yes, it was.

6 Q. You were in imminent harm?

7 A. Yes.

8 Q. And you were on your property?

9 A. I was.

10 MR. CURRY: No further questions.

11 EXAMINATION

12 BY THE COURT:

13 Q. Mr. Shuler, I want to take you from the time
14 you got the gun. There's been testimony that the gun
15 was in your bedroom, and it was upstairs. Is it an
16 upstairs/upstairs or just a couple of steps up.

17 A. Six steps.

18 Q. Six steps up. And is it near that back door?

19 A. Yes.

20 Q. All right. And then the other testimony
21 earlier today -- I'm just trying to confirm -- there
22 was a tent or something outside; is that correct?

23 A. Yeah. There was like -- you know one of those
24 10 by 10 pop-up tents just to keep the sun off you.
25 That's all, yes.

1 Q. I'm with you. And that was in the side yard
2 or the backyard? Would it be outside the door?

3 A. Outside the door, yes.

4 Q. So that's where people had congregated, right?

5 A. Yes, right.

6 Q. So you came back down the stairs with the gun
7 in your hand?

8 A. Right.

9 Q. Are you right-handed or left-handed?

10 A. Right-handed.

11 Q. You had the gun in your right hand?

12 A. Yes, sir.

13 Q. You asked some people to leave. Were they
14 still under the tent when you came out?

15 A. No. No. They weren't.

16 Q. They had gone on?

17 A. They were somewhere just mingling around. I
18 was just -- come on let's get out of here, all of
19 you-all.

20 Q. And then when you drew the diagram of yourself
21 had you made it to the front of the house, or were
22 you still on the side of the house?

23 A. I was -- see, this is the house and the porch
24 and this is me coming down there (indicating) right
25 at the point of where I couldn't see anything until I

1 got to that point. It was like a blind spot is where
2 I was at at that point. In my peripheral I saw --
3 you know, you can see something coming at you even if
4 you aren't looking directly at it just by -- I don't
5 know. I just know something jumped out at me.

6 Q. Okay. And when did you first see Sheldon
7 Singletary on the ground?

8 A. When I raised the gun and shot it and then I
9 saw him fall (indicating) to the ground.

10 Q. Did he fall onto his back?

11 A. Face first (indicating).

12 Q. Face up?

13 A. Face down.

14 Q. He fell face down?

15 A. Right.

16 Q. All right. And then shortly after that you
17 left, you walked off?

18 A. Yeah. I'm in a fog now. I just walked. I
19 have the gun in my hand and I'm walking. I walked
20 out of my yard. There's a little path right there.
21 I just walked to the empty lot and walked through the
22 little path and I'm just walking down the street. I
23 was in like a big, grassy area. It looked like
24 everything was just -- I saw the police pull up on me
25 and asked me who I was and then I threw the gun. I

1 had a gun in my hand. I'm not going to take no
2 chance with this gun in my hand.

3 Q. So you did not go back to the house? The
4 police put you in the cruiser?

5 A. And took me to the jail.

6 Q. Took you to jail, and then from the jail you
7 went to the emergency room? Which one did you go to?

8 A. MUSC.

9 Q. Okay.

10 A. I have records.

11 Q. How were long were you there before they took
12 you back to the jail?

13 A. After they examined me -- I don't know. I
14 might have been -- at the emergency room?

15 Q. Yes, sir.

16 A. I would say an hour. I don't know for sure.
17 It was late.

18 Q. I've got you. Okay. About what time was it
19 that the police came?

20 A. It was -- it wasn't dark.

21 Q. All right. It was April and it wasn't dark
22 yet?

23 A. Yeah. It wasn't dark yet.

24 THE COURT: That's good. That's all the
25 questions I've got. If you-all have anything to

1 follow-up you certainly may. Mr Doughty?

2 EXAMINATION

3 BY MR. DOUGHTY:

4 Q. Let me ask you something, Mr. Shuler. Which
5 one of your orbital bones do you claim was broken?

6 A. I think it was the right one. I have the
7 medical record. It will show you which one.

8 Q. So it was your right eye?

9 A. I'm sure it was.

10 Q. Okay. So you're walking down the side of the
11 house and you're looking at the porch over here. How
12 were you able to see him if your -- how were you able
13 to see somebody jumping out at you out of your
14 peripheral?

15 A. I can't tell you. All I know is I saw it. I
16 mean, I can't tell you how I saw it. I saw it.
17 Either I saw it or I didn't see it. I'm letting you
18 know I saw it.

19 MR. DOUGHTY: Okay. Nothing further.

20 MR. CURRY: Nothing further, Your Honor.

21 THE COURT: Very good. Mr. Shuler, you can
22 step down.

23 (Witness excused.)

24 MR. CURRY: Court's indulgence just one
25 moment?

1 THE COURT: Yes.

2 MR. CURRY: Judge, I call to the stand
3 Ms. Eleanor Mack.

4 ELEANOR MACK,

5 being first duly sworn, testified as follows:

6 THE COURT: I want you to give me your full
7 name and address, please.

8 THE WITNESS: Eleanor Delores Mack,
9 2315 Odessa Street, Charleston, South Carolina,
10 29405.

11 THE COURT: Thank you, ma'am. All right.

12 EXAMINATION

13 BY MR. CURRY:

14 Q. Ms. Mack, your house is located in -- how
15 close to Mr. Shuler's house?

16 A. Well, actually -- it's right across the street
17 actually. At that time I didn't have all those trees
18 I have now. I could look directly over there.

19 Q. All right. You recall April 19, 2012,
20 correct?

21 A. Yeah.

22 Q. Tell the Judge what you heard and what you
23 saw.

24 A. Well, actually, I was sitting on the porch
25 that morning. I saw when Sheldon came. See, when

1 Kelvin has company, I have an empty lot right next to
2 him and everybody likes to park there. I'm always
3 telling them, if I'm out there, park where you're
4 going at, which is not that empty lot, you know.
5 Whatever house you're going to, that's where you park
6 at. So I told Sheldon that. He laughed it off and
7 went and parked.

8 Q. Okay.

9 A. So then I sat there for a while. Everybody
10 was bringing bags. Bags were just coming. So I
11 guess everybody was bringing what they drink. I
12 don't know.

13 Q. Okay. And --

14 A. I got kind of tired of that, and I went in the
15 house.

16 Q. Okay.

17 A. I'm always turning my TV down real low because
18 I'm nosey. I like to know what's going on around me.
19 So then I decided I wanted some fish, so I was in the
20 kitchen cleaning the fish. I heard all this noise.
21 All I could hear -- I heard Kelvin's mouth, and I
22 know I heard his mouth because I know his voice
23 because I've been living by him for many, many years.

24 Q. Okay.

25 A. I heard him say, Get out of my yard. You-all

1 get out of my yard. Get out. Get out. And I ran to
2 the door, and I hollered across the street. I asked
3 what was going on. At that time after I hollered out
4 the door I remembered I had the fish on the stove, so
5 then I ran back. In the process of running back I
6 fell over -- I got tripped and fell over something.
7 I turned the fish off.

8 As I was in the kitchen I heard the gunshot,
9 so now I'm really running back outside. So when I
10 got out there I saw Kelvin walking away from where
11 Sheldon was. Sheldon was laying -- it was like right
12 at the front of the banister. He wasn't directly in
13 front of the house. It's like the house is here and
14 the porch is here (indicating). He fell on the
15 ground right there by the porch on the side. That's
16 where I saw him at when I came outside.

17 Q. So you saw him right there on the side of that
18 banister --

19 A. Yeah. That's the way I saw him.

20 Q. -- on the side of the house, right?

21 A. When I looked over there that's where he was.

22 Q. He was on the side of the house, correct?

23 A. Well, when you're walking on the side -- it
24 wasn't directly in the front of the house. It was on
25 like -- you're walking on the side of the house and

1 the banister is right here, he was right here on the
2 ground (indicating).

3 Q. Okay. Is there anything else you would like
4 to tell the Judge?

5 A. No. That's basically it.

6 MR. CURRY: Okay. Please answer any questions
7 His Honor or Mr. Doughty may have of you.

8 MR. DOUGHTY: May I proceed, Your Honor?

9 THE COURT: Yes.

10 EXAMINATION

11 BY MR. DOUGHTY:

12 Q. Ms. Mack, how long have you been neighbors
13 with Mr. Shuler?

14 A. Oh, a long, long, long time. I remember when
15 Kelvin was a baby.

16 Q. Okay. Are you-all related in any way?

17 A. Well, yeah.

18 Q. How are you related?

19 A. He's my cousin.

20 Q. Okay. He's your cousin. Okay.

21 A. Of course. Nobody never asked that, but
22 that's what he is.

23 Q. Okay. So you're not going to come in here and
24 say anything against Kelvin, are you?

25 A. First of all, let me get you straight. I came

1 in here to tell the truth, whether it's my cousin,
2 whether it's you, whether it's anybody. That's how
3 that is.

4 Q. All right.

5 A. So let's keep it real here.

6 Q. Okay.

7 A. I'm not going to come in here and lie for
8 nobody.

9 Q. Okay.

10 A. Okay then.

11 Q. Well, let me ask you this?

12 A. What?

13 Q. You said you saw Kelvin walking away from
14 Sheldon, correct?

15 A. When I came -- when I heard the noise outside
16 I came outside. I wanted to know what was going on.
17 When I saw Kelvin walking away from Sheldon, he had
18 already been shot on the ground.

19 Q. Right. So he didn't stick around. He was
20 walking away from Sheldon?

21 A. He was walking away. Yeah, he was.

22 Q. And you didn't -- you said you heard the
23 noise. Did you see the actual shooting?

24 A. No, I didn't say that.

25 Q. I'm asking --

1 A. No. I'm going to repeat it again.

2 Q. Okay. Go ahead.

3 A. When I heard all of the noise I came outside.
4 I was hollering across the street, What's going on?
5 I was cooking some fish, and I lost track of that.
6 Then I remembered, oh, I'm cooking the fish. I ran
7 back in the house and I tripped over my chair. As I
8 got back in the kitchen I heard the shot. That's
9 what I said.

10 Q. Okay. My question was: But you didn't see
11 it, you just heard the shot?

12 A. I never said I saw it. No, I did not.

13 Q. All right. You just heard the shot?

14 A. That's what I said.

15 Q. And you saw Mr. Shuler walking away?

16 A. As I got outside, and I hollered across the
17 street -- I asked him what was going on. I saw him
18 walking back, not out to -- walking back toward, I
19 guess, the door, you know?

20 Q. Okay.

21 A. That's where I saw him at.

22 MR. DOUGHTY: No further questions,
23 Your Honor.

24 THE COURT: Anything?

25 MR. CURRY: No questions.

EXAMINATION

BY THE COURT:

Q. Ms. Mack, did you know Sheldon Singletary as well?

A. Actually, I didn't know him, but I had seen him several times over there.

Q. Okay. Oh, so you had seen him over there?

A. Yes.

Q. Did you see him that day before he was shot?

A. The day of the day he was shot?

Q. Yes, ma'am.

A. Yes, I did.

Q. And when did you last see him before you found out he was shot? Where was he when you last saw him?

A. Oh, I don't remember this. People have been in the yard -- before he got shot?

Q. Yes, ma'am.

A. I recollect when he was coming down the street in the car and I told him, Oh, don't park over there. I talked to him then, and then the next time I remember -- I probably saw him in the midst of all the people out there, but I can't say that.

Q. Let me ask you this, let me be specific. When the commotion was going on, when you heard all the raised voices and the commotion going on at

1 Mr. Shuler's house, did you see Mr. Singletary at
2 that time?

3 A. Oh, I saw many people. I can't say I just saw
4 him because I saw a lot of people out there. Then I
5 only stayed out there for a few seconds and went back
6 because my fish was burning.

7 Q. I understand that.

8 A. Yeah.

9 Q. But in that lot of people, do you remember
10 seeing Mr. Singletary or not?

11 A. I can't say exactly if I did or not.

12 THE COURT: Okay. I'm with you. Thank you,
13 ma'am. That's all I've got.

14 THE WITNESS: That's it?

15 THE COURT: That's it. May she be excused?

16 Mr. CURRY: Yes, Your Honor.

17 MR. DOUGHTY: No objection.

18 THE COURT: Thank you, Ms. Mack. You can come
19 down now.

20 (Witness excused.)

21 THE COURT: Anything further?

22 MR. CURRY: Defense rests, Judge, and we would
23 like to renew our motion.

24 THE COURT: All right. Very good. Just one
25 second.

1 MR. CURRY: Sir?

2 THE COURT: Just one second. So Defense
3 renews his Motion for the Directed Verdict?

4 MR. CURRY: Yes. Correct, Your Honor.

5 THE COURT: I'm still going to deny the
6 motion. I think it's still an open question for the
7 Court. Mr. Doughty, anything in reply?

8 MR. DOUGHTY: No, sir.

9 THE COURT: Okay. Very good. So the evidence
10 is in. Folks, I know that this has got to be a tough
11 case, and the tough cases have got to go to trial.
12 That's what happens. Okay?

13 I think it's a sad day that we're here, and
14 I'm sure it was a sadder day on April 19th, 2012. I
15 have no doubt about that. I would like to spend some
16 time thinking about this, looking at some of the
17 bills and the medical records.

18 I think -- Mr. Doughty, did you intend to put
19 forth any Attorney's Fees Affidavit or anything like
20 that? Was that part of your plan or not?

21 MR. DOUGHTY: No, sir.

22 THE COURT: That's fine. That's fine. So
23 here's what I've got to wrestle with. Let me tell
24 you-all -- this is how I decide these cases. If I'm
25 not clear on the law and the facts, I'm not going to

1 give you a ruling today. So what I like to do is I
2 take them under advisement.

3 I'm going to ask you-all to send me proposed
4 orders. Okay? Here's what I need to address, what I
5 need you-all to talk about in the order. Okay? From
6 the Plaintiff's perspective I've got three causes of
7 action. I've got the wrongful death, which we've
8 gone into great detail about. We have the survival
9 action, which is contingent upon conscious pain and
10 suffering. Okay? That's an issue in dispute.
11 Plaintiff's contention is he was conscious, would
12 have had pain and suffering right up until sometime
13 late in the evening of the day he was shot. I
14 understand that from the Plaintiffs. The Defense
15 standpoint is it terminated when he hit the ground,
16 right?

17 MR. CURRY: Yes, Your Honor.

18 THE COURT: The other one is negligence. I'm
19 going to keep the negligence around. I'm not sure
20 that that's what's going to be what decides this
21 case. I mean, it sounds to me like it's a wrongful
22 death case and a survival action case, but it's a
23 cause of action, and I'm going to allow it to stand
24 for now.

25 Here's where the Court has got to do some real

1 wrestling in this case. Okay? That is as to the
2 Defense's and in particular as to the claim of
3 essentially immunity. Okay? All right? That is
4 16-11-450. Mr. Curry brought this up earlier today.
5 It does provide for immunity both in criminal and
6 civil actions for the use of deadly force. It
7 provides a criteria.

8 So under (a) a person who uses deadly force as
9 permitted by the provisions of this article is
10 justified in using deadly force and is therefore
11 immune from criminal prosecution and civil action for
12 its use, both criminal and civil. In Paragraph C it
13 does then provide for attorney's fees, costs, and
14 loss of compensation, but Section 430 is what gives
15 the definitions. Section 440 is the presumption, the
16 presumption of reasonable fear of imminent peril when
17 using deadly force.

18 Under (a) a person is presumed to be in
19 imminent fear when the persons against whom the
20 deadly force is used is in the process of unlawfully
21 and forcefully entering or has unlawfully and
22 forcefully entered a dwelling, residence or vehicle.
23 The only evidence I've seen in the record is that
24 Sheldon Singletary was invited into the house, so I
25 don't find any forcible entry under(a)(1).

1 Under (a) (2) a person who uses deadly force
2 knows or has reason to believe that unlawful and
3 forceable entry or unlawful and forceable act is
4 occurred or has occurred. That's the one that the
5 Court is going to have to wrestle with. Okay? So
6 (a) (2) of Section 16-11-440 is I think the legal --
7 it talks about the legal defense and whether or not
8 there's immunity in this case.

9 (b) then takes that away. Presumption does
10 not apply if -- I'm not sure any of those qualify
11 here. I think you-all need to look into that. All
12 right?

13 MR. DOUGHTY: Your Honor, I --

14 THE COURT: There seems to -- let me just say
15 this. There seems to be no question but that the
16 Defendant, Mr. Shuler, pulled the trigger which
17 resulted in the death of Sheldon Singletary. That
18 does not seem to be in dispute whatsoever. What the
19 dispute is is whether or not it's just -- if it was
20 criminal it would be justifiable. Under this
21 statute, which there's been a lot of litigation on
22 this statute -- I think you-all are well aware of
23 that -- is whether or not there's immunity under the
24 circumstances as presented. Okay?

25 Mr. Doughty, go ahead.

1 MR. DOUGHTY: Your Honor, you kind of rambled.

2 (b) -- I didn't hear what you said.

3 THE COURT: I just don't think it applies.

4 (b) of 440, I don't think any of those factors in
5 there apply, so if the immunity provision applies,
6 the way I read this statute, it's only going to be
7 under 16-11-440 (a)(2). I'm trying to get you-all to
8 narrow the focus on whether or not it applies. I
9 know from the Plaintiff's perspective it does not. I
10 know from the Defendant's it does. That's what I
11 need you-all to focus your analysis of the factual
12 inquiry on in your presentation of orders. Okay?
13 That's what I'm trying to get you-all to focus in on.
14 That's what I've got to wrestle with.

15 I've got one witness that says he's shot on
16 the porch and fell on the ground. The other one
17 says -- the Defendant says he leaped at him from the
18 porch. Okay? That's what I've got to wrestle with.
19 All right?

20 MR. CURRY: Thank you, Your Honor.

21 THE COURT: All right. I want to thank
22 you-all for being civil with one another and peaceful
23 in the Courtroom. I know this is difficult. I think
24 you-all have each done a tremendous job for your
25 clients, and I appreciate that. I think you've done

1 a good job. I'm going to have to make a decision.

2 Okay?

3 MR. DOUGHTY: When are these --

4 THE COURT: I would like the orders within
5 30 days, and it's my goal to give you an answer
6 within 30 days of that. Okay?

7 MR. CURRY: Thank you, Your Honor.

8 THE COURT: So it's basically the end of
9 March. If you-all will give me that by the end of
10 April I can definitely get you an answer by the end
11 of May.

12 MR. CURRY: May we approach not related to the
13 matter?

14 THE COURT: Sure.

15 (The proceedings were concluded at 3:37 p.m.)
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21
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23
24
25

1 State of South Carolina)
2 County of Charleston) C E R T I F I C A T E
3

4 I, Christine A. Smith, Court Reporter and
5 Notary Public for the State of South Carolina at
6 Large, do hereby certify that the foregoing
7 transcript is a true, accurate, and complete record.

8 I further certify that I am neither related to
9 nor counsel for any party to the cause pending or
10 interested in the events thereof.

11 Witness my hand, I have hereunto affixed my
12 official seal this 14th day of September, 2018 at
13 Charleston, Charleston County, South Carolina.
14
15
16
17

18 Christine A. Smith
19 Notary Public
20 My Commission Expires
21 May 12, 2021
22
23
24
25

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Further, I hereby certify that the copies of records attached hereto are true and accurate copies of the records, RE:

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"CONSENT"
AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND
FOR PERFORMANCE OF OPERATIONS AND OTHER
PROCEDURES

Form Origination Date: 1/00
 Version: 7

Page 1 of 2

Version Date: 07/07



P:496951732 DOB:09/10/1969 U M
 SINGLETARY
 SHELTON
 Adm:04/19/12 M:2673589

Patient Name
 MRN

PATIENT IDENTIFICATION LABEL

1. I authorize the performance upon SINGLETARY SHELTON of the following
 operation / procedure: ESOPHAGECTOMY

(Description of operation or procedure in layman's language / Medical description of operation or procedure)

for the preoperative diagnosis of Gastric Ulcers to the Abdomen
 to be performed under the direction of Dr(s). Open

and / or such associates, partners, assistants, or designees as may be selected by him to perform such operation / procedure. I understand that the individuals participating in my operation / procedure are physicians who are in approved medical residency training programs or are nonphysician skilled healthcare providers. All individuals participating in my operation / procedure are under the direction of Dr(s).
 I understand that my primary physician for this operation / procedure will decide who should participate and in what manner at the time of my operation / procedure and that this decision will be based upon my condition and needs at the time of the operation / procedure and who is available to meet those needs. Other individuals may perform important parts of the operation / procedure such as opening and closing, harvesting grafts, dissecting or removing tissue, altering tissue, or implanting devices.



- I recognize that during the course of the operation / procedure, unforeseen conditions may necessitate additional or different procedures or services than those set forth above, and I further authorize and request that the above-named surgeon and / or his / her associates, partners, assistants, or designees perform such procedures that are, in his / her (or their) professional judgment, necessary and desirable.
- I consent to the disposal by hospital authorities of any tissue or members, which may be removed during the course of the operation. I further give my consent for the hospital authorities, at their discretion, to save for research and educational purposes all or part of the tissue or specimens normally thrown away. I understand that the tissue or specimens saved will not be linked to my name or any other identifier that could be traced to me. If you do not give permission for any removed tissue or specimens to be saved, strike through this paragraph and initial to the left of the paragraph.
- For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures) and the preparation of drawings and similar illustrative graphic material. I also consent to the use of such photographs and other materials for scientific purposes.
- The nature, proposed and possible consequences of the operation / procedure, possible alternative methods of treatment, the risks involved and the possibility of complications including those listed below, and the potential problems that might occur during recuperation have been fully explained to me. Although we have discussed the potential likelihood of success, no guarantees or assurances have been made or given by anyone as to the results that may be obtained.

Patient initials SS / Physician initials SP

all_all_consent_surgicalconsent

OTE 700034 Rev. 07/07



"CONSENT"
AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND
FOR PERFORMANCE OF OPERATIONS AND OTHER
PROCEDURES

Form Origination Date: 1/00
Version: 7

Page 2 of 2

Version Date: 07/07

Operation / Procedure (from page 1):

Emergency Laparotomy



P:496951732 DOB:09/10/1989 U M

SINGLETARY

SHELTON

Adm:04/19/12 M:2673589

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

6. I understand and consent to blood transfusion and / or blood products if needed before, during and after my surgery until discharge. I acknowledge that my doctor's explanation included the reasonable benefit and potential risks that I have been told can occur with transfusion of blood and / or blood products such as hepatitis, AIDS, cytomegalovirus (CMV), hemolytic reactions, and fluid overload. ☐ N/A

7. I consent to the administration of such anesthetics as may be considered necessary or advisable by the Anesthesiologists, Certified Registered Nurse Anesthetists (CRNA), and others assisting with the anesthesia process. Prior to the procedure I will have the opportunity to discuss my plan of anesthesia care in detail with the Anesthesia care provider of such service with the exception of: _____

(State exception or write "none")

8. The nature, proposed and possible consequences of the anesthesia / moderate sedation, possible alternative methods of treatment, the risks involved and the possibility of complications have been fully explained to me. No guarantees or assurances have been made or given by anyone as to the results that may be obtained.

I, THE UNDERSIGNED, HAVE HAD THIS FORM EXPLAINED TO ME AND FULLY UNDERSTAND THE CONTENTS OF THIS AUTHORIZATION.

Witness

Patient or authorized person

Witness for telephone consent

Relationship

Physician obtaining consent

Pager ID

Date

Time

AM/PM

all_all_consent_surgicalconsent

OTE 700034 Rev. 07/07



MUSC Health



DEATHPRGNT

Death Note

Page 1 of 3

Form Origination Date: 10/08

Version: 4

Version Date: 10/11



P:496951732 DOB:09/10/1969 U M

SINGLETARY

SHELTON

Adm:04/19/12 M:2673589

Patient Name

MRN

PATIENT IDENTIFICATION LABEL

ALL STARRED (*) ELEMENTS OF THIS FORM MUST BE COMPLETED

***Called to Bedside:**

by Nursing

reason: Hypotension

***Exam (check all that apply):**

- ☒ patient unresponsive to verbal or tactile stimuli
- ☒ no carotid pulse
- ☒ absence of spontaneous respirations confirmed by inspection and auscultation
- ☒ absence of heart sounds confirmed by auscultation
- ☐ Brain death (use Brain Death Evaluation Form - [Link](#))

***Pronouncement of Death:** (date / time at which assessment is completed - this is the official time of death)

Date: 04/20/2012 Time: 12:16 X am/pm

***Suspected Cause of Death:** (Be specific, not generic. For example: myocardial infarction due to coronary atherosclerosis. Not cardiac arrest)

Cardiopulmonary arrest secondary to hypovolemic shock secondary to gunshot wound to the abdomen

***Notification: (Specify who did notification, person(s) notified, date, and time)**

1. Family / Next of Kin (name) Stacey Singletary
(relation) Wife notified by: myself
on (date) 04/20/2012 at (time) 12:16am
2. Attending (name & method of notification): Bruce Crookes, MD
3. MUSC Referring Physician (name & method of notification): MUSC ED
4. Community Referring Physician and PCP (name & method of notification): Unknown

***Palliative Care:**

Was patient on palliative care prior to death? ☐ Yes ☒ No

Organ / Tissue Donation: _____

***Death Summary:**

☒ Death Summary dictated by Mary Jordan Pager ID: 15445 Dictation #: 1049307
At time of death: Attending Bruce Crookes Service: Trauma/STICU

***Death Certificate:**

Physician responsible for completing death certificate: Mary Jordan

Physician Signature Mjordan Pager ID 15445 Date 4/20/12 Time 1244 AM/PM
all_all_docu_deathnote OTE 700479 Rev. 10/11



DEATHPRGNT

Death Note

Page 2 of 3

Form Origination Date: 10/08
Version: 4

Version Date: 10/11



P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON

Patient Name Adm:04/19/12 M:2673589
MRN

PATIENT IDENTIFICATION LABEL

ALL STARRED (*) ELEMENTS OF THIS FORM MUST BE COMPLETED

Medicolegal Clearance for Disposition of Decedent

Medicolegal Clearance

Do not talk to the family about an autopsy until you have answered the questions below. If any of the circumstances below apply, you must report the death to the coroner in the county where the underlying injury or incident resulting in death occurred. Permission for autopsy can be sought only if:

- none of the circumstances below apply, or
- if the coroner has been notified and has declined to take jurisdiction, or
- if the coroner has undertaken to sign the death certificate but will allow the hospital pathologists to perform the autopsy.

Contact the morgue attendant (Pager ID 17025) for the name of the appropriate coroner and if assistance with contact/notification is needed. If the coroner cannot be reached, call the morgue attendant.

***Circumstances of death involved: (check all that apply)**

- ☐ Sudden, unexpected, unexplained death
- ☒ Admitted unconscious or death within 24 hours after admission or within 24 hours of an invasive surgical procedure
- ☐ Death related to medical procedure
- ☐ Anesthesia, postanesthesia, in recovery
- ☐ Maternal death during delivery
- ☐ Prisoner, inmate, in custody, or patient in institution
- ☒ Unusual death or suspicion of injury, foul play, violence, or neglect (possible accident, suicide, or homicide)
- ☐ Poison or drug-related death
- ☐ Injury on the job
- ☐ Delayed effect of injury (e.g., pulmonary embolism after hip fracture, post-traumatic seizure, gunshot wound complications)
- ☐ Apparent stillbirth or infant death (gestation $\geq$ 20 weeks) delivering outside of hospital
- ☐ Infant or fetal death due to any of the above, or possible maternal drug abuse or unlawful abortion (excluding legal termination of pregnancy).

***Did death involve any of the above circumstances?**

- ☐ No. Physician may request authorization for a medical autopsy and must complete death certificate (next page)
- ☒ Yes.. Report to Coroner (see below)

☒ **Coroner Notified:**

Contact Numbers: Morgue Attendant: Pager ID 17025
Berkeley County Coroner: 719-4566
Coroner Name: Kimberly Rhoton

Charleston County Coroner: 746-4030
Dorchester County Coroner: 832-0351

Notified by: Mary Jordan Date: 4/20/12 Time: 12:35

- ☒ Coroner agreed to the need for autopsy and accepts jurisdiction – coroner completes cause of death on death certificate
- ☐ Coroner did not agree to need for autopsy and declined jurisdiction – physician may request authorization for a medical autopsy AND must complete death certificate (next page)

Physician Signature M Jordan
all_all_docu_deathnote

Pager ID 15445

Date 4/20/12

Time 1244 AM/PM
OTE 700479 Rev. 10/11



"DEATHPRGNT"

Death Note

Page 3 of 3

Form Origination Date: 10/08
Version: 4

Version Date: Rev. 10/11



P:496951732 DOB:09/10/1969 U M
SINGLETARY

SHELTON

Adm:04/19/12 M:2673589

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

ALL STARRED (*) ELEMENTS OF THIS FORM MUST BE COMPLETED

Medical Autopsy → The physician should request an autopsy based on the College of American Pathologist criteria, which include:

- Inpatient deaths falling under the local / state guidelines for reporting to a medical examiner / coroner jurisdiction that have been reported but subsequently declined for autopsy by that entity.
- Cancer patients in whom there is no prior tissue diagnosis or the source of the primary is unknown.
- Patients dying of internal bleeding - not identified as to source.
- Patients with infections of undetermined type and / or source, including those potentially related to bio-terrorism.
- Transplant patients as well as organ and / or tissue donors.
- Deaths associated with blood component transfusions.
- Patients with a known or suspected therapeutic complication that may have contributed to death (e.g., pharmacotherapy, radiation therapy, chemotherapy, and / or surgical or other invasive procedures).
- Patients who have participated in clinical trials (protocols) approved by institutional review boards.
- Obstetric (maternal and fetal) and pediatric deaths, according to state law.
- Deaths in which there is a known or suspected congenital malformation, genetic disease, syndrome, or undefined metabolic disease.
- Patients with known or suspected environmental or occupational exposures, where the death is believed to be related to that exposure.
- Deaths for which there is no adequate clinical explanation.
- Deaths occurring at any age in which it is believed that an autopsy would disclose a known or suspected illness which may have a bearing on survivors.

Next of Kin: In accordance with SC Code of Laws 44-43-330, there are very specific legal requirements regarding relatives who qualify to give consent for autopsy. The statute requires that the living person with the highest priority rank be the signer(s) of the autopsy consent. This following list is the priority of individuals who may give consent for autopsy and direct disposition of the decedent's remains:

Surviving spouse unless legally divorced, legally separated, or pending a court order for the same. In SC, the partner in common law marriage is considered next of kin. If the deceased was never married, was divorced, or if surviving spouse has been declared incompetent, then,

Adult children (over 21), if none then,

Adult grandchildren (over 21), if none then,

Parents, if none then,

Adult brothers and sisters (over 21), if none then,

All grandparents, if none then,

All adult aunts and uncles, if none then,

All adult cousins, if none then,

All adult stepchildren, if none then,

Relative / Next of kin (in order above) of previously deceased spouse, if none then,

Any relative or friend who assumes custody of the body for burial, if none then,

A person given authority to make health care decisions for the patient by another statutory provision, if none then,

Hospital Administrator, 48 hours after death

Note: If two or more persons assume custody of the body, consent of one of them shall be deemed sufficient, but if this situation occurs, please contact the pathologist before proceeding with autopsy authorization.

*Autopsy:

☐ Autopsy requested and accepted – authorization required

☐ Autopsy requested but denied

☒ Autopsy not requested, reason: Referred to coroner

Physician Signature [Signature] Pager ID 15445 Date 4/20/12 Time 1244 AM/PM
all_all_docu_deathnote OTE 700479 Rev. 10/11

DATE: 04/30/2012
PAGE: 1 OF 1

MUSC Medical Center
DIAGNOSIS AND PROCEDURE SUMMARY

TIME: 12:20 PM

Patient Name: SINGLETARY, SHELDON M MR #: 002673589 PAT #: 496951732

Sex: M Admitted: 4/19/12
Birthdate: 9/10/1969 Discharged: 4/20/12
Age at Admit: 042 LOS: 1 FC: FX
Attending Phys: 003661 CROOKES, BRUCE UB82 Disp: 20

Current DRG: 957 - OTH O.R. PRC MUL SIG TRA W MC CODER ID: LMD
APR-DRG 911 APR-SOI 4 APR-ROM 4

Diagnoses M1 M2 Description

	M1	M2	Description
1.	863.30	Y Y	SMALL INTEST INJ NOS-OPN
2.	868.10	Y	INTRA-ABDOM INJ NOS-OPEN
3.	952.9	Y	SPINAL CORD INJURY NOS
4.	958.4	Y	TRAUMATIC SHOCK
5.	518.81	Y	ACUTE RESPIRATORY FAILURE
6.	902.53	Y	INJURY ILIAC ARTERY
7.	286.9	Y	COAGULAT DEFECT NEC/NOS
8.	868.13	Y	PERITONEUM INJURY-OPEN
9.	276.2	Y	ACIDOSIS
10.	458.9	Y	HYPOTENSION NOS
11.	427.5	N	CARDIAC ARREST
12.	902.89	Y	INJ ABDOMINAL VESSEL NEC
13.	E922.9	E	FIREARM ACCIDENT NOS
14.	E849.9	E	ACCIDENT IN PLACE NOS
15.	868.14	Y	RETROPERITONEUM INJ-OPEN
16.	780.65	Y	HYPOTHR NOT ASSD W LOW EN
17.	427.89	Y	CARDIAC DYSRHYTHMIAS NEC

Date Proc Description

	Date	Proc	Description
1.	04/19/12	45.62	PART SM BOWEL RESECT NEC
2.	04/19/12	39.31	SUTURE OF ARTERY
3.	04/19/12	38.87	OCCLUDE ABD VEIN NEC
4.	04/19/12	54.12	REOPEN RECENT LAP SITE
5.	04/20/12	99.60	CARDIOPULM RESUSCITA NOS
6.	04/19/12	99.07	SERUM TRANSFUSION NEC
7.	04/19/12	99.04	PACKED CELL TRANSFUSION
8.	04/19/12	99.05	PLATELET TRANSFUSION
9.	04/19/12	99.09	TRANSFUSION NEC



DXPROCSHEET1

Authenticated by
BRUCE A. CROOKES, MD
On 05/02/2012 06:58:59 AM

PHYSICIAN SIGNATURE AND DATE

CANCER STAGING: _____ T _____ N _____ M _____ STAGING

***** MUSC MEDICAL RECORD FACE SHEET *****

Admit Date 4/19/12
Medical Record # 002673589

IC FLAGS
Discharge Date
Race U
Pat. Age at Admit 042
Preadmit/Reg by brodj1
Patient Name *** SINGLETARY
Pat. Address 1 MUSC- HPA
Pat. Address 2 MSC 819
Patient City CHARLESTON
Pat. State/Zip SC 29425

County Code 10
Pat. Phone (843) 999-9999

Fin. Class FX SELF PAY

Employer Name
Pat. Emp. Addr 1

Pat. Emp. City
Pat. Emp. State

Pat. Emp. ZIP
Patient Type E

Medical Serv SUR

TAR Number
EN Last Name

EN Relationship
EN Bus. Phone

Ref. Phys. Name PATIENT, NONE PER

Ref. Phys. Phone

Ref. Phys. Addr1

Ref. Phys. Addr2

Ref. Phys. Addr3

Ref. Phys. Addr4

Ref. Facility
Complaint GSW

Procedure
Primary Ins.Co. FX01

Principal Diagnosis

Admission Time 16:19
Source Code 801
Pat Com. # 496951732
Patient Sex M
Birth Date 9/10/1969
Marital Status S
Adm/Reg by small
SHELTON
Advanced Directive? U
V DIR REP NEEDED? U

Vip Code Desc

Pat. SSN XXX-XX-0009

Refer. Name UNKNOWN

Pat. Emp. Phone

Religion: UNKNOWN

Room-Bed 4STS 478F 12

Attnd. Doc Name CROOKES, BRUCE

Admit. Doc Name CROOKES, BRUCE

Elig. Det. Date

EN First Name

EN Home Phone

Family Doctor

PCP Doc Name PATIENT, NONE PER

PCP Doc Phone

PCP Address 1

PCP Address 2

PCP Address 3

PCP Address 4

E/R Referral Y

Secondary Ins.Co

Code Number

Secondary Diagnosis

Operation or Special Procedures

Attending _____ Date _____

Discharge Summary:

[] Date Dictated _____ Job # _____ Beeper # _____

OP Note:

[] Date Dictated _____ Job # _____ Beeper # _____

***** MUSC MEDICAL RECORD FACE SHEET *****

Admit Date	4/19/12	Admission Time	16:19
Medical Record #	002673589	Source Code	801
IC FLAGS		Pat Com. #	496951732
Discharge Date		Patient Sex	M
Race		Birth Date	1/01/1900
Pat. Age at Admit	112	Marital Status	S
Preadmit/Reg by		Adm/Reg by	small
Patient Name	*** TRAUMA	VICTIM JA	
Pat. Address 1	MUSC- HPA	Advanced Directive?	
Pat. Address 2	MSC 819	V DIR REP NEEDED?	
Patient City	CHARLESTON		
Pat. State/Zip	SC 29425		
County Code	10	Vip Code Desc	
Pat. Phone	(843)999-9999	Pat. SSN	XXX-XX-0009
Fin. Class	FX SELF PAY	Refer. Name	
Employer Name		Pat. Emp. Phone	
Pat. Emp. Addr 1			
Pat. Emp. City		Religion:	
Pat. Emp. State		Room-Bed	
Pat. Emp. ZIP		Attnd. Doc Name	WATSON, SIMON
Patient Type	E	Admit. Doc Name	WATSON, SIMON
Medical Serv	EMM	Elig. Det. Date	
TAR Number		EN First Name	
EN Last Name		EN Home Phone	
EN Relationship		Family Doctor	
EN Bus. Phone		PCP Doc Name	PATIENT, NONE PER
Ref. Phys. Name	PATIENT, NONE PER	PCP Doc Phone	
Ref. Phys. Phone		PCP Address 1	
Ref. Phys. Addr1		PCP Address 2	
Ref. Phys. Addr2		PCP Address 3	
Ref. Phys. Addr3		PCP Address 4	
Ref. Phys. Addr4		E/R Referral	
Ref. Facility			
Complaint	GSW		
Procedure			
Primary Ins.Co.	FX01	Secondary Ins.Co	
Principal Diagnosis		Code Number	

Secondary Diagnosis		
Operation or Special Procedures		

Attending _____ Date _____

Discharge Summary:

[] Date Dictated _____ Job # _____ Beeper # _____

OP Note:

[] Date Dictated _____ Job # _____ Beeper # _____

E(s10H*&l0O*&l0S*&k0G*&l6D

***** MUSC MEDICAL RECORD FACE SHEET *****

Admit Date 4/19/12
 Medical Record # 002673589
 IC FLAGS
 Discharge Date
 Race
 Pat. Age at Admit 112
 Preadmit/Reg by
 Patient Name *** TRAUMA
 Pat. Address 1 MUSC- HPA
 Pat. Address 2 MSC 819
 Patient City CHARLESTON
 Pat. State/Zip SC 29425
 County Code 10
 Pat. Phone (843)999-9999
 Fin. Class FX SELF PAY
 Employer Name
 Pat. Emp. Addr 1
 Pat. Emp. City
 Pat. Emp. State
 Pat. Emp. ZIP
 Patient Type E
 Medical Serv EMM
 TAR Number
 EN Last Name
 EN Relationship
 EN Bus. Phone
 Ref. Phys. Name PATIENT, NONE PER
 Ref. Phys. Phone
 Ref. Phys. Addr1
 Ref. Phys. Addr2
 Ref. Phys. Addr3
 Ref. Phys. Addr4
 Ref. Facility
 Complaint GSW
 Procedure
 Primary Ins.Co. FX01
 Principal Diagnosis

Admission Time 16:19
 Source Code 801
 Pat Com. # 496951732
 Patient Sex M
 Birth Date 1/01/1900
 Marital Status S
 Adm/Reg by small
 VICTIM JA
 Advanced Directive?
 V DIR REP NEEDED?
 Vip Code Desc
 Pat. SSN XXX-XX-0009
 Refer. Name
 Pat. Emp. Phone
 Religion:
 Room-Bed
 Attnd. Doc Name WATSON, SIMON
 Admit. Doc Name WATSON, SIMON
 Elig. Det. Date
 EN First Name
 EN Home Phone
 Family Doctor
 PCP Doc Name PATIENT, NONE PER
 PCP Doc Phone
 PCP Address 1
 PCP Address 2
 PCP Address 3
 PCP Address 4
 E/R Referral

Secondary Ins.Co Code Number

Secondary Diagnosis	
Operation or Special Procedures	

Attending _____ Date _____
 Discharge Summary:
 [] Date Dictated _____ Job # _____ Beeper # _____
 OP Note:
 [] Date Dictated _____ Job # _____ Beeper # _____
 E(s10H*&l0O*&l0S*&k0G*&l6D



"MORSER"



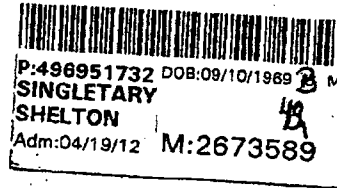
MUSC Health

**MEDICAL UNIVERSITY HOSPITAL
REPORT OF DEATH**

Page 1 of 1

Form Origination Date: 01/97
Version: 4

Version Date: 1/11



DC
1619

PATIENT IDENTIFICATION LABEL

A. BURIAL RESPONSIBILITY

☒ Next of kin or ☐ Person assuming responsibility for burial: Stacey Singletary
Relationship Wife Phone _____
Address _____

B. RELEASE OF BODY Medical University Hospital is hereby requested and authorized to release the body to:

Fielding FA City Charleston State S.C.
(Mortician or person acting as such)
Witness _____ Signature of person granting permission for release Erin
Time _____ Date 4-20-12

C. MORTUARY SERVICE

Time of Death 0016 Date 4-20-12 Location of Death STICU
Time Notified 0555 Date 4-20-12 Arrived 0809 Time 1300 Date 4-20-12
1. Received the above body ☒ Mortician Signature TO BE DONE BY CORNER Time 1300 Date 4/20/12
2. Received death certificate ☒ Signature NONE Date 4-20-12
3. Received personal effects NONE Date _____
4. Remains disposed of by Medical University Hospital _____ Signature of Hospital Representative _____ Date _____

D. NOTIFICATIONS

1. Coroner: County Chas Co at 0044 date 4-20-12 by MD - M. Jordan/Gail to Kimberly
2. Donor Network Agency at 0131 date 4-20-12 by RN - Erin S to Lifep Rep (R)
3. Pathology at _____ date _____ by _____ to _____
4. Funeral Home at _____ date _____ by _____ to _____
5. Burial Transit Permit Number Issued 671361
6. Medical Records to MR Office at 0330 date 4-20-12 by Gail C Rec'd by Bartman J

E. DECEDENT AFFAIRS

Met with family ☐ Yes ☒ No, why Not Present Remains ready at _____
Telephone conference ☐ Yes ☒ No Time transported _____
Discussed options (e.g., burial, cremation) ☐ Yes ☒ No
Provided list of local options (e.g., funeral homes) ☐ Yes ☒ No
Did family have questions ☐ Yes, specify _____ ☒ No
Notes / Comments _____

Mortuary Attendant Signature Chad Christ Date / Time 4-20-12

White - Medical Records
death report

Canary - Pathology

Pink - Office

Goldenrod - Mortician
OTC 700156 Rev. 1/11

Patient: SINGLETARY, SHELTON M

MRN: 2673589

Encounter: 496951732

Page 1 of 1

MUSC10 OF 287

ROA 202

MUSC Medical Center
HOSPITAL DEATH SUMMARY

PATIENT NAME: SINGLETARY, SHELTON
MRN: 002673589
PATCOM: 496951732
ADMITTED: 04/19/2012
DISCHARGED: 04/20/2012
SERVICE: STICU
ATTENDING: Bruce A Crookes, MD

REFERRING: NONE PER PATIENT

PRIMARY CARE PHYSICIAN: PATIENT, NONE PER

DATE OF DEATH: 04/20/2012

CHIEF COMPLAINT ON ADMISSION: Gunshot wound to the abdomen.

ADMITTING DIAGNOSIS: Hypovolemic shock.

CONDITION ON ADMISSION: Critical.

HISTORY OF PRESENT ILLNESS: The patient is a 42-year-old man who sustained a gunshot wound to the abdomen. On the afternoon of admission, he presented to the MUSC Emergency Department, he was transported by EMS. A level A trauma alert was called. The patient was unresponsive at the scene and intubated at the scene. Two large bore IVs were placed. The patient was taken emergently to the operating room for an exploratory laparotomy and massive transfusion protocol was initiated. A right femoral Cordis was placed.

HOSPITAL COURSE: The patient was taken emergently to the operating room for damage control laparotomy. There, he was known to have sustained multiple intra-abdominal injuries, including a serosal tear, colonic injuries, multiple small bowel injuries, a paravertebral artery injury, a left external iliac injury, multiple small bowel resections were performed, and the left external iliac artery was repaired primarily x2. There was an ascending lumbar vein injury and a paraspinal artery injury. Postoperatively, the patient was transferred to the STICU in critical condition, and underwent massive resuscitation including multiple units of blood, 8 L of crystalloid and additional blood products. There was significant hemorrhagic fluid being drained from his abdominal VAC pack and as the patient was not stabilizing, a decision was made to return to the operating room. There, an additional source of bleeding was identified, however, it was not possible to gain control over this. The patient required massive transfusions of over 50 units of blood products. He was returned to the STICU still in critical condition on 2 pressors, shortly after returning to the STICU and despite continued aggressive resuscitation the patient went into pulseless electrical activity arrest. CPR was initiated and the patient was given 4 rounds of epi and did regain a pulse. Thereafter, the patient again went into PA arrest. He received further 2 rounds of epi and CPR was reinitiated, however, a pulse was not regained and at 12:16 p.m. with Dr. Crookes at the bedside, the patient was pronounced dead.

CAUSE OF DEATH: Cardiopulmonary arrest secondary to hypovolemic shock secondary to gunshot wound to the abdomen. The coroner and the family were notified.

Dictated by: Mary Margaret Holloman Jordan, MD

Mary Margaret Holloman Jordan, MD

Bruce A Crookes, MD
Attending

510571849/medq/

JOB: 1049307

DD: 04/20/2012 00:59:43

DT: 04/20/2012 07:54:46

Authenticated by BRUCE A. CROOKES, MD On 04/23/2012 07:58:13 AM

Authenticated and Edited by Kathy Borrero, Transcription Coordinator On 4/30/12
1:57:51 PM



"FLOWSHEET"
Trauma Resuscitation Flowsheet

Page 1 of 4

Form Origination Date: 7/01
Version: 3

Version Date: 9/09

P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

6951732 DOB:01/01/1900 U
UMA
TIM JA
EAdm:12/31/12 M2673589

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Date: 4/19/12	Birth Date: unknown	Sex: M	Race: Black	Wt:
Name: Sheldon Singletary	Allergies: ☐ NKDA ☒ Unknown			
Current Medications: unknown		Past Medical Hx: ☒ Unknown ☐ Cardiac ☐ None ☐ Renal ☐ Pulmonary ☐ Diabetes ☐ Liver ☐ Psychiatric ☐ Immunocompromised ☐ Other		
Special Needs: None noted ☐ Hearing impaired ☐ Sight impaired ☐ Language ☐ Other				
Injury Location: Street Work Farm Residence School Other		Safety Equipment: None Unknown Seatbelt Helmet Carseat Infant Child Booster Airbag Present Deployed / Not Deployed Other		
Mechanism of Injury: Unknown Auto Motorcycle Bicycle ATV 4 Wheeler vs. est mph Rollover Ejected Driver Passenger Front Back Assault Gunshot wound Stabbing Knife Amputation Snake Bite Fall ft. Pedestrian vs Fire Chemical Inhalation Scald Electrical Contact Motor Water Related Near Drowning Other		Approx Time of Injury: unknown Transfer Yes ☒ No ☐ N/A If yes, from > 6 hrs in initial hospital Yes ☐ No ☒ Unknown Self inflicted Yes ☐ No ☒ Unknown LOC Yes, time No ☒ Unknown Cardiac arrest PTA Yes ☐ No ☒ Unknown Original EMS report Yes ☐ No ☒ Unknown		
In Place Prior to Arrival: Cervical collar Backboard Limb restraints Splints Traction NG tube size OG tube size O ₂ NC L/min Mask L/min Ambu L/min ETT size B.O IV x 2 Rapid Sequence Induction in field Yes ☐ No ☒ Monitor Foley size Other				
Glasgow Coma Scale				
Infant < 2 Years Old		Pediatric / Adult		
Time		Time		
Eyes open to		Eyes open to		
Spontaneous 4		Spontaneous 4		
Speech 3		Speech 3		
Pain 2		Pain 2		
Remained closed 1		Remained closed 1		
Best Verbal		Best Verbal		
Coo's babbles 5		Oriented 5		
Irritable 4		Confused 3		
Cries to pain 3		Words 2		
Moans to pain 2		Sounds 2		
No response 1		No response 1		
Best Motor		Best Motor		
Spontaneous movements 6		Obeys commands 6		
Withdraws to touch 5		Localizes pain 5		
Withdraws to pain 4		Withdraws to pain 4		
Abnormal flexion 3		Abnormal flexion 3		
Abnormal extension 2		Abnormal extension 2		
No response 1		No response 1		
Total		Total 10		

Time call received: 11:05	Arrival time: 11:07	☒ Trauma A ☐ Trauma B	
Trauma alert called time: 11:07		☒ Adult ☐ Peds ☐ OB ☐ No trauma called	
Arrival Mode: ☐ Air ☒ EMS ☐ POV ☐ Walk-in Medic #		County # CC	
Team Position	Name	Arrival time	
ED Attending	Tim Ja	11:08	
Trauma Attending	Nicholas	11:08	
Trauma Chief	Yannick	11:08	
Trauma MD 1	Yannick	11:08	
Trauma MD 2	Yannick	11:08	
ED Resident	Yannick	11:08	
RT			
Xray			
CT Tech			
RN I - Bedside	Yannick	11:08	
RN II - Recording	Yannick	11:08	
Primary RN	Yannick	11:08	
ED Tech			
Chaplain			
Pharmacy	N. Pate	11:08	
Service Consulted	Name	Page	Arrived
Revised Trauma Score			
Pediatric		Adult	
Time	Score	Time	Score
A. Size		Resp. Rate	
> 20 kg	+2	10 - 29 min	(4)
10 - 20 kg	+1	> 29 min	3
< 10 kg	-1	6 - 9 min	2
B. Airway		1 - 5 min	1
Normal	+2	None	0
Maintainable	+1	Systolic BP	
Unmaintainable	-1	> 89 mmHg	(4)
C. CNS		76 - 89 mmHg	3
Awake	+2	50 - 75 mmHg	2
Obtunded	+1	1 - 49 mmHg	1
Coma	-1	No Pulse	0
D. Systolic BP		GCS	
> 80 mmHg	+2	13 - 15	4
50 - 80 mmHg	+1	9 - 12	(3)
< 50 mmHg	-1	6 - 8	2
E. Open Wound		4 - 5	1
None	+2		3
Minor	+1	Total	(11)
Major	-1		
F. Skeletal			
None	+2		
Closed fracture	+1		
Open / Multiple fracture	-1		
Total (A+B+C+D+E+F)			

traumafloWSheet

UP 500007 Rev. 9/09



TRAUMA RESUSCITATION FLOWSHEET

Form Origination Date: 7/01
Version: 3

Version Date: 9/09

P:496951732
SINGLETARY

SHELTON

Adm:04/19/12

DOB:09/10/1969 U M

M:2673589

51732 DOB:01/01/1900 U

1A

1JA

EXP:12/31/12 M2673589

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

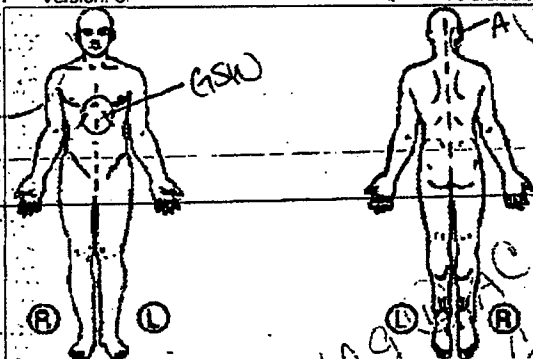


FIGURE LEGEND & ABBREVIATIONS

A = Abrasion
Amp = Amputation
AV = Avulsion
B = Burn (shade area)
BSA%
C = Contusion
D = Deformity
E = Ecchymosis
L = Laceration
Fx = Fracture
P = Pain
PCI = Puncture wound
Pw = Penetrating wound
Sw = Swelling

Airway
☐ Patent ☐ Obstructed
Oxygen L/min ☐ NRB ☐ NC
☒ Oral / Nasal airway
☒ Intubated
Time 11:03 by EMS size 8.0
23 cm @ teeth lips
☒ BS equal after intubation
☒ Easy cap + placement
Vent FIO₂ TV
PEEP Rate

Breath sounds R L
Clear ☒ ☒
Diminished ☐ ☐
Wheezes ☐ ☐
Rales / Rhonchi ☐ ☐
Respiratory Effort
☐ Normal ☐ Labored
☐ Absent ☒ Assisted
Other

Chest R L
Chest expansion ☐ ☐
Penetrating trauma ☐ ☐
Flail segment ☐ ☐
SubQ air / Crepitus ☒ ☒
Equal expansion ☒ ☒
Chest tube
R Size by time
L Size by time
Other

Circulation
Rhythm
Cap refill ☐ < 2 sec ☐ > 2 sec
Pulse
Carotid
Radial
Femoral
Dorsalis Peds
Skin
Warm ☒ Cool ☐ Dry ☐ Moist ☐
Pressure sores present PTA ☐ Yes ☐ No
Other

Head
Raccoon's eyes ☐
Battle sign ☐
Ear R L
Clear ☐ ☒
CSF ☐ ☐
Blood ☐ ☐
Teeth Normal
Loose site
Missing site

Neuro
LOC ☒ ☐
Duration 1 minute
Pupil size R L
Brisk
Sluggish 2 2
Non-reactive
Pediatrics
Crying Yes ☐ No ☐
Consolable Yes ☐ No ☐ By

Behavior
Cooperative ☐
Uncooperative ☐
Unresponsive ☒
Chemically paralyzed ☐
Combative ☐
Restraints applied ☐
Type
Time
Reason

Extremities
Moves all extremities ☐
Altered movement / sensation
Spontaneous RA LA RL LL
No movement ☐ ☐ ☐ ☐
Movement ☒ ☒ ☒ ☒
No sensation ☐ ☐ ☐ ☐
Sensation ☐ ☐ ☐ ☐

Pelvis / Abd
Pelvis stable ☒ yes ☐ no
Palpation Abd
Soft ☐
Distended ☐
Firm / hard ☐
Guarding ☐
Tender ☐
Non tender ☐
Emesis ☐ yes ☒ no
NG ☐ size
OG ☐ time
by
Other

GU / Rectal
Rectal tone
Present ☐
Diminished ☐
Absent ☐
Genitalia
Blood at meatus ☐
Vaginal bleeding ☐
Priapism ☐
Foley size
time
by
Other

(Time) Vascular Access
11:03 PTA Size 11.00 Site RAC Init CM
11:03 PTA Size 11.00 Site RAC Init CM
11:03 Size 11.00 Site LA Init CM
Size Site Init
Size Site Init
Central line size Site
By MD
Central line size Site
By MD
Arterial line size Site
By MD

(Time) Lab
11:03 Trauma protocol
 Pediatric protocol
 OB protocol
 Type & Screen
 Type & Cross units
 ABG
11:05 Major bleed protocol
 Other
 Other
 Other
 Other

(Time) X-Rays / Procedures
11:00 Chest
 Pelvis
 Other x-rays
 Other x-rays
 CT head / C-spine / Chest / Abd / Pelvis
 Other CT
 Warm blankets Bair hugger
 Warm fluids Level 11:00
 Arteriogram
 Fast scan U / S abdomen +/- MD
 EKG
 C-spine collar removed by: MD
 C-collar applied / changed
 Log rolled / spine board removed
 Laceration Repair site

traumafloWSheet

UP 500007 Rev. 9/09

4/19/12 1547



"FLOWSHEET"
Trauma Resuscitation Flowsheet
Page 1 of 4

Form Origination Date: 7/01
Version: 3

Version Date: 9/09



P496951732 DOB:01/01/1900 U
TRAUMA
VICTIM JA
EAdm:12/31/12 M2673589

Patient Name Sheldon Singletary
MRN 496951732
PATIENT IDENTIFICATION LABEL

Date <u>4/19/12</u>	Birth Date <u>unknown</u>	Sex <u>M</u>	Race <u>Black</u>	WL
Name <u>Sheldon Singletary</u>		Allergies ☐ NKDA ☒ Unknown		
Current Medications <u>unknown</u>		Past Medical Hx Unknown ☒ Cardiac None ☐ Renal Pulmonary ☐ Diabetes Liver ☐ Psychiatric Immunocompromised Other		
Special Needs None noted		Hearing impaired ☐ Sight impaired ☐ Language ☐ Other		
Injury Location Street ☐ Work ☐ Farm ☐ Residence ☐ School ☐ Other		Safety Equipment None Unknown Seatbelt ☐ Helmet ☐ Carseat Infant Child Booster Airbag Present ☐ Deployed / Not Deployed Other		
Mechanism of Injury Unknown Auto Motorcycle Bicycle ATV 4 Wheeler vs _____ est mph Rollover ☐ Ejected ☐ Driver ☐ Passenger ☐ Front ☐ Back ☐ Assault ☐ Gunshot wound ☒ Stabbing ☐ Crush ☐ Amputation ☐ Snake Bite ☐ Fall ft. _____ Pedestrian vs _____ Burn ☐ Fire ☐ Chemical ☐ Inhalation ☐ Scald ☐ Electrical ☐ Contact ☐ Motor Water Related Near Drowning Other		Approx Time of Injury <u>unknown</u> Transfer Yes ☐ No ☒ N/A If yes, from _____ > 6 hrs in initial hospital Yes ☐ No ☒ Self Inflated Yes ☐ No ☒ LOC Yes, time _____ No ☒ Cardiac arrest PTA Yes ☐ No ☒ Original EMS report Yes ☐ No ☒ In Place Prior to Arrival Cervical collar ☐ Backboard ☐ Limb restraints ☐ Spints ☐ Traction ☒ NG tube size _____ OG tube size _____ O ₂ NC _____ L/min Mask _____ L/min Ambu _____ L/min ETT size <u>B.D</u> IV x <u>2</u> Rapid Sequence Induction in field Yes ☐ No ☒ Monitor _____ Foley size _____ Other		
Glasgow Coma Scale				
Infant < 2 Years Old		Pediatric / Adult		
Time		Time		
Eyes open to		Eyes open to		
Spontaneous	4	Spontaneous		4
Speech	3	Speech		3
Pain	2	Pain		2
Remained closed	1	Remained closed		1
Best Verbal		Best Verbal		
Cries babbles	5	Oriented		5
Irritable	4	Confused		4
Cries to pain	3	Words		3
Moans to pain	2	Sounds		2
No response	1	No response		1
Best Motor		Best Motor		
Spontaneous movements	6	Obeys commands		6
Withdraws to touch	5	Localizes pain		5
Withdraws to pain	4	Withdraws to pain		4
Abnormal flexion	3	Abnormal flexion		3
Abnormal extension	2	Abnormal extension		2
No response	1	No response		1
Total		Total		10

traumafloWSheet

Time call received <u>11:15</u>	Arrival time <u>11:47</u>	Trauma A ☐ Trauma B ☒	
Trauma alert called time <u>11:15</u>	Adult ☒ Peds ☐ OB ☐ No trauma called		
Arrival Mode ☐ Air ☒ EMS ☐ POV ☐ Walk-in Medic # <u>1</u>	County # <u>CC</u>		
Team Position	Name	Arrival time	
ED Attending	<u>Unknown</u>	<u>11:45</u>	
Trauma Attending	<u>Unknown</u>	<u>11:45</u>	
Trauma Chief			
Trauma MD 1	<u>Jancastru</u>	<u>11:45</u>	
Trauma MD 2	<u>Thompson</u>	<u>11:45</u>	
ED Resident	<u>Malouf</u>	<u>11:45</u>	
RT			
Xray			
CT Tech			
RN I - Bedside	<u>Emily</u>	<u>11:45</u>	
RN II - Recording	<u>Emily</u>	<u>11:45</u>	
Primary RN	<u>Emily</u>	<u>11:45</u>	
ED Tech			
Chaplain			
Pharmacy	<u>N. Cate</u>	<u>11:40</u>	
Service Consulted	Name	Paged	Arrived
Revised Trauma Score			
Pediatric		Adult	
Time	Score	Time	Score
A. Size		Resp. Rate	
> 20 kg	+2	10 - 29 min	4
10 - 20 kg	+1	> 29 min	3
< 10 kg	-1	6 - 9 min	2
B. Airway		1 - 5 min	1
Normal	+2	None	0
Maintainable	+1	Systolic BP	
Unmaintainable	-1	> 89 mmHg	4
C. CNS		76 - 89 mmHg	3
Awake	+2	50 - 75 mmHg	2
Obtunded	+1	1 - 49 mmHg	1
Coma	-1	No Pulse	0
D. Systolic BP		GCS	
> 90 mmHg	+2	13 - 15	4
50 - 90 mmHg	+1	9 - 12	3
< 50 mmHg	-1	6 - 8	2
E. Open Wound		4 - 5	1
None	+2	3	0
Minor	+1	Total	11
Major	-1		
F. Skeletal			
None	+2		
Closed fracture	+1		
Open / Multiple fracture	-1		
Total (A+B+C+D+E+F)			

UP 500007 Rev. 9/09



"FLOWSHEET" Trauma Resuscitation Flowsheet

Page 2 of 4

Form Origination Date: 7/01

Version: 3

Version Date: 9/09



P496951732 DOB:01/01/1900 U

TRAUMA

VICTIM JA

EAdm:12/31/12 M2673589

Patient Name

MRN

PATIENT IDENTIFICATION LABEL

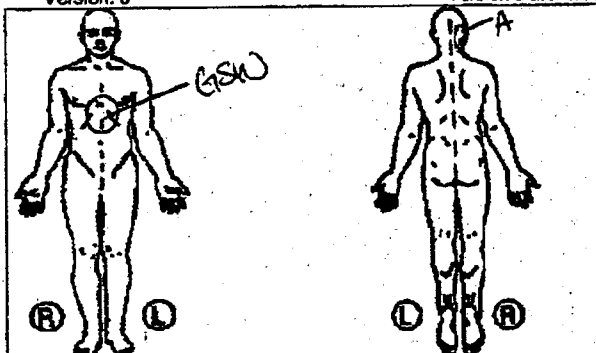


FIGURE LEGEND & ABBREVIATIONS

A = Abrasion
Amp = Amputation
AV = Avulsion
B = Burn (shade area)
BSA%
C = Contusion
D = Deformity
E = Ecchymosis
L = Laceration
Fx = Fracture
P = Pain
PCt = Puncture wound
Pw = Penetrating wound
Sw = Swelling



Airway
☐ Patent ☐ Obstructed
Oxygen _____ L/min ☐ NRB ☐ NC
☐ Oral / Nasal airway
☒ Intubated
Time PTA by EUS size 8.0
23 cm @ 11PS
☒ BS equal after intubation
☒ Easy cap + placement
Vent FIO₂ _____ TV _____
PEEP _____ Rate _____

Breath sounds R L
Clear ☒ ☒
Diminished ☐ ☐
Wheezes ☐ ☐
Rales / Rhonchi ☐ ☐
Respiratory Effort
☐ Normal ☐ Labored
☐ Absent ☒ Assisted
Other _____

Chest R L
Chest expansion ☐ ☐
Penetrating trauma ☐ ☐
Flail segment ☐ ☐
SubQ air / Crepitus ☐ ☐
Equal expansion ☒ ☒
Chest tube
R Size _____ by _____ time _____
L Size _____ by _____ time _____
Other _____

Circulation 0 - Absent
Rhythm 1 - Weak
Cap refill ☐ < 2 sec ☐ > 2 sec 2 - Normal
Pulse 3 - Strong
Carotid H H 4 - Bounding
Radial H 5 - Doppler only
Femoral H
Dorsalis Pedis _____
Skin
Warm ☒ Cool ☐ Dry ☐ Moist ☐
Pressure sores present PTA ☐ Yes ☐ No
Other _____

Head
Raccoon's eyes ☐
Battle sign ☐
Ear R L
Clear ☐ ☐
CSF ☐ ☐
Blood ☐ ☐
Teeth Normal
Loose site _____
Missing site _____

Neuro
LOC ☒ ☐
Duration unknown
Pupil size R L
Brisk 8 8
Sluggish 8 8
Non-reactive _____
Pediatrics
Crying Yes ☐ No ☐
Consolable Yes ☐ No ☐ By _____

Behavior
Cooperative ☐
Uncooperative ☐
Unresponsive ☒
Chemically paralyzed ☐
Combative ☐
Restraints applied ☐
Type _____
Time _____
Reason _____

Extremities
Moves all extremities
Altered movement / sensation
RA LA RL LL
Splinted ☐ ☐ ☐ ☐
No movement ☐ ☐ ☐ ☐
J Movement ☒ ☒ ☒ ☒
No sensation ☐ ☐ ☐ ☐
J Sensation ☐ ☐ ☐ ☐

Pelvis / Abd
Pelvis stable ☒ yes ☐ no
Palpation Abd
Soft ☐
Distended ☐
Firm / hard ☐
Guarding ☐
Tender ☐
Non tender ☐
Emesis ☐ yes ☐ no
NG ☐ size _____
OG ☐ time _____
by _____
GU / Rectal
Rectal tone
Present ☐
Diminished ☐
Absent ☐
Genitalia
Blood at meatus ☐
Vaginal bleeding ☐
Priapism ☐
Foley size _____
time _____
by _____
Other _____

(Time) Vascular Access

PTA Size 11.0g Site RAC Init CM
PTA Size 16.8 Site RAC Init CM
11:33 Size 11.0g Site Chond Init CM
Size _____ Site _____ Init _____
Size _____ Site _____ Init _____
Central line size _____ Site _____
By _____ MD
Central line size _____ Site _____
By _____ MD
Arterial line size _____ Site _____
By _____ MD

(Time) Lab

11:03 Trauma protocol
Pediatric protocol
OB protocol
Type & Screen
Type & Cross _____ units
ABG
11:05 Major bleed protocol
Other _____
Other _____
Other _____
Other _____

(Time) X-Rays / Procedures

11:00 Chest
Pelvis
Other x-rays _____
Other x-rays _____
CT head / C-spine / Chest / Abd / Pelvis
Other CT
Warm blankets Bair hugger
Warm fluids Level 11:05
Arteriogram
Fast scan U/S abdomen +/- _____ MD
EKG
C-spine collar removed by: _____ MD
C-collar applied / changed
Log rolled / spine board removed
Laceration Repair _____ site

traumafloWSheet

UP 50007 Rev. 9/09

MUSC Health

FLOWSHEET

Trauma Resuscitation Flowsheet

Page 3 of 4

Form Origination Date: 7/01

Version: 3

Version Date: 9/09



P496951732 DOB:01/01/1900 U

TRAUMA

VICTIM JA

EAdm:12/31/12 M2673589

Patient Name

MRN

PATIENT IDENTIFICATION LABEL

[illegible]

traumaflowsheet

UP 500007 Rev. 9/09



FLOWSHEET
Trauma Resuscitation Flowsheet
Page 4 of 4

Form Origination Date: 7/01
Version: 3

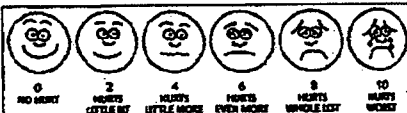
Version Date: 9/09



P496951732 DOB: 01/01/1900 U
TRAUMA
VICTIM JA
EAdm: 12/31/12 M2673589

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL



APP = Assume Pain Present
From Hockenberry MJ, Wilson D, Winkelstein ML: Wong's Essentials
of Pediatric Nursing, ed. 7, St. Louis, 2005.

RICHMOND AGITATION SEDATION SCALE (RASS)

+4 Combative	-1 Drowsy
+3 Very agitated	-2 Light sedation
+2 Agitated	-3 Moderate sedation
+1 Restless	-4 Deep sedation
0 Alert & Calm	-5 Unarousable

FLACC Behavioral Pain Scale (1 month to 3 years of age)

Categories	Scoring		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams, or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching or being talked to distractable	Difficult to console or comfort

0 = Relaxed and comfortable 1-3 = Mild discomfort 4-6 = Moderate pain 7-10 = Severe discomfort / pain

NURSES NOTES

(1627) P496951732 & GSW 2 @ left below xiphoid process. Pt intubated on scene @ 8:00 PM, 23 @ lips. BVM up use. Currently eyes open, does follow commands. Trauma team @ bedside 9:15 @ birth sounds - 9:00 am - (1635) hands draped per protocol. 10:15 in neuro status. Trauma team remains @ pt - 9:00 am - (1635) Central line #12 removed placed by trauma team - 9:00 am - (1645) left leg was stretched and cardiac monitor removed @ MD RN & RT @ bedside 10:00. Pt looking up @ sky. Limb movement - 9:00 am - (1645) Report to OK staff. Pt immediately taken back. Back - 9:00 am

FAMILY ☐ NOTIFIED TIME _____ NAME _____ RELATIONSHIP TO PT _____ PHONE # _____ ☒ EN-ROUTE ☐ UNABLE TO CONTACT ☐ CHILD LIFE PRESENT VALUABLES ☐ PERSONAL EFFECTS INVENTORY DONE ☐ TO PATIENT ☐ TO FAMILY ☐ OTHER _____ ☐ TO SAFE ☐ RECEIPT ON CHART, ENVELOPE # _____ ☒ POLICE _____ PRIMARY RN SIGNATURE _____ INIT _____ SECONDARY RN SIGNATURE _____ INIT _____ RN SIGNATURE _____ INIT _____ RN SIGNATURE _____ INIT _____ ORDERING MD _____ ORDERING TRAUMA / EMERGENCY ATTENDING _____		@ DISPOSITION DATE 4/12 TIME 10:45 GCS 10 VS Stable ADMITTED RM # 02 REPORT GIVEN TO 02 RN SERVICE / ATTENDING Trauma ☐ DC'D TO HOME ☐ TRANSFERRED TO _____ ☐ EXPIRED DATE _____ TIME _____ PRONOUNCED BY _____ MD TIME TRANSPORTED TO MORGUE _____ LIFEPOINT NOTIFIED _____ CORONER NOTIFIED _____ LEFT VIA ☐ AMBULATORY ☐ WHEELCHAIR ☒ STRETCHER ☐ CARRIED ☐ POV AMBULANCE / EMS TRANSPORT COMPANY _____ TRANSPORTED WITH ☒ ID BAND X32 ☒ SR X 2 ☒ CARDIAC MONITOR ☒ PULSE OX ☐ C-COLLAR INTACT ☒ LMIN ☒ IV X 2 ☒ ACCORD UP 500007 Rev. 9/08	

traumafloWSheet

Ordering MD Date 4/12 Time 4:10 PM Pager # 14607
Trauma MD Date 4/12 Time 4:10 PM Pager # 14607

SINGLETARY, SHELTON

Opt Out:

MUSC - Live

Adm Hx mod/inact Hx

From: 04/19/2012 15:37

To: 04/20/2012 08:07

Rm-Bed: 478F - 12

Admit Dt: 04/19/2012 19:18

Age: 42 yr

Gender: M MD: Crookes, Bruce, MD

DOB: 09/10/1969 Acct: 496951732

MRN: 002673589

Requested: 04/20/2012 14:05

Page 1 of 4

Allergy History

Seq	Allergen	Confirmed Date/Time	Type	Chief Date	Primary Reaction	Other Reaction	Serum	Centrifuge	Repeating Relation	Reported By	Route	Chief Date/Time	Sensitivity Class	Verified By	Verified Date	Confirmed By
1	NO ALLERGY INFORMATION AVAILABLE	04/19/2012 17:11	(D) Drug	--	--	--	--	--	--	--	MEDS	04/19/2012 17:11	AL	Staffid, Holta	19- APR-12	Staffid, Holta

Inactive Allergy History

No Data Found

Problem History

No Data Found

Medication History

No Data Found

Clinical History

Subject	Question	Response	Confirmed Date/Time	Confirmed Date/Time	Confirmed By
Advanced Directive	Does the patient have a written	☐ NO DATA FOUND			
	Would the pt like to talk to someone re:	☐ NO DATA FOUND			
	Notify Hospital Chaplain?	☐ NO DATA FOUND			
	Notified Date/Time	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
Chart Allergy	Allergen:	☐ NO DATA FOUND			
	Primary Reaction:	☐ NO DATA FOUND			
	Severity:	☐ NO DATA FOUND			
	Other Reaction:	☐ NO DATA FOUND			
	Allergy Comment:	☐ NO DATA FOUND			
CONTACT INFO	Verifying EOB:	☐ NO DATA FOUND			
	Primary Contact	☐ NO DATA FOUND			
	Phone - Home	☐ NO DATA FOUND			
	Phone - Work	☐ NO DATA FOUND			
	Phone - Cell	☐ NO DATA FOUND			
	Relationship	☐ NO DATA FOUND			
	Patient lives with	☐ NO DATA FOUND			
	Additional Contact	☐ NO DATA FOUND			
	Phone - Home	☐ NO DATA FOUND			
	Phone - Work	☐ NO DATA FOUND			
	Phone - Cell	☐ NO DATA FOUND			
	Relationship	☐ NO DATA FOUND			

SINGLETARY, SHELTON
Rm-Bed: 478F - 12Acct: 496951732
MRN: 002673589DOB: 09/10/1969
Adm Hx mod/inact HxPage 1 of 4
Permanent

SINGLETARY, SHELTON

Opt Out:

MUSC - Live

AdmHx mod/inact Hx

From: 04/19/2012 15:37

To: 04/20/2012 08:07

Rm-Bed: 478F - 12

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Age: 42 yr

Gender: M MD: Crookes, Bruce, MD

DOB: 09/10/1969 Acct: 498951732

MRN: 002673589

Requested: 04/20/2012 14:05

Page 2 of 4

Clinical History (continued)

Subject	Question	Response	Entered Date/Time	Entered Date/Time	Entered By
CONTACT INFO	Additional Contact	NO DATA FOUND			
	Phone - Home	NO DATA FOUND			
	Phone - Work	NO DATA FOUND			
	Phone - Cell	NO DATA FOUND			
	Primary Care MD	NO DATA FOUND			
	Comment	NO DATA FOUND			
Immunizations	Influenza	NO DATA FOUND			
	DTaP	NO DATA FOUND			
	Pneumonia	NO DATA FOUND			
	MM	NO DATA FOUND			
	Tetanus	NO DATA FOUND			
	DTaP	NO DATA FOUND			
OB patients only	Vaccine	NO DATA FOUND			
	DTaP	NO DATA FOUND			
	Gravida	NO DATA FOUND			
	Term	NO DATA FOUND			
	Pre-term	NO DATA FOUND			
	Abort	NO DATA FOUND			
	Living	NO DATA FOUND			
	EDC	NO DATA FOUND			
	Anesth preferred	NO DATA FOUND			
	Last meal	NO DATA FOUND			
	Baby up for adoption (BUFA)	NO DATA FOUND			
	No prenatal care	NO DATA FOUND			
	Feeding plan	NO DATA FOUND			
	Water source	NO DATA FOUND			
	Comment	NO DATA FOUND			
Patient History	Reason	NO DATA FOUND			
	High blood pressure	NO DATA FOUND			
	Comment	NO DATA FOUND			
	Neuro	NO DATA FOUND			
	Neuro select	NO DATA FOUND			
	Diagnosis	NO DATA FOUND			
	Pain	NO DATA FOUND			
	Fall	NO DATA FOUND			
	Patient/Phys comment	NO DATA FOUND			
	Speech	NO DATA FOUND			
	Swallow difficulty	NO DATA FOUND			
	Speech/swallow eval	NO DATA FOUND			
	GI	NO DATA FOUND			
	GI select	NO DATA FOUND			
	Comment	NO DATA FOUND			
	Heart	NO DATA FOUND			

SINGLETARY, SHELTON

Rm-Bed: 478F - 12

Acct: 498951732

MRN: 002673589

DOB: 09/10/1969

AdmHx mod/inact Hx

Page 2 of 4

Permanent

SINGLETARY, SHELTON

Opt Out:

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From: 04/19/2012 15:37

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Requested: 04/20/2012 14:05

Page 3 of 4

Clinical History (continued)

Subject	Question	Response	Confirmed Date/Time	Coated Date/Time	Confirmed by
Patient History	Heart select	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	RespLung	☐ NO DATA FOUND			
	RespLung select	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	KidneyBladder	☐ NO DATA FOUND			
	Gu select	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Endocrine	☐ NO DATA FOUND			
	Endo select	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Liver	☐ NO DATA FOUND			
	LLiver select	☐ NO DATA FOUND			
	Hepatitis type	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Blood disorders	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Anticoagulants	☐ NO DATA FOUND			
	B d disanticoag cmt	☐ NO DATA FOUND			
	Sickle cell	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Rheumatology	☐ NO DATA FOUND			
	Rheum select	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Dermatology	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Cancer	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Transplant	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Psychiatric	☐ NO DATA FOUND			
	Psych other	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	Violence	☐ NO DATA FOUND			
	Violence other	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	HV	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	B d transf react	☐ NO DATA FOUND			
	Comment	☐ NO DATA FOUND			
	OB/Gyn	☐ NO DATA FOUND			
	OB/Gyn other	☐ NO DATA FOUND			

SINGLETARY, SHELTON

Rm-Bed: 478F - 12

Acct: 496951732

MRN: 002673589

DOB: 09/10/1969

AdmHx mod/inact Hx

Page 3 of 4

Permanent

SINGLETARY, SHELTON

Opt Out:

MUSC - Live

Adm Hx mod/inact Hx

From: 04/19/2012 15:37

To: 04/20/2012 08:07

Rm-Bed: 478F - 12

Admit Dt: 04/19/2012 19:18

Age: 42 yr

Gender: M MD: Crookes, Bruce, MD

DOB: 09/10/1969 Acct: 496951732

MRN: 002673589

Requested: 04/20/2012 14:05

Page 4 of 4

Clinical History (continued)

Subject	Question	Response	Entered Date/Time	Cleared Date/Time	Confirmed By
Patient History	LNMP, if applicable	(1) NO DATA FOUND			
	Comment	(1) NO DATA FOUND			
	Dev disability	(1) NO DATA FOUND			
	Failure to thrive	(1) NO DATA FOUND			
	Dev dis/FTT cmt	(1) NO DATA FOUND			
	Other	(1) NO DATA FOUND			
Substance Use	Use of Tobacco	(1) NO DATA FOUND			
	Daily amount	(1) NO DATA FOUND			
	# of years	(1) NO DATA FOUND			
	Last use	(1) NO DATA FOUND			
	Comment	(1) NO DATA FOUND			
	Use of Alcohol	(1) NO DATA FOUND			
	Daily amount	(1) NO DATA FOUND			
	# of years	(1) NO DATA FOUND			
	Last use	(1) NO DATA FOUND			
	Comment	(1) NO DATA FOUND			
	Use of Rec Drugs	(1) NO DATA FOUND			
	Daily amount	(1) NO DATA FOUND			
	# of years	(1) NO DATA FOUND			
	Last use	(1) NO DATA FOUND			
	Comment	(1) NO DATA FOUND			
Surgical Hx	Surgical Hx	(1) NO DATA FOUND			
	Surg Hx- Neurological	(1) NO DATA FOUND			
	Surg Hx- Respiratory	(1) NO DATA FOUND			
	Surg Hx- Cardiovascular	(1) NO DATA FOUND			
	Surg Hx- GI	(1) NO DATA FOUND			
	Surg Hx- UroRenal	(1) NO DATA FOUND			
	Surg Hx- Reproductive	(1) NO DATA FOUND			
	Surg Hx- Orthopedic	(1) NO DATA FOUND			
	Surg Hx- Other	(1) NO DATA FOUND			
	Comment	(1) NO DATA FOUND			
	Comment	(1) NO DATA FOUND			

SINGLETARY, SHELTON

Rm-Bed: 478F - 12

Acct: 496951732

MRN: 002673589

DOB: 09/10/1969

Adm Hx mod/inact Hx

Page 4 of 4

Permanent

SINGLETARY, SHELTON

Opt Out:

MUSC - Live

Oracle Admission History Report

From: 04/19/2012 15:37

To: 04/20/2012 08:07

Rm-Bed: 478F - 12

Admit Dt: 04/19/2012 19:08

Age: 42 yr

Gender: M

MD: Crookes, Bruce, MD

DOB: 09/10/1969

Acct: 496951/32

MRN: 002673589

Requested: 04/20/2012 14:05

Page 1 of 1

Allergy History

Allergen	Type	Onset Date	Primary Reaction	Other Reaction	Severity	Comment	Confirmed By and Date/Time
NO ALLERGY INFORMATION AVAILABLE	Drug						Starfif, Holta 04/19/2012 17:11

Clinical History

NO DATA FOUND

Medication History

NO DATA FOUND

NO DATA FOUND FOR MODULE: 2. narrative

SINGLETARY, SHELTON

Rm-Bed: 478F - 12

Acct: 496951732

MRN: 002673589

DOB: 09/10/1969

Oracle Admission History Report

Page 1 of 1

Permanent

Patient: SINGLETARY, SHELTON M

MRN: 2673589

Encounter: 496951732

Page 1 of 1

MUSC25 OF 287

ROA 217

SINGLETARY, SHELTON

Opt Out:

MUSC - Live

Peds Oracle Admission History Report

From: 04/19/2012 15:37 To: 04/20/2012 08:07

Rm-Bed: 478F - 12 Admit Dt: 04/19/2012 19:08

Age: 42 yr Gender: M MD: Crookes, Bruce, MD

DOB: 09/10/1969 Acct: 496951732

MRN: 002673589

Requested: 04/20/2012 14:05

Page 1 of 1

NO DATA FOUND FOR MODULE: 1. narrative

SINGLETARY, SHELTON

Rm-Bed: 478F - 12

Acct: 496951732

MRN: 002673589

DOB: 09/10/1969

Peds Oracle Admission History Report

Page 1 of 1

Permanent

Patient: SINGLETARY, SHELTON M

MRN: 2673589

Encounter: 496951732

Page 1 of 1

MUSC26 OF 287

ROA 218



"HISPHYS"

Trauma Center Initial Patient Evaluation

Page 1 of 7



P:496951732 DOB:09/10/1969 U M U

SINGLETARY

SHELTON

Adm:04/19/12 M:2673589

Form Origination Date: 4/04

Version: 4

Version Date: 12/11

PATIENT IDENTIFICATION LABEL

Date: 04/19/12 Time: 04: Trauma Notification Level: ☐ A ☐ B ☐ Consult

Primary Care Physician: _____

PREHOSPITAL DATA

Hospital transfer: ☐ Unknown ☒ No ☐ Yes- hospital name: _____

Mode of transport: ☒ Ambulance ☐ Helicopter ☐ Private Vehicle ☐ Other: _____

Injury Date: 04/19/12 Time of Injury: _____

Patient age: ☒ Male ☐ Female

Loss of consciousness: ☐ Yes-How long? _____ min ☐ No ☐ Unknown

Prehospital course: _____

Mechanism of Injury

☐ MVC ☐ Auto vs bicycle ☒ Motorcycle ☐ Stabbing ☐ Burn ☐ Fall: height _____
☐ Auto vs pedestrian ☐ Moped ☒ GSW ☐ Assault ☐ Hanging ☐ Other: _____

Position: ☐ Driver ☐ Front seat passenger ☐ Back seat passenger

Ejected: ☐ Yes ☐ No

Crash Type: ☐ Front ☐ Lateral ☐ Rollover ☐ Rear ☐ Fixed Object

Safety Equipment: ☐ Seatbelt ☐ Airbag ☐ Helmet

HISTORY OF PRESENT ILLNESS

GSW to center of chest unresponsive at the scene, intubated @ scene
given to large bore IVs

PAST MEDICAL / SURGICAL HISTORY

☐ Check if unable to obtain due to need for urgent evaluation secondary to ☐ intubation ☐ unconscious

Allergies: _____

Medications: complete medication reconciliation form

Past Medical History: _____

Surgical History: _____

Family History: Mother _____ Father _____ Siblings _____

Social History: Occupation _____ Marital Status _____

Alcohol ☐ No ☐ Yes: _____

Tobacco ☐ No ☐ Yes: _____

Drugs ☐ No ☐ Yes: _____

REVIEW OF SYSTEMS ☐ check if unable to obtain due to need for urgent evaluation

System	WNL	Abnormal (describe)
Constitutional	☐	
Eyes	☐	
Ears / Nose / Throat	☐	
Cardiac	☐	
Vascular	☐	
Respiratory	☐	
Gastrointestinal	☐	
Genitourinary	☐	
Musculoskeletal	☐	
Skin	☐	
Neurologic	☐	
Psychiatric	☐	
Endocrine	☐	
Hematologic / Lymphatic	☐	
Immunologic	☐	

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HISPHYS

Trauma Center Initial Patient Evaluation

Form Origination Date: 4/04

Version: 4

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Version Date: 12/11



P:496951732 DOB:09/10/1989 U M

SINGLETARY

SHELTON

Adm:04/19/12 M:2673589

PATIENT IDENTIFICATION LABEL

PRIMARY SURVEY

- Airway: ☐ Patent and stable
☐ Unstable - actions taken: _____
Intubated: ☐ No ☒ Yes: intubated by: ☐ Anesthesia ☐ ED staff ☐ Trauma ☐ Outside hospital ☒ EMS
- Breathing: ☒ Breath signs bilaterally
☐ Abnormalities - actions taken: _____
- Circulation: ☐ No signs or symptoms of shock; no external hemorrhage
☐ Abnormalities - actions taken: _____
- Disability: ☐ Glasgow Coma Score = 15
☐ Glasgow Coma Score < 15 - actions taken (if any): _____

Initial Glasgow Coma Score:	Eye	Verbal	Motor
Eye opening: _____	4=open spontaneously	5=oriented, converses	6=obeys verbal command
Verbal response: _____	3=open to verbal command	4=disoriented, converses	5=localizes to pain
Motor response: _____	2=open to pain	3=inappropriate responses	4=withdrawal from pain
Total Coma score: _____	1=no response	2=incomprehensible sounds	3=decorticate (flex) to pain
		1=no response	2=decerebrate (extend) to pain
			1=no response

			Deficit Right	Deficit Left
Pupils	Are pupils equal, round and reactive to light?	☐ Yes ☐ No, describe deficits:		
Facial symmetry	Is face symmetric?	☐ Yes ☐ No, describe deficits:		
Upper extremities	Side of dominance: ☐ Right ☐ Left ☐ Ambidextrous			
	Can patient lift arms off bed?	☐ Yes ☐ No, describe deficits:		
	Patient hand grip:	Right: ☐ Strong ☐ Weak ☐ Absent Left: ☐ Strong ☐ Weak ☐ Absent		
Lower extremities	Can patient lift legs off bed?	☐ Yes ☐ No, describe deficits:		
	Can patient bend knees?	☐ Yes ☐ No, describe deficits:		
	Can patient plantar flex?	☐ Yes ☐ No, describe deficits:		
	Can patient dorsi flex?	☐ Yes ☐ No, describe deficits:		
Sensation	Can patient feel arms?	☐ Yes ☐ No, describe deficits:		
	Can patient feel legs?	☐ Yes ☐ No, describe deficits:		

Resuscitation:

Done Prior to Arrival

- ☐ Peripheral IV lines ☐
- ☐ Supplemental O₂ ☐
- ☐ Foley catheter placed ☐
- ☐ NG tube ☐
- ☐ OG tube ☐
- ☐ Ventilator ☐
- ☐ Chest tube (location): _____ ☐
- Inserted by: _____
- Attending present: _____ ☐
- ☐ Central venous line (location): _____ ☐
- Inserted by: _____
- Attending present: _____

Products / Fluids Given in Trauma Bay	Total Amount Given
Crystalloid IV	
PRBC IV	
FFP IV	
Platelets IV	

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nahp

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HISPHYS

Trauma Center Initial Patient Evaluation

Form Origination Date: 4/04
Version: 4

Version Date: 12/11

P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

PATIENT IDENTIFICATION LABEL

Physical Exam:

Initial vital signs:

BP 123/62 mmHg Pulse 74 bpm Resp 18 breaths/min
Temperature 37.8 °C SpO₂ 89 % ☐ RA ☒ O₂ 2 L/min

System	WNL	Abnormal (specify right, left or bilateral)
General	☐	☐ morbid obesity ☐ cachexia
Head	☐	
Scalp		
Facial skin		Abrasion behind ear
Facial bones		
Mandible		
Eyes	☐	
Pupils		2 bilaterally minimally responsive
EOMs		
Ears	☐	
TMs		
External auditory canals		
Pinna		
Nose	☐	
Nasal septum		
Mouth	☐	
Teeth		
Tongue		
Pharynx		
Mucous membranes		
Neck	☐	
Cervical spine		
Cervical collar in place?		☐ Yes ☐ No Cervical Collar placed prehospital? ☐ Yes ☐ No
Soft tissues		
Chest / Respiratory	☐	
Breath sounds		
Chest wall		
Heart	☐	
Abdomen	☐	
Pelvis	☐	
Genitalia	☐	
Rectum including digital rectal exam	☐	
Back	☐	
Extremity examination:	☐	
Upper extremities		
Lower extremities		

Pulses	Radial	Femoral	Dorsalis Pedis	Posterior Tibial
Right		+		
Left				

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Trauma Center Initial Patient Evaluation

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Form Origination Date: 4/04
Version: 4

Version Date: 12/11



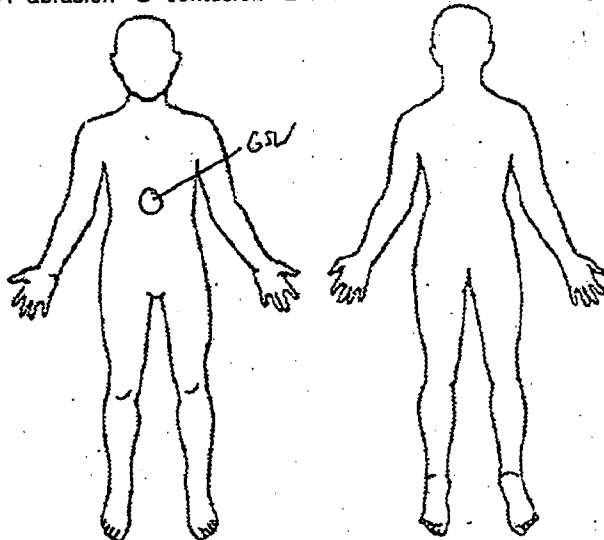
P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

PATIENT IDENTIFICATION LABEL

Neurologic Exam	WNL	Abnormalities
CN II - XI		
Sensory		
Motor		
Skin:		
Back or buttock skin breakdown or erythema		

Skin Exam:

A=abrasion C=contusion L=laceration B=burn S=surgical incision or scar P=penetrating / puncture wound



Minor Procedures Performed in Trauma Bay:

Repair of laceration(s):

☐ No

☐ Yes - Location of laceration(s) _____

Repaired with: ☐ sutures ☐ staples ☐ other _____

Service that repaired laceration: _____

Wound Irrigation / Debridement:

☐ No

☐ Yes - Location of wound(s) _____

Service that performed procedure: _____

Other procedures done in trauma bay:

Procedure: Corticis Placement

Location: R femoral

Service that performed procedure: _____

FAST EXAM:

☐ Not Done ☐ Negative ☐ Equivocal ☐ Positive: location: @ RUQ

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HISPHYS

Trauma Center Initial Patient Evaluation

Form Origination Date: 4/04
Version: 4

Version Date: 12/11



P:496951732 DOB:09/10/1969 U M J
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

PATIENT IDENTIFICATION LABEL

ANCILLARY STUDIES:

Labs:

ABG: _____

Blood Alcohol Level: _____

Blood Type: _____

CBC: _____

Urine or Serum HCG: _____

Trimester of pregnancy: _____

Chemistry: _____

RADIOLOGY STUDIES:

(write results in Assessment section)

- ☐ CXR
- ☐ Pelvis x-ray
- ☐ Extremity x-ray
- ☐ CT Brain
- ☐ CT Face
- ☐ CT C-spine
- ☐ CT Angio Neck
- ☐ CT Chest
- ☐ CT Abdomen / Pelvis
- ☐ Other _____
- ☐ Other _____

Outside Scans

Preliminary Read

Final Read

☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

ASSESSMENT: INJURY LIST (in no particular order)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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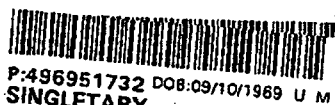


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Trauma Center Initial Patient Evaluation

Form Origination Date: 4/04
Version: 4

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P:496951732 DOB:09/10/1989 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

PATIENT IDENTIFICATION LABEL

PLAN:

1.

2.

3.

4.

5.

6.

7.

8.

Disposition:

- ☐ Home
☐ Observation
☐ Inpatient
☐ Floor ☐ ICU

- ☐ Morgue
☐ Transfer to other facility _____

CONSULTS	REASON FOR CONSULT	RESIDENT NOTIFIED	TIME OF NOTIFICATION	ATTENDING ON CALL
Orthopaedic Surgery				
Neurosurgery				
OMFS				
Plastic Surgery				
ENT				
Ophthalmology				
CT Surgery				
Vascular Surgery				
Urology				
Interventional Radiology				
Other:				
Other:				

Operating Room Notified: ☐ NO ☐ YES TIME NOTIFIED: _____

Clinician Signature/Initials _____ Pager ID _____ Date ____/____/____ Time _____

Clinician Signature/Initials _____ Pager ID _____ Date ____/____/____ Time _____

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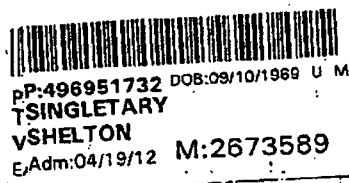
Trauma Center Initial Patient Evaluation

Form Origination Date: 4/04
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Version Date: 12/11

PATIENT IDENTIFICATION LABEL



MUSC Trauma Center Initial Patient Evaluation

Attending Physician's Statement

Attending Statement: The patient has been seen and examined by me personally. I have reviewed the documentation from resident: _____ and a discussion of the history and physical findings has been held.

I can confirm the following key history facts: _____

AA ♂ OF UNKNOWN AGE, SHOT ONCE IN THE ABDOMEN. BY REPORT PT WAS UNRESPONSIVE AND WAS INTUBATED IN THE FIELD AND ARRIVED, PT WAS UNRESPONSIVE.

I have examined the patient and key findings include: _____

INTUBATED AA ♂, SINGLE GUN TO ABDOMEN. HR=72 BP=120/62 RR=18.

NO EXT LUNGS NOTED.

LEFT FEMORAL PULSE NOTED.

FAST: 1 HEMORRHAGIC EJECTION LCC: 1 DUSTY 1 FB

Gustilo open fracture classification _____ N/A

PRESENT ON ADMISSION: ☒ shock: ☒ traumatic ☒ hypovolemic ☒ hemorrhagic ☐ cardiogenic
☐ pulmonary insufficiency following trauma ☐ cerebral edema ☐ brain compression ☐ coma

Assessment: AA ♂ & HEMORRHAGIC SHOCK 2° TO SINGLE GUN.

LF

Plan: 1. PLACE LLE LUMBAR CATHETER: WAS PRESENT FOR PLACEMENT OF LEFT FEMORAL CATHETER
2. HEMORRHOIC TRANSFUSION PROTOCOL. TIME SPENT WAS NOT INCLUDED IN
3. TO OR EMERGENCY FOR E-LAP. THE 35 MIN OF CRITICAL CARE

Patient Condition: ☒ Critical / Unstable ☐ Serious ☐ Fair ☐ Good

Admission Type: ☒ Inpatient ☐ Observation

This document is serving as:

☐ Admission History and Physical ☐ Emergency Dept. Evaluation ☐ Consultation (service consulting): _____

☒ Critical Care Time Without Procedures: 35 min.

I have personally reviewed all available radiographic images:

I have reviewed the results of pertinent laboratory tests:

I have personally reviewed the results of additional medical testing and monitor output:

I have personally discussed this case with the family:

Risk of complications / mortality: ☐ Minimal ☐ Low ☐ Moderate ☒ High

Signature: _____

Date: _____

Time: _____

☐ Samir Fakhry, MD
☐ E. Douglas Norcross, MD
☒ Bruce Crookes, MD

Pager 14007
Pager 14223
Pager 14602

☐ Stuart Leon, MD
☐ Stephanie Montgomery, MD
☐ Evert Eriksson, MD

Pager 14339
Pager 14030
Pager 14781

☐ Stephen Fann, MD
Pager _____

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Store at Room Temperature,
Do not place in refrigerator
or in cooler with ice.

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OF SOUTH CAROLINA

Discovering. Understanding. Healing.



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ29066
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type PP, LKP
Date 04/19/2012	Time 22:32	Tech ID ALEXIS	Expiration Date 04/20/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type A POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

Store at Room Temperature.
Do not place in refrigerator
or in cooler with ice.

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MEDICAL UNIVERSITY
OF SOUTH CAROLINA

Discovering. Understanding. Healing.



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ29094
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type PP, LKP
Date 04/19/2012	Time 22:32	Tech ID ALEXIS	Expiration Date 04/21/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12LV71800
Medical Record Number 2673589	Patient Location MUH-4STS-478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:09	Tech ID GARRJ	Expiration Date 05/13/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2871.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12LV71787	
Medical Record Number 2673589		Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:09	Tech ID GARRJ	Expiration Date 05/13/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ Initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11081	
Medical Record Number 2673589		Patient Location MUH 4STS 478E		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 21:45	Tech ID GLENC	Expiration Date 04/20/2012 01:44	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

17
Store at Room Temperature.
Do not place in refrigerator
or in cooler with ice.

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11175
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 22:53	Tech ID ALEXIS	Expiration Date 04/20/2012 02:53
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A NEG
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
_____ Blood product matches written order
_____ Patient ID band matches blood tag
_____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *M. T. [Signature]*

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

Store at Room Temperature.
Do not place in refrigerator
or in cooler with ice.

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11039
Medical Record Number 2673589	Patient Location MUH 4STS-478F		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 22:53	Tech ID ALEXIS	Expiration Date 04/20/2012 02:53
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ Initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]

Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

Store at Room Temperature.
Do not place in refrigerator
or in cooler with ice.

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11232
Medical Record Number 2673589	Patient Location MUH 4STS-478F		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 22:53	Tech ID ALEXIS	Expiration Date 04/20/2012 02:53
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
_____ Blood product matches written order
_____ Patient ID band matches blood tag
_____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ29092
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type PP, LKP
Date 04/19/2012	Time 21:13	Tech ID GLENC	Expiration Date 04/21/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Michael D. Smith* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GN30602	
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type PP, LKP	
Date 04/19/2012	Time 21:13	Tech ID GLENC	Expiration Date 04/21/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Sheldon M Singletary* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ29089 A
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type PP, LKP
Date 04/19/2012	Time 21:06	Tech ID GLENC	Expiration Date 04/20/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FK61174
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type PP, LKP
Date 04/19/2012	Time 22:32	Tech ID ALEXIS	Expiration Date 04/21/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ No Required			Donor Blood Type A POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

17
Store at Room Temperature.
Do not place in refrigerator
or in cooler with ice.

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**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11228
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 22:53	Tech ID ALEXIS	Expiration Date 04/20/2012 02:53
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
_____ Blood product matches written order
_____ Patient ID band matches blood tag
_____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *Mates*
Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LJ16820	
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed	
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present / _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient / _____ family member / _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GL25803
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date 4/19/12 Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GL25817
Medical Record Number -- 2673589 --	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature J. 14803 / Signature _____

Transfusion started: Date 04/19/12 Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LK45807
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date **4/19/12** Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

Store at Room Temperature.
Do not place in refrigerator
or in cooler with ice.

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11067
Medical Record Number 2673589	Patient Location MUH 4STS 478E		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 21:46	Tech ID GLENC	Expiration Date 04/20/2012 01:46
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

Store at Room Temperature.
Do not place in refrigerator
or in cooler with ice.

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OF SOUTH CAROLINA

Discovering. Understanding. Healing.



TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11079	
Medical Record Number 2673589		Patient Location MUH 4STS 478F		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 21:46	Tech ID GLENC	Expiration Date 04/20/2012 01:46	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12Z11041
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 21:45	Tech ID GLENC	Expiration Date 04/20/2012 01:44
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS Patient Blood Type O POS
Special Donation ☐ Autoologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FC34559	
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed	
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *M. [unclear]*

Transfusion started: Date *4/19/12* Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36S37792
Medical Record Number 2673589	Patient Location MUH 4ST5 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *Mates*

Transfusion started: Date *4/19/12* Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GL25818
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type B POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GW29134
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *Mato*
 Transfusion started: Date *4/19/12* Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FX19091
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *Mato*
 Transfusion started: Date *4/19/12* Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GC24654
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 22:06	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type B NEG
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date **4/19/12** Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FN36882
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:10	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
Special Antigen Screening			

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]

Transfusion started: Date Time

Transfuse in spite of temperature elevation order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LE25931
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:18	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *Mates*
 Transfusion started: _____ Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETERY, SHELTON		DOB 09/10/69	Unit Number 36FZ26845
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:10	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36M90899
Medical Record Number 2673589	Patient Location MUH 4ST5 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:10	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O NEG
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LJ16561	
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed	
Date 04/19/2012	Time 21:10	Tech ID GARRJ	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FT11804
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:10	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present, _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FX18713
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:10	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FG53050	
Medical Record Number 2673589		Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:18	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GL26258
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 20:20	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date 4/19/12 Time 21:00

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FG53057	
Medical Record Number 2673589		Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 20:20	Tech ID GARRJ	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Matthew Highland* / Signature *Matthew Brooks*
 Transfusion started: Date *4/19* Time *21:00*

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



"TRANSFUSION"

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETERY, SHELTON		DOB 09/10/69	Unit Number 36FG53062
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 20:20	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type A POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LS28568	
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed	
Date 04/19/2012	Time 20:20	Tech ID GARRJ	Expiration Date 04/23/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Michelle Hughes* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETERY, SHELTON		DOB 09/10/69	Unit Number 36FN36873
Medical Record Number - 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 20:20	Tech ID GARRJ	Expiration Date 04/23/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present. _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FN37416
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:32	Tech ID GARRJ	Expiration Date 05/21/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ28639	
Medical Record Number 2673589	Patient Location MUR 4STS 478		Product Type Red Cells, LKP	
Date 04/19/2012	Time 20:06	Tech ID GARRJ	Expiration Date 05/19/2012	23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Matthew Highland* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETERY, SHELTON		DOB 09/10/69	Unit Number 36FG53050
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/22/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date 4/19/12 Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



"TRANSFUSION"

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FK61031
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:06	Tech ID GARRJ	Expiration Date 05/19/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Michael Highland* / Signature *[Signature]*
 Transfusion started: _____ Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: _____ Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FY56041
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:06	Tech ID GARRJ	Expiration Date 05/19/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date *4/19* Time *2100*

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FN37395
Medical Record Number 2673589	Patient Location MUH-4STS-478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:06	Tech ID GARRJ	Expiration Date 05/19/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Sheldon M Singletary* / Signature *Youssef Brooks*
 Transfusion started: Date *4/19* Time *210*

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

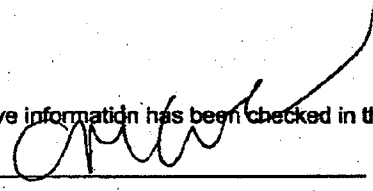
Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GJ35681
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present - _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature 

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ28639 A	
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP	
Date 04/19/2012	Time 20:32	Tech ID GARRJ	Expiration Date 05/19/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12LV71793
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:09	Tech ID GARRJ	Expiration Date 05/13/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETERY, SHELTON		DOB 09/10/69	Unr Number 12LV71790	
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells LKP	
Date 04/19/2012	Time 22:09	Tech ID GARRJ	Expiration Date 05/13/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☒ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion..Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12LV71791
Medical Record Number -2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:09	Tech ID GARRJ	Expiration Date 05/13/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

Transfuse in spite of temperature elevation order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12LV71794
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:09	Tech ID GARRJ	Expiration Date 05/13/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature Mak / Signature [Signature]

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12LV71307
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:09	Tech ID GARRJ	Expiration Date 05/13/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36M91013
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ Initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date 4/20/12 Time 21:24

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FR36929	
Medical Record Number 2673589		Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

Transfuse in spite of temperature elevation order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FR36600	
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed	
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETERY, SHELTON		DOB 09/10/69	Unit Number 36LC50413	
Medical Record Number 2673589		Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *Matts*

Transfusion started: Date *4/20/12* Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



"TRANSFUSION"

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETERY, SHELTON		DOB 09/10/69	Unit Number 36LR48635	
Medical Record Number 2673589	Patient Location MUH-4STS 478F		Product Type FFP Thawed	
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GW28569
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED.**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LX68984	
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed	
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date *7/6/09* Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LE25713
Medical Record Number 2673589	Patient Location MUH 4STS 478F		Product Type FFP Thawed
Date 04/19/2012	Time 21:24	Tech ID ALEXIS	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O NEG
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GL26524 A
Medical Record Number 2673589	Patient Location MUH-4STS-478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*

Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ28043
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Grossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date **4/19/12** Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GJ35704
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GL26212
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GJ35701
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product-Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36LK46166	
Medical Record Number 2673589		Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ Initially present ☐ Applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature: [Signature] / Signature: [Signature]
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GJ35696
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FK61098
Medical Record Number 2673589	Patient Location MUH-4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



"TRANSFUSION"

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GJ35697
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *Amber*
 Transfusion started: Date *4/19/12* Time *7:30*

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GJ35693	
Medical Record Number 2673589	Patient Location MUH-4STS 478		Product Type Red Cells, LKP	
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature *[Signature]*
 Transfusion started: Date *[Signature]* Time *9:26*

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FG53045	
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP	
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/22/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date Time Amount transfused cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FG53048
Medical Record Number 2673589	Patient Location MUH-4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 20:32	Tech ID GARRJ	Expiration Date 05/22/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☒ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *Michael Highland* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GJ35890	
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP	
Date 04/19/2012	Time 20:42	Tech ID GARRJ	Expiration Date 05/23/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FG53018
Medical Record Number 2673589	Patient Location MUH-4STS-478	Product Type Red Cells, LKP	
Date 04/19/2012	Time 20:32	Tech ID GARRJ	Expiration Date 05/22/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature CM Coe
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12GF62055 A	
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP	
Date 04/19/2012	Time 22:33	Tech ID GARRJ	Expiration Date 05/14/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood Identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GL25811	
Medical Record Number 2673589		Patient Location MUH 4STS-478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:33	Tech ID GARRJ	Expiration Date 04/26/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 12GF62055	
Medical Record Number 2673589		Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 22:33	Tech ID GARRJ	Expiration Date 05/14/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 32G95840	
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP	
Date 04/19/2012	Time 22:33	Tech ID GARRJ	Expiration Date 04/26/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion.
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



"TRANSFUSION"

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ28044
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FX19485
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature _____

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ28047 A
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type O POS
			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

Transfuse in spite of temperature elevation order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ28042 A
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



TRANSFUSION

**Transfusion Service
Blood Tag**

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FZ28044 A
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date 4/19/12 Time 21:05

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36GE48445 A
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date 04/19/12 Time 21:05

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FK60876
Medical Record Number 2673589	Patient Location MUH 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required.		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *VCY053* / Signature *MCS*
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient SINGLETARY, SHELTON		DOB 09/10/69	Unit Number 36FL47904 A
Medical Record Number 2673589	Patient Location MIU 4STS 478		Product Type Red Cells, LKP
Date 04/19/2012	Time 21:05	Tech ID JOHNSONAD	Expiration Date 05/10/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date **4/19/12** Time **6:07 PM**

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

CR1



P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FN37387
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/19/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 19:00

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 19:00 Amount transfused cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

OK

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SHELTON

Adm:04/19/12 M:2673589



"TRANSFUSION"

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FN37367
Medical Record Number 2673589	Patient Location MUH TRAU	Product Type Red Cells, LKP	
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/19/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1900

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

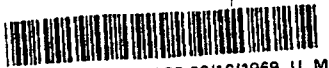
Transfusion ended: Date 4/19/12 Time 1900 Amount transfused 1 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

OK1



P:496951732 DOB:09/10/1969 U M
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Adm:04/19/12 M:2673589

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TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28641 A
Medical Record Number 2673589	Patient Location MUH TRAU		Product-Type Red Cells, LKP
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/19/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 19:05

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

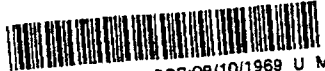
1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

OM

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P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589



"TRANSFUSION"

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28572
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/18/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 19:00

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

**UNCROSSMATCHED
BLOOD**

MV04FR4668

P:496951732 DOB:09/10/1969 U M
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SHELTON
Adm:04/19/12 M:2673589

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FX19534
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 17:12	Tech ID CHL37	Expiration Date 05/18/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 04/19/12 Time 2005

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

**UNCROSSMATCHED
BLOOD**

MVD4FR4648



P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

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TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36GL26533
Medical Record Number 2673589	Patient Location MUH-TRAU	Product Type -Red Cells- LKP	
Date 04/19/2012	Time 17:07	Tech ID CHL37	Expiration Date 05/10/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):

- ☒ Blood product matches written order
- ☒ Patient ID band matches blood tag
- ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 04/19/12 Time 2005

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

**UNCROSSMATCHED
BLOOD**

MV04FR4643

P:496951732 DOB:09/10/1969 U M
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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36L13121
Medical Record Number 2673589	Patient Location MUH-TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 17:12	Tech ID CHL37	Expiration Date 05/18/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 04/19/12 Time 2005

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36LE26238
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O-POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date 4/19/12 Time 1945

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	<i>Emergency</i>		RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FG53048
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 17:57

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	<u>emergent</u>		RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 17:57 Amount transfused cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36L12991
Medical Record Number 2673589	Patient Location MUH-TRAU		Product Type FFP-Thawed
Date 04/19/2012	Time 17:32	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
Transfusion started: Date **4/19/12** Time **1945**

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	Emergency		RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date **4/19/12** Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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"TRANSFUSION"

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FL47912
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:32	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☐ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient:

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time Amount transfused cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36LQ50884
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time Amount transfused cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

#1
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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ26877
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O NEG	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☐ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1900

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	<u>emergent - Level 2</u>		RR
Post transfusion	BP			RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



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 Adm:04/19/12 M:2673589

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Transfusion Service
 Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36LE26272
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
 IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date 4/19/12 Time 1900

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

OK

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**Transfusion Service
Blood Tag**

TRANSFUSION



P:496951732 DOB:09/10/1969 U M
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Adm:04/19/12 M:2673589

DOB 01/01/00		Unit Number 36FX19548	
Patient Location --MUH-TRAU--		Product Type Red Cells, LKP	
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/18/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type 36FN 37396 O POS	
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
_____ Blood product matches written order
_____ Patient ID band matches blood tag
_____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

OK



**Transfusion Service
Blood Tag**

TRANSFUSION

 P:496951732 DOB:09/10/1989 U M SINGLETARY SHELTON Adm:04/19/12 M:2673589		DOB 01/01/00	Unit Number 36FZ28640
Patient Location MUH TRAU		Product Type Red Cells, LKP	
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/19/2012 23:59
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

 P:496951732 DOB: 09/10/1969 U M SINGLETARY SHELTON Adm: 04/19/12 M: 2673589		DOB 01/01/00	Unit Number 36LE26263
Patient Location MUH TRAU		Product Type FFP Thawed	
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
☐ Blood product matches written order
☐ Patient ID band matches blood tag
☐ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

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TRANSFUSION

**Transfusion Service
Blood Tag**

 P:496951732 DOB:09/10/1969 U M		DOB 01/01/00	Unit Number 36LE26265
SINGLETARY SHELTON		Patient Location MUH TRAU	Product Type FFP Thawed
Adm:04/19/12 M:2673589			
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: _____ Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

 P:496951732 DOB:09/10/1969 U M SINGLETARY		DOB 01/01/00	Unit Number 12211078
SHELTON Adm:04/19/12 M:2673589		Patient Location MUH TRAU	Product Type Pooled Cryoprecipitate, TD
Date 04/19/2012	Time 18:13	Tech ID JOHNSONAD	Expiration Date 04/19/2012 22:12
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type A POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): _____ initially present _____ applied prior to transfusion
- Verbal identification source (check one): _____ patient _____ family member _____ staff member
- Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature

Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ29076
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type PP, LKP
Date 04/19/2012	Time 17:10	Tech ID GLENC	Expiration Date 04/20/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type A POS
			Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
 _____ Blood product matches written order
 _____ Patient ID band matches blood tag
 _____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
 Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ29100
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type PP, LKP
Date 04/19/2012	Time 17:52	Tech ID CASTELLM	Expiration Date 04/21/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
_____ Blood product matches written order
_____ Patient ID band matches blood tag
_____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

P:496951732 DOB:09/10/1969 U M
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Adm:04/19/12 M:2673589

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TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FC34417
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 16:40	Tech ID GARRJ	Expiration Date 04/23/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type unknown
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): _____ initially present _____ applied prior to transfusion
2. Verbal identification source (check one): _____ patient _____ family member _____ staff member
3. Blood identification verification (check each as performed):
_____ Blood product matches written order
_____ Patient ID band matches blood tag
_____ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
Transfusion started: Date _____ Time _____

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date _____ Time _____ Amount transfused _____ cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☐ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



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Transfusion Service
Blood Tag

"TRANSFUSION"

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FC34467
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 16:41	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type Unknown
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19 Time 16:41

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 16:41 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

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TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FV17154
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 16:41	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type unknown
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19 Time 16:41

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 16:41 Amount transfused 200 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



P-496951732 DOB:09/10/1969 U M
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 Adm:04/19/12 M:2673589



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**Transfusion Service
 Blood Tag**

"TRANSFUSION"

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36L13000	
Medical Record Number 2673589		Patient Location MUH TRAU	Product Type FFP Thawed	
Date 04/19/2012	Time 16:41	Tech ID GARRJ	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type AB POS	Patient Blood Type unknown
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
 IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date 4/19 Time 16:41

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 16:41 Amount transfused 300 cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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TRANSFUSION

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Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36LQ50878
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:14	Tech ID CHL37	Expiration Date 04/20/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]

Transfusion started: Date 4/19 Time 17:14

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 17:14 Amount transfused 300 cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36LJ16582
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:14	Tech ID CHL37	Expiration Date 04/20/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19 Time 1800

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 1802 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

P:496951732 DOB:09/10/1969 U M
SINGLETARY
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Adm:04/19/12 M:2673589

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**Transfusion Service
Blood Tag**

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36LR48665
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:14	Tech ID CHL37	Expiration Date 04/19/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O NEG	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 17:15

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 18:17 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



P:496951732 DOB:09/10/1969 U M
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SHELTON
Adm:04/19/12 M:2673589

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 35FL47909
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:32	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 18:15

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 18:16 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

P:496951732 DOB:09/10/1989 U M
SINGLETARY
SHELTON
Adm:04/19/12 M:2673589

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FG51684
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:32	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present- ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1802

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 1804 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FX19159
Medical Record Number 2673589	Patient Location MUH TRAU	Product Type FFP Thawed	
Date 04/19/2012	Time 17:27	Tech ID CHL37	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started Date 4/19/12 Time 1736

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

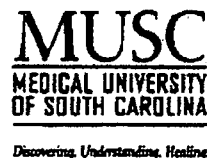
Transfusion ended: Date 4/19/12 Time 1740 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON
 Adm:04/19/12 M:2673589



**Transfusion Service
 Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FG52957
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:32	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
 IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
 Transfusion started: Date 4/19/12 Time 1800

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 1801 Amount transfused 300 cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36GE48509	
Medical Record Number 2673589		Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:41	Tech ID GARRJ	Expiration Date 04/20/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1700

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 1701 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ26871
Medical Record Number 2673589	Patient Location MUH TRAU	Product Type FFP Thawed	
Date 04/19/2012	Time 17:41	Tech ID GARRJ	Expiration Date 04/20/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 17:45

Transfuse in spite of temperature elevation order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 17:45 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

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TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28026
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type unknown
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1740

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 1741 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28047
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required		Donor Blood Type O POS	Patient Blood Type Unknown
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1740

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 1741 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28042
Medical Record Number 2673680	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS
			Patient Blood Type Unknown
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☒ family member ☐ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 12:15

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 12:44 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

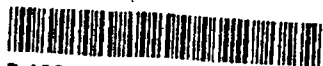
IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FL47904
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS
			Patient Blood Type Unknown
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 17:40

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 17:41 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

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Transfusion Service
Blood Tag

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28045
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Patient Blood Type Unknown
			Special Antigen Screening LKP

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19 Time 1740

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 1741 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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"TRANSFUSION"

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Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28039	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732-DOB:09/10/1969_U_M SINGLETARY SHELTON
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59	Adm:04/19/12 M:2673589
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type unknown
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature / Signature
Transfusion started: Date **4/19/12** Time **1720**

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date **4/19/12** Time **1721** Amount transfused **300** cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

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Transfusion Service
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"TRANSFUSION"

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FX19555	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732 DOB:09/10/1969 U M SINGLETARY SHELTON Adm:04/19/12 M:2673589
Date 04/19/2012	Time 17:12	Tech ID CHL37	Expiration Date 05/18/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1730

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 1731 Amount transfused 200 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28040	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732 DOB:09/10/1969 U M SINGLETARY SHELTON
Date 04/19/2012	Time 17:07	Tech ID CHL37	Expiration Date 05/10/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1731

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T.	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 1732 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

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TRANSFUSION

Transfusion Service
Blood Tag

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36L13152	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732-DOB:09/10/1969 U M SINGLETARY SHELTON
Date 04/19/2012	Time 17:12	Tech ID CHL37	Expiration Date 05/18/2012 23:59	Adm:04/19/12 M:2673589
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
 - ☒ Blood product matches written order
 - ☒ Patient ID band matches blood tag
 - ☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]

Transfusion started: Date 4/19/12 Time 1735

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 1736 Amount transfused 300 cc

Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

**UNCROSSMATCHED
BLOOD**

MV04FR4648

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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36L13122	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732 SINGLETARY SHELTON DOB:09/10/1969 U M
Date 04/19/2012	Time 17:12	Tech ID CHL37	Expiration Date 05/18/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date 4/19/12 Time 1735

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 1736 Amount transfused 300 cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

UNCROSSMATCHED
BLOOD

AV04FR2648



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Transfusion Service
Blood Tag

"TRANSFUSION"

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FX19547	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732-DOB:09/10/1969 U M SINGLETARY SHELTON
Date 04/19/2012	Time 17:12	Tech ID CHL37	Expiration Date 05/18/2012 23:59	Adm:04/19/12 M:2673589
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 1710

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 1711 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

**UNCROSSMATCHED
BLOOD**

MYO4FR4548



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**Transfusion Service
Blood Tag**

"TRANSFUSION"

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FZ28041	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732 DOB:09/10/1969 U-M SINGLETARY
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59	Adm:04/19/12 M:2673589 SHELTON
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type Unknown
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date 4/19/12 Time 17:10

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 17:41 Amount transfused 300 cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36GE48441
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed
Date 04/19/2012	Time 17:32	Tech ID GARRJ	Expiration Date 04/24/2012 23:59
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required		Donor Blood Type AB POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed		Special Antigen Screening	

P:496951732 DOB:09/10/1969 U M
**SINGLETARY
SHELDON**
Adm:04/19/12 M:2673589

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

- Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
- Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
- Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature _____ / Signature _____
Transfusion started: Date **4/19/12** Time **1800**

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date **4/19/12** Time **1801** Amount transfused **300** cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

- Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
- Immediately notify the patient's physician.
- Notify the Transfusion Service at 2-2671.
- Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FG53025	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type FFP Thawed	P:496951732 DOB:09/10/1969 U M SINGLETARY SHELTON Adm:04/19/12 M:2673589
Date 04/19/2012	Time 17:57	Tech ID JOHNSONAD	Expiration Date 04/24/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☐ Uncrossmatched ☒ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
Transfusion started: Date 4/19/12 Time 17:55

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19 Time 1824 Amount transfused 300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

OM



**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 35FN37396	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732 DOB:09/10/1969 U M SINGLETARY SHELTON
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/19/2012 23:59	Adm:04/19/12 M:2673589
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature *[Signature]* / Signature *[Signature]*
Transfusion started: Date 4/19/12 Time 1710

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 1710 Amount transfused ~300 cc
Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

OM



**Transfusion Service
 Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36FX19552	 P:496951732 DOB:09/10/1989 U M SINGLETARY SHELTON Adm:04/19/12 M:2673589
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	
Date 04/19/2012	Time 17:50	Tech ID GLENC	Expiration Date 05/18/2012 23:59	
Crossmatch Status ☒ Compatible ☐ Incompatible ☐ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type O POS
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
 IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☒ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature [Signature] / Signature [Signature]
 Transfusion started: Date 4/19/12 Time 17:50

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

POST TRANSFUSION DATA

Transfusion ended: Date 4/19/12 Time 18:16 Amount transfused 300 cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY

**UNCROSSMATCHED
BLOOD**

MVC-FR4548



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**Transfusion Service
Blood Tag**

TRANSFUSION

Name of Recipient TRAUMA, VICTIM JA		DOB 01/01/00	Unit Number 36GE48445	
Medical Record Number 2673589	Patient Location MUH TRAU		Product Type Red Cells, LKP	P:496951732 DOB:09/10/1969 U M SINGLETARY SHELTON Adm:04/19/12 M:2673589
Date 04/19/2012	Time 16:43	Tech ID CHL37	Expiration Date 05/10/2012 23:59	
Crossmatch Status ☐ Compatible ☐ Incompatible ☒ Uncrossmatched ☐ Not Required			Donor Blood Type O POS	Patient Blood Type Unknown
Special Donation ☐ Autologous ☐ Directed			Special Antigen Screening LKP	

**RETURN BLOOD PRODUCT TO TRANSFUSION SERVICE
IMMEDIATELY IF TRANSFUSION IS DELAYED**

PRE TRANSFUSION DATA

1. Patient ID band (check one): ☒ initially present ☐ applied prior to transfusion
2. Verbal identification source (check one): ☐ patient ☐ family member ☐ staff member
3. Blood identification verification (check each as performed):
☒ Blood product matches written order
☒ Patient ID band matches blood tag
☒ Blood product label matches blood tag

The two signatures below (one must be that of the transfusionist) certify the above information has been checked in the presence of the patient.

Signature / Signature
 Transfusion started: Date **4/19/12** Time **17:20**

"Transfuse in spite of temperature elevation" order is required if patient temperature is greater than 100°F.

Pre transfusion	BP	P	T	RR
15 minutes after start	BP	P	T	RR
Post transfusion	BP	P	T	RR

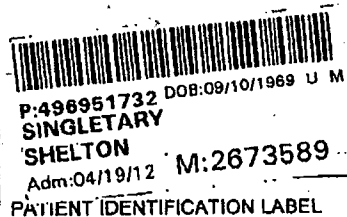
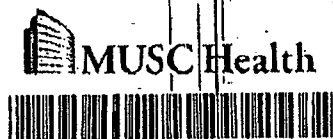
POST TRANSFUSION DATA

Transfusion ended: Date **4/19/12** Time **17:45** Amount transfused **300** cc
 Did patient show symptoms of a transfusion reaction? ☐ Yes ☒ No

IF A REACTION IS SUSPECTED, THE FOLLOWING STEPS ARE TO BE TAKEN:

1. Stop the transfusion. Keep the IV access open with normal saline. Do not discard the bag and set.
2. Immediately notify the patient's physician.
3. Notify the Transfusion Service at 2-2671.
4. Refer to the Transfusion Reaction Investigation Report for further instructions.

PATIENT CHART COPY



RESUCITATE
Cardiopulmonary Resuscitation Event Form

Form Origination Date: 9/07
Version: 2

Version Date: 10/09

Version 2

Date _____ Time _____ Location _____ Wt _____ kg 2-3333 called ☐ Yes ☐ No Time _____ Primary team notified: ☐ Yes ☐ No Time _____

Witnessed ☐ Yes ☐ No Patient Conscious at Onset ☐ Yes ☐ No ☐ Unknown Monitors present at onset ☐ EKG ☐ SaO₂ ☐ Apnea ☐ None

Type of Event ☐ Respiratory ☐ Respiratory leading to Cardiopulmonary ☐ Cardiopulmonary Resuscitation event ended at _____ (time)

Reason event ended: ☐ Return of circulation ☐ Return of ventilation ☐ DNR ☐ Unresponsive to ALS ☐ Family request/restrictions Outcome Status ☐ Death ☐ Alive, in same location ☐ Alive, transferred to _____

[Resuscitated from full cardiopulmonary arrest? Consider hypothermia]

[Resuscitated from full cardiopulmonary arrest? Consider hypothermia]

<u>Airway / Ventilation</u>			
Initial	☐ Spontaneous	☐ Apnea	☐ Agonal ☐ Assisted
Time of first assisted ventilation _____			
Ventilation type	☐ Mouth to Mouth	☐ Mouth / Mask	☐ BVM ☐ Ambu / ET
Existing Airway	☐ ETT	☐ Tracheotomy	
Airway inserted	☐ ETT	☐ LMA	☐ Other _____
ETT intubation	Time: _____	Size _____	
By whom _____			
Secondary confirmation ☐ Auscultation ☐ End-tidal CO ₂			

Circulation

Initial rhythm _____

Time chest compressions started _____

Rhythm when chest compressions started _____

Return of circulation time _____

AED applied ☐ Yes ☐ No ☐ N/A Time, if applied _____

AED shock ☐ Advised ☐ Delivered

Pacemaker ☐ None ☐ Permanent ☐ Transcutaneous ☐ Epicardial

☐ Transvenous ☐ Transesophageal Settings: _____

<u>Team Members</u>	<u>Name (print)</u>
Anesthesia	_____
MD Mayday Leader	_____
Mayday team RN	_____
Patient's nurse	_____
Pharmacist	_____
Respiratory Therapist	_____
Recorder	_____

[illegible]

Recorder signature [Signature]
Fax completed form to Risk Management at 2-5268
all all docu cprform

Date / time 4/20/12 1200 Physician signature / Pager ID Infedon 15445

Date / time 4/20/12 0220
Page 2 of 2
OTE 900439 Rev. 10/09

SINGLETARY, SHELTON MUSC Interdisciplinary Plan Of Care FROM: 04/19/12 15:37 TO: 04/20/12 08:08 ROOM: *478F-12* ADM: 04/19/12 19:18 AGE: 42Y SEX: M MD: CROOKES, BRUCE DOB: 09/10/1969 ID: 496951732 MR: 002673589 REQUESTED: 04/20/12 14:05 OPT OUT:	Page: 1

FLWSHEET	04/20
PsySpiritEd	02:00
PsySpiritEd Eval	resolved/dc'ed &

04/20/12 02:00 PsySpiritEd Eval(GMH): Pt passed. Pastoral Care services not needed as family has many clergy members.

CARE PROVIDERS	GMH

HUGGINS, GERIG M(GMH)CHAPLAIN

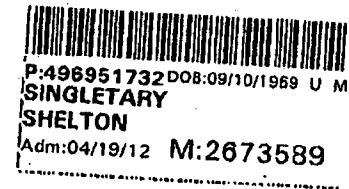
LAST PAGE

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - Interdisciplinary Plan Of Care
ROOM: *478F-12* Page: 1



Trauma Level A Patients- First 24 Hour Intake

Patient name/label:

Admission to ED: Date 4/19/12 Time _____ This documentation is complete on (24 hours later) Date _____ Time _____

Department	IV fluids- ml	PRBCs- # units	FFP- # units	Platelets-# units	Signature
Pre hospital	1000 cc	/	/	/	<i>[Signature]</i>
ED	2000 cc	/	/	/	<i>[Signature]</i>
OR					
ICU					
PACU					
Return to OR/ Other					
TOTAL					

Instructions for use:

To be completed for all Level A patients--

Documentation on this form is complete 24 hours after patient's presentation to the hospital.

Form to remain with patient record, placed on front of chart and will be collected by a staff member from the Department of Trauma. Form may also be placed in the appropriate "Pilot and Trial" holder in STICU.

Continue to document I&O's per unit policy.

Prompts:

ED RN- provide total intake upon hand off report to either ICU or Anesthesia Attending.

Anesthesia Attending - provide total intake upon hand off report to ICU.

ICU RN- provide total intake upon hand off report to OR.

This is not a part of the permanent record. For further information, contact your unit manager.

Confidential: SC Statute 540-71-10 & 40-71-20 protect this document from discovery, subpoena, or introduction into evidence in any civil action.

SINGLETARY, SHELTON
MUSC
Vital Signs, Intake & Output
FROM: 04/19/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/19/12 15:18
AGE: 42Y SEX: M MR: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OPT OUT:

Page: 1

FLWSHEET	04/19				
Vital Signs	19:04	19:05	20:10	23:35	23:50
Temp in C		35.0C	35.2C	35.2C	35.0C
PULSE		114	118	132	168
RESPIRATIONS		18			
O2 SAT %		80% oxygen	90%	80% oxygen	
BP (NIBP)		111/52			
BP mean (NIBP)		67			
Arterial BP		100/49	91/46	65/37 (modified)	170/95 &
Arterial mean		65	57	45	115
Glucose fs		237mg/dL			
PAIN LEVEL		0 CC pain obs to ol	0 CC pain obs to ol	0 CC pain obs to ol	

04/19/12 23:35 Arterial BP(ERS4): Dr. Crookes, Dr. Leshner, Dr. Jordan at bedside. Pt returned from OR

04/19/12 23:50 Arterial BP(ERS4): pulse noted, CPR held

Glucose	19:04	19:05	20:10	23:35	23:50
GLUCOSE PCX, WHO	237 H				
Medicated Drips	19:04	19:05	20:10	23:35	23:50
Epinephrine				.2mcg/kg/min	.2mcg/kg/min
Norepinephrine			60mcg/min	60mcg/min	60mcg/min
Phenylephrine		200mcg/min	200mcg/min	200mcg/min	200mcg/min
Vasopressin				.04units/min	.04units/min
I&O SUMMARY	19:04	19:05	20:10	23:35	23:50
Intake Total		3822	8647	3	3
		3822	12469	3	6
Output Total		2000	5450		
		2000	7450		
NET		1822	3197	3	3
		1822	5019	3	6
INTAKE	19:04	19:05	20:10	23:35	23:50
InvasiveLineFish		3	3	3	3
		3	6	3	6
Lactated Ringers			6000		
			6000		
NaCl 0.9%		2000			
		2000			
Norepinephrine			225		
			225		
Phenylephrine		19	19		
		19	38		
FFP		900	1200		
		(modified)	(modified)		
		900	2100		
PRBC		900	1200		
		(modified)	(modified)		
CARE PROVIDERS	SID	ERS4	ERS4	ERS4	ERS4

CC SYSTEM, ID(SID)

STRAHAN, ERIN(ERS4)RN

CONTINUED

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - Vital Signs, Intake & Output
ROOM: *478F-12* Page: 1

PERM

SINGLETARY, SHELTON
MUSC
Vital Signs, Intake & Output
FROM: 04/19/12 15:37 TO: 04/20/12 09:08
ROOM: *478F-12* ADM: 04/19/12 19:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OPT OUT:

Page: 2

FLWSHEET	04/19				
INTAKE Cont.	19:04	19:05	20:10	23:35	23:50
		900	2100		
Intake Total		3822	8647	3	3
		3822	12469	3	6
OUTPUT	19:04	19:05	20:10	23:35	23:50
Foley cath			550		
			550		
NG tube			900		
			900		
Wound drn #1		2000	4000		
			&	&	
		2000	6000		
Output Total		2000	5450		
		2000	7450		
04/19/12 19:05 Wound drn #1 (ERS4): frank blood from abdominal vac pack					
04/19/12 20:10 Wound drn #1 (ERS4): frank blood from abdominal vac pack					
CARE PROVIDERS		ERS4	ERS4		

STRAHAN, ERIN(ERS4) RN

CONTINUED

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - Vital Signs, Intake & Output
ROOM: *478F-12*

Page: 2

PERM

Patient: SINGLETARY, SHELTON M MRN: 2673589 Encounter: 496951732 Page 2 of 3

MUSC178 OF 287

ROA 367

SINGLETARY, SHELTON
MUSC
Vital Signs, Intake & Output
FROM: 04/19/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/19/12 19:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OPT OUT: Page: 3

FLOWSHEET		04/20	
Vital Signs		00:05	00:15
PULSE	122		
Arterial BP	139/34	59/18	
		&	&
Arterial mean	60	30	
04/20/12 00:05 Arterial BP(ERS4): pulse noted, CPR stopped			
04/20/12 00:15 Arterial BP(ERS4): PEA. CPR stopped, time of death 0016			
Medicated Drips		00:05	00:15
Epinephrine	.2mcg/kg/min		
Norepinephrine	60mcg/min		
Phenylephrine	200mcg/min		
Vasopressin	.04units/min		
I&O SUMMARY		00:05	00:15
Intake Total		17800	
		17806	
NET		17800	
		17806	
INTAKE		00:05	00:15
Lactated Ringers		16000	
		16000	&
PRBC		1800	
		1800	&
Intake Total		17800	
		17806	
04/20/12 00:15 Lactated Ringers(ERS4): total during CPR			
04/20/12 00:15 PRBC(ERS4): total during CPR			
CARE PROVIDERS	ERS4	ERS4	

STRAHAN, ERIN(ERS4) RN

LAST PAGE

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - Vital Signs, Intake & Output
ROOM: *478F-12* Page: 3

PERM

SINGLETARY, SHELTON
MUSC
24Hour Critical Care Patient Record
FROM: 04/19/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/19/12 18:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
ORT OUT:

Page: 1

FLOWSHEET		04/19				
Neuro/EENT		19:30	19:45	20:15	20:30	20:45
ImplNeuroEENTPOC	done					
GCS eyes open	1=no response					
GCS best verbal	1=tube/trach					
Best upper motor	1=no response					
GCS total score	3					
Lvl of conscious Behavior/neuro	calm &					
Disoriented	unable to assess					
04/19/12 19:30 Lvl of conscious(ERS4): paralytics given in OR						
Cardiovascular		19:30	19:45	20:15	20:30	20:45
S1S2	WNL					
PalpPeriphPulses	WNL					
Approp skinColor	for race on					
Alarms on	on					
Implement CV POC	done					
Rhythm	PVCs occasional sinus tach					
Monitor lead	lead II					
Heart sounds	S1 S2					
GeneralizedEdema	+4 &					
AllPulsesPresent	present					
R pedal pulse	1+=weak					
L pedal pulse	1+=weak					
04/19/12 19:30 GeneralizedEdema(ERS4): abdomen						
Respiratory		19:30	19:45	20:15	20:30	20:45
Suction function	yes					
Ambu bag/mask	present					
Implmnt Resp POC	done					
BS all lobes	rhonchi					
Airway	ETT - oral					
ETT size	8.0					
Placement @ lip	25cm					
Resp interv						ABGs drawn
Vent mode	PRVC					
Rate	16bpm					
FiO2	100%					
TV	500mL					
PEEP	10cm					
Bivent FiO2				100%		
p-high				25		
t-high				5.0sec		
t-peep				0.6sec		
CARE PROVIDERS	ERS4			ERS4		ERS4

STRAHAN, ERIN(ERS4)RN

CONTINUED

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - 24Hour Critical Care Patient Record
ROOM: *478F-12*

Page: 1

PERM

SINGLETARY, SHELTON
MUSC
24Hour Critical Care Patient Record
FROM: 04/19/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/19/12 19:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
CPT OUT:

Page: 2

FLOWSHEET		04/19				
		19:30	19:45	20:15	20:30	20:45
Respiratory-Cont						
Oral suction	done					
Oral secretions	bloody clear					
Oral-consistency	thick					
Gastrointestinal						
Implement GI POC	done					
BowelSndsAllQuad	&					
Abdomen	distended firm rounded					
NGT location	left nare					
NGT suction	low continuous					
NGT drainage	serosanguineous					
NGT interv	irrigated placement check					
04/19/12 19:30 BowelSndsAllQuad(ERS4): UTA due to abdominal vac pack suction						
04/19/12 19:30 Abdomen(ERS4): open to wall suction						
Genitourinary						
Implement GU POC	done					
Urine character	bloody					
Catheter	Foley					
Catheter size	16 FR					
DateCathInserted	04/19/2012					
CathInsertedPTA	no					
Func/Musculoskel						
Symmetry all ext	WNL					
Impl FuncMusclePOC	done					
Weakness	generalized					
Skin						
Impl Skin/Wnd POC	done					
Sens perception	1=cmplt limited					
Moisture	1=constnly moist					
Activity	1=bedfast					
Mobility	1=cmplt immobil					
Nutrition	3=adequate					
Friction & shear	2=poten problm					
Total Score	9					
Implement POC if	18 or less 1or2 anySubgroup					
Temperature	cool					
CARE PROVIDERS	ERS4					

STRAHAN, ERIN(ERS4)RN

CONTINUED

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - 24Hour Critical Care Patient Record
ROOM: *478F-12*

Page: 2

PERM

SINGLETARY, SHELTON
MUSC
24Hour Critical Care Patient Record
FROM: 04/19/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/18/12 18:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OPT OUT:

Page: 3

FLOWSHEET		04/19				
		19:30	19:45	20:15	20:30	20:45
Comfort						
Pain score	0 CC pain obs to ol					
Pain description	unable to descr					
Pain site(s)	unable to descr					
Observ/Treatmnts						
Alarms on	done					
Mouth care	&					
Turn	back					
Side rails up	x4					
Assess reviewed	done					
04/19/12 19:30 Mouth care(ERS4): pt receiving massive blood transfusion and is critically ill, oral care not done at this time.						
Nutrition						
Meal type	NPC					
Vascular Access						
Site#1 location	antecubital R					
Insertion date	04/19/2012					
Site#1 appear	secure					
Site#1 dressing	dry and intact					
Interventions	meds (see MAR)					
Site#2 location	antecubital L					
Insertion date	04/19/2012					
Site#2 appear	secure					
Site#2 dressing	dry and intact					
Interventions	meds (see MAR)					
Site#3 location	hand L					
Insertion date	04/19/2012					
Site#3 appear	secure					
Site#3 dressing	dry and intact					
Interventions	meds (see MAR)					
Central line loc	femoral R (modified)					
Insertion date	04/19/2012					
CVL type	introducer					
No. of lumens	1					
Site appearance	secure					
Care & mgmt	sutured meds (see MAR)					
Central line loc					subclavian L	
Insertion date					04/19/2012	
CVL type					uncuffed nontunneled introducer	
No. of lumens					3	
CARE PROVIDERS	ERS4				ERS4	

STRAHAN, ERIN(ERS4)RN

CONTINUED

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - 24Hour Critical Care Patient Record
ROOM: *478F-12*

Page: 3

PERM

Patient: SINGLETARY, SHELTON M MRN: 2673589 Encounter: 496951732 Page 3 of 6

MUSC182 OF 287
ROA 371

SINGLETARY, SHELTON
MUSC
24Hour Critical Care Patient Record
FROM: 04/19/12 15:37 TO: 04/20/12 09:08
ROOM: *478F-12* ADM: 04/18/12 18:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OPT OUT:

Page: 4

FLOWSHEET		04/19				
Vascular Access-Cont.		18:30	19:45	20:15	20:30	20:45
Site appearance					secure sutured	
Site dressing					dry and intact	
Care & mgmt					meds (see MAR)	
					pos blood return	
					&	
Art line loc	radial L					
Insertion date	04/19/2012					
Site appearance	secure					
Site dressing	dry and intact					
Waveform	crisp					
Leveled, zeroed	done					
04/19/12 20:30 Care & mgmt(ERS4): inserted per Dr. Jewett and Dr. Jordan						
Safety		18:30	19:45	20:15	20:30	20:45
Hospital ID band	on					
Bed in low posit	done					
Bed brakes on	done					
Bed press relief	on					
IV sol verified	done					
IV tbg/bag dated	done					
High alertMedsID	done					
Imple SafetyPOC	done					
AspirationRisk	yes					
AspPrecautnMntn	done					
SeizureRisk	yes					
SeizPrecautnMntn	done					
Infectionl liRisk	hospitalization					
	invasive lines					
	intubated					
	foley catheter					
Fall Risk		18:30	19:45	20:15	20:30	20:45
HxFall(w/in 3mo)	no=0					
Secondary dx	yes=15					
Ambulatory aid	None Bedrest=0					
IV or IV access	yes=20					
Gait	Norm BR w/c=0					
Mental status	OvrestFrgtLmt=15					
Total score	50					
Imple Safety POC	done					
Wound		18:30	19:45	20:15	20:30	20:45
Wound#1 site	abdomen					
Wound#1 type	open surg wound					
Wound#1 drainage	sanguinous					
	&					
Wound#1 drainAmt	large					
	&					
CARE PROVIDERS	ERS4				ERS4	

STRAHAN, ERIN(ERS4)RN

CONTINUED

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - 24Hour Critical Care Patient Record
ROOM: *478F-12*

PERM

Page: 4

SINGLETARY, SHELTON
MUSC
24Hour Critical Care Patient Record
FROM: 04/19/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/19/12 15:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OPT OUT:

Page: 5

FLWSHEET	04/19				
Wound Cont.	19:30	19:45	20:15	20:30	20:45
Periwound#1 skin	intact				
Wound#1 dressing	Transparent Films				
04/19/12 19:30 Wound#1 drainage(ERS4): frank blood					
04/19/12 19:30 Wound#1 drainAmt(ERS4): copious amounts					
Misc Events	19:30	19:45	20:15	20:30	20:45
Critical lab res		&			
Misc events	&			&	&
Misc events					
04/19/12 19:30 Misc events(ERS4): Pt arrived to STICU from OR. Anesthesia MD and CC MD and CC attending at bedside to assess pt. Pt is receiving massive transfusion per MD order.					
04/19/12 19:45 Critical lab res(ERS4): pH 7.07 relayed to Dr. Crookes and Dr. Jewett, aware of all lab values thus far.					
04/19/12 20:30 Misc events(ERS4): Central line inserted by Dr. Jewett and Dr. Jordan, pcsitive blood return in all lumens, OK to use prior to confirming placement with xray per Dr. Jewett.					
04/19/12 20:45 Misc events(ERS4): Pt taken to OR. Family updated per Dr. Crookes.					
CARE PROVIDERS	ERS4	ERS4		ERS4	ERS4

STRAHAN, ERIN(ERS4)RN

CONTINUED

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - 24Hour Critical Care Patient Record
ROOM: *478F-12*

Page: 5

PERM

SINGLETARY, SHELTON
MUSC
24Hour Critical Care Patient Record
FROM: 04/19/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/19/12 19:18
AGE: 42Y SEX: M M.D. CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OFT OUT:
Page: 6

FLWSHEET	04/19		04/20	
Misc Events	23:35	23:38	00:05	00:16
Misc events	&	&	&	&
Misc events	&			
04/19/12 23:35 Misc events(ERS4): Pt returned from OR, Dr. Crookes, Dr. Leshner, Dr. Jordan at bedside (see below)				
04/19/12 23:35 Misc events(ERS4): with 1 RT, 1 PCT, and 6 RN's. Vasopressin gtt started.				
04/19/12 23:38 Misc events(ERS4): Pt went into PEA, CPR started. Please see resuscitation/code sheet in pt's chart. Family at bedside and updated per Dr. Crookes.				
04/20/12 00:05 Misc events(ERS4): ABG sent to lab, Dr. Crookes aware of results.				
04/20/12 00:16 Misc events(ERS4): Time of death called per Dr. Crookes. Please see code sheet in pt's chart.				
CARE PROVIDERS	ERS4	ERS4	ERS4	ERS4

STRAHAN, ERIN(ERS4)RN

LAST PAGE

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - 24Hour Critical Care Patient Record
ROOM: *478F-12*

Page: 6



SINGLETARY, SHELTON
MUSC
MUHA mod/inact
FROM: 04/18/12 15:37 TO: 04/20/12 08:08
ROOM: *478F-12* ADM: 04/19/12 19:18
AGE: 42Y SEX: M MD: CROOKES, BRUCE
DOB: 09/10/1969 ID: 496951732 MR: 002673589
REQUESTED: 04/20/12 14:05
OBT OUT:

Page: 1

I & O

PRBC

(O) Perform Date: 04/19/12 19:05 Chart Date: 04/19/12 21:27 Chart Inits.: ERS4
Value: 1200
(M) Perform Date: 04/19/12 19:05 Chart Date: 04/19/12 21:52 Chart Inits.: ERS4
Value: (900)

FFP

(O) Perform Date: 04/19/12 19:05 Chart Date: 04/19/12 21:27 Chart Inits.: ERS4
Value: 1200
(M) Perform Date: 04/19/12 19:05 Chart Date: 04/19/12 21:52 Chart Inits.: ERS4
Value: (900)

PRBC

(O) Perform Date: 04/19/12 20:10 Chart Date: 04/19/12 21:32 Chart Inits.: ERS4
Value: 1600
(M) Perform Date: 04/19/12 20:10 Chart Date: 04/19/12 21:53 Chart Inits.: ERS4
Value: (1200)

FFP

(O) Perform Date: 04/19/12 20:10 Chart Date: 04/19/12 21:32 Chart Inits.: ERS4
Value: 1600
(M) Perform Date: 04/19/12 20:10 Chart Date: 04/19/12 21:53 Chart Inits.: ERS4
Value: (1200)

Legend Charting

Arterial BP Do Not Delete

(O) Perform Date: 04/19/12 23:35 Chart Date: 04/20/12 02:55 Chart Inits.: ERS4
Value: 65/37
(M) Perform Date: 04/19/12 23:35 Chart Date: 04/20/12 02:57 Chart Inits.: ERS4
Value: 65/37
Annotation: (Lr. Crookes, Dr. Lesher, Dr. Jordan at bedside. Pt returned from OR)

Central line loc Do Not Delete

(O) Perform Date: 04/19/12 19:30 Chart Date: 04/19/12 21:45 Chart Inits.: ERS4
Value: Lfem
(M) Perform Date: 04/19/12 19:30 Chart Date: 04/20/12 03:11 Chart Inits.: ERS4
Value: (Rfem)

Care Providers:

ERS4 STRAHAN, ERIN, RN

LAST PAGE

SINGLETARY, SHELTON MR: 002673589 ID: 496951732 DOB: 09/10/1969 - MUHA mod/inact
ROOM: *478F-12*

Page: 1

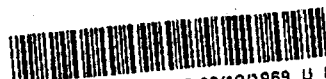
PERM



MUSC Health
Central Venous Catheter Procedure Note & Checklist:
Critical Care Services



CVLSPEC



P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELTON

Adm:04/19/12 M:2673589
Patie:
MRN

Form Origination Date: 1/00
Version: 6

Version Date: 7/11

PATIENT IDENTIFICATION LABEL

Time out performed prior to procedure ☒ Yes ☐ No Time procedure started: 19:30

Service: ICU

Procedure Location: ☐ CCU ☐ CTICU ☐ MICU ☐ MSICU ☐ NSICU ☒ STICU
☐ PCICU ☐ PICU ☐ NNICU
☐ IR ☐ Cath Lab ☐ Bronch Lab ☐ OR ☐ Other unit (Keane code)

Observer: Use the term **BREAK SCRUB** to call attention to the fact that one of the steps below (hand hygiene, maximum barrier precautions, site cleansing) was not completed appropriately. This signifies to the physician the procedure must be restarted or corrective action taken. Corrective action means taking the steps necessary to ensure the best practices are followed, e.g., prepping with chlorhexidine, etc.

Steps: ☒ Hand hygiene prior to donning gloves
☒ Maximum barrier precautions used: hat, mask, sterile gloves and gown, full sterile body drape
☒ Cleansed skin with chlorhexidine (Avoid femoral site for access if possible)

Above steps were followed? ☒ Yes ☐ No: Catheter needs to be replaced within 24 hours

Was this a clinical emergency? ☒ Yes ☐ No

Observer's Signature: _____ Date _____ Time _____
(typically the RN, but may include other licensed providers)

Indication for the Procedure: ☒ Hypotension ☐ Hypoxemia ☐ Shock, septic ☐ Shock, hemorrhagic ☐ Malnutrition
☐ ARDS / respiratory failure ☐ ATN / Renal failure ☐ Other

Lumen number on central venous catheter inserted: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Catheter size _____

Introducer? ☒ Yes ☐ No
Location: ☒ Left ☐ Right Subclavian vein. ☐ 1% lidocaine local anesthesia was used.

Check technique:
☒ Centrally inserted or ☐ Peripherally inserted
☒ New stick (Seldinger technique) or ☐ Exchanged over a wire. The tip of the old catheter ☐ was or ☐ was not sent for culture
☒ Landmark-based or
☐ Real-time ultrasound guidance used during vein puncture. Image: ☐ Stored electronically ☐ Secured in chart ☐ Not saved
Time procedure completed: _____

At the completion of the procedure: Wire removed ☒ Yes ☐ No
Blood return in all lumens ☒ Yes ☐ No
Procedure complications ☐ Yes ☒ No
Chlorhexidine dressing applied ☒ Yes ☐ No
Sterile dressing applied ☒ Yes ☐ No
If no chlorhexidine dressing, reason: _____

Additional procedure / complication detail:

Signature of Physician performing procedure: [Signature] Pager ID 1594 Date 4/19/12 Time 20:15

If Attending Physician is present:

My signature below certifies that ☒ was ☐ was not (check one) present and personally supervising the performance of this entire procedure. (Lack of signature does not imply lack of proper supervision. This relates only to attending physician presence for the entire procedure as defined under the CMS regulations for supervision by teaching physicians.)

Attending Signature [Signature] Pager ID 14602 Date 04/19/12 Time 08:15

ah_ccu_cticu_ddicu_ed_micu_nsicu_sticu_docu_centvenecath

OTE 900357 Rev. 7/11



**"INTRAOPNOTE"
POST-PROCEDURE / OPERATIVE NOTE**

Form Origination Date: 1/00
Version: 8

Version Date: 1/10



P:496951732 DOB:09/10/1969 U M
SINGLETARY
SHELDON
Adm:04/19/12 M:2673589

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

ALL STARRED (*) ELEMENTS OF THIS FORM MUST BE COMPLETED

UMA Providers: To effectively track the clinic location where the patient originated from, check the following (other than MUSC Campus Clinics).

☐ Beaufort ☐ E. Cooper ☐ Florence ☐ Greenville ☐ N. Chas ☐ Trident ☐ W. Ashley ☐ Other:

PRE-OP DIAGNOSIS, POST-OP DIAGNOSIS AND PROCEDURE MUST BE WRITTEN OUT

* DATE: 04/19/12

* PRE-OP DIAGNOSIS: LEGHIST WOUND TO THE ANTERIOR

* POST-OP DIAGNOSIS: Same

* PROCEDURE: RE-OPENING OF PELVIC LIGAMENT

POST-OP DIAGNOSIS: ICD-9 Code

1.	2.	3.	4.	5.

*** CPT Code**

Procedure 1	Procedure 2	Procedure 3	Procedure 4	Procedure 5	Procedure 6	Procedure 7	Procedure 8
44002							
Procedure 9	Procedure 10	Procedure 11	Procedure 12	Procedure 13	Procedure 14	Procedure 15	Procedure 16

MODIFIERS: Put modifier with procedure number in above box(es)

-22 unusual	-50 bilateral	-51 multiple	-52 reduced service	-53 discontinued
-54 surgery only	-55 postop mgmt only	-56 preop mgmt only	-58 staged / related	-59 distinct procedure
-62 two surgeons	-66 team	-76 repeat / same MD	-77 repeat / different MD	-78 return to OR
-79 unrelated / same MD	-82 asst surgeon, no resident available			

* ATTENDING SURGEON: C. Rogers

ASSISTANT: LEWIS

CO-SURGEON:

ANESTHESIA: GA

* SPECIMEN REMOVED: ☒ None ☐ Yes, (specify) _____

RETAINED ITEM(S) TO BE REMOVED: ☐ N/A ☐ 10 Lb Pads

DATE TO BE REMOVED: _____

* ESTIMATED BLOOD LOSS: ☐ None ☒ Amount MAJOR

34 ml PRBC 8 ml Oxy 2 DOSES FACTOR VIIa
35 ml PRP 6 ml PRS

COMPLICATIONS: ☐ No ☒ Yes, indicate SEVERE HEMORRHAGE

* FINDINGS: BLEEDING FROM SPINE & LIGAMENTOTOMY

DICTATION JOB NUMBER: 1049320

☒ I was present for the entire procedure.

☐ I was present for the key portions of the procedure and immediately available for the entire procedure.

☐ I was present for the key portions of the procedure and either I or Dr. _____ was immediately available for the entire procedure.

☐ Overlapping Procedures:

You must indicate what the Key Portions of the procedure were, and Dr. _____ was immediately available.
Key Portions: _____

As attending physician, I verify that this represents an accurate description of services rendered.

*Attending Signature [Signature]
intraop1

Doctor # 366

*Pager ID 14602

*Date 04/19/12

*Time 11:10

AM/PM PM

OTE 700194 Rev. 1/10



INTRAOPNOTE
POST-PROCEDURE / OPERATIVE NOTE

Page 1 of 1

Form Origination Date: 1/00
Version: 8

Version Date: 1/10



P:496951732 DOB:01/01/1900 M
TRAUMA
VICTIM JA
Adm:04/19/12 M:2673589

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

ALL STARRED (*) ELEMENTS OF THIS FORM MUST BE COMPLETED

UMA Providers: To effectively track the clinic location where the patient originated from, check the following (other than MUSC Campus Clinics).

☐ Beaufort ☐ E. Cooper ☐ Florence ☐ Greenville ☐ N. Chas ☐ Trident ☐ W. Ashley ☐ Other:

PRE-OP DIAGNOSIS, POST-OP DIAGNOSIS AND PROCEDURE MUST BE WRITTEN OUT

* DATE: 04/19/12

* PRE-OP DIAGNOSIS: GIANT HEMORRHOID TO THE ABDOMEN

* POST-OP DIAGNOSIS: 1. LEFT ILLIAC ARTERY INJURY 2. ASCENDING LIVER V. INJURY 3. SMALL BOWEL INJURY

* PROCEDURE: 1. REPAIR OF ILLIAC ARTERY 2. LIGATION OF LIVER V. 3. SB EXPLANT

POST-OP DIAGNOSIS: ICD-9 Code

1.	2.	3.	4.	5.

* CPT Code

Procedure 1	Procedure 2	Procedure 3	Procedure 4	Procedure 5	Procedure 6	Procedure 7	Procedure 8
37220	44111						
Procedure 9	Procedure 10	Procedure 11	Procedure 12	Procedure 13	Procedure 14	Procedure 15	Procedure 16

MODIFIERS: Put modifier with procedure number in above box(es)

-22 unusual	-50 bilateral	-51 multiple	-52 reduced service	-53 discontinued
-54 surgery only	-55 postop mgmt only	-56 preop mgmt only	-58 staged / related	-59 distinct procedure
-62 two surgeons	-66 team	-76 repeat / same MD	-77 repeat / different MD	-78 return to OR
-79 unrelated / same MD	-82 asst surgeon, no resident available			

* ATTENDING SURGEON: CORREY

ASSISTANT: RODRIGUEZ

CO-SURGEON:

ANESTHESIA: GERA

* SPECIMEN REMOVED: ☐ None ☒ Yes, (specify) 1. BULLET FRAGMENT 2. SB

RETAINED ITEM(S) TO BE REMOVED: ☐ N/A ☒ 10 PINS, 2 VESSEL LOOPS DATE TO BE REMOVED:

* ESTIMATED BLOOD LOSS: ☐ None ☒ Amount MASSIVE

14m-PRBC: 2u PITS: 750u CELL SAVED
10m-FFP: 2u-CRYO: 8L CRYOPRECIPITATE

COMPLICATIONS: ☒ No ☐ Yes, indicate

* FINDINGS: 1. ILLIAC ARTERY INJURY 2. ASCENDING LIVER V. INJURY 3. MULTIPLE SB INJURIES & HEMORRHOID

DICTIONATION JOB NUMBER: 1044204

☒ I was present for the entire procedure.

☐ I was present for the key portions of the procedure and immediately available for the entire procedure.

☐ I was present for the key portions of the procedure and either I or Dr. _____ was immediately available for the entire procedure.

☐ Overlapping Procedures:

You must indicate what the Key Portions of the procedure were, and Dr. _____ was immediately available.
Key Portions:

As attending physician, I verify that this represents an accurate description of services rendered.

*Attending Signature [Signature]
intraop1

Doctor # 3661

*Pager ID 14102

*Date 04/19/12

*Time 07:15 AM/PM AM

OTE 700194 Rev. 1/10



OPCHECKLIST

Universal Protocol SURGICAL Safety Checklist

Page 1 of 2

Form Origination Date: 5/09

Version: 4

Version Date: 10/11

Patient
MRNP: 496951732 DOB: 09/10/1989 U M
SINGLETARY
SHELDON
Adm: 04/19/12 M: 2673589

PATIENT IDENTIFICATION LABEL

Pre-Procedure Verification Process SIGN IN (with nurse & anesthetist)	Procedure Verification TIME OUT (with nurse, anesthetist and surgeon)	Before Patient Leaves OR Room SIGN OUT (with nurse, anesthetist and surgeon)
Patient or Family has confirmed: (☐ Not available) ☐ Identity ☐ Site ☐ Procedure ☐ H&P on chart ☐ Consent on chart Is the site marked? ☐ Yes ☐ N/A By whom: _____ Does the patient have a: Known allergy? ☐ No ☐ Yes Anesthesia provider discusses patient specific information with the team: Difficult airway / aspiration risk? ☐ No ☐ Yes, equipment / assistance available Risk of > 500 mL blood loss (> 7 mL/kg in children)? ☐ No ☐ Yes, adequate intravenous access and fluids planned ☐ No ☐ Yes, blood available Is the patient on a beta blocker? ☐ No ☐ Yes	All members of team verbally confirm: ☐ Patient ☐ Site ☐ Procedure ☐ Patient Position Additional Time Outs ☐ _____ ☐ _____ ☐ _____ ☐ If condition warrants timeout after start if Trauma Level 1A or 1B ☒ Confirm all team members have introduced themselves by name and role. Anticipated Critical Events To Surgeon: ☒ Discuss operative plan and possible difficulties ☒ How long will this take? ☒ What is the anticipated blood loss? ☒ N/A ☒ Essential imaging displayed? ☒ N/A ☒ ICU bed required post-op? ☒ N/A To Anesthesia: ☒ Are there any patient-specific concerns? ☒ No ☒ Yes, _____ ☒ Increased risk of fire? ☒ No ☐ Yes, see back Normothermia protocol applicable? ☐ No ☒ Yes Has antibiotic prophylaxis been given within the last 60 minutes? ☐ No ☐ N/A ☒ Yes, name: <u>Nurses</u> Start time: <u>1:30</u> Dose: <u>2gm</u> Route: ☒ IV ☐ PO Perfusion: Specific cannulation considerations? Specific cooling requirements? To Nursing Team: ☒ Has sterility (including indicator results) been confirmed? ☒ Specialty equipment / instruments / devices / implants available? ☒ Any specimens anticipated? Surgeon states: ☐ "Does anybody have any concerns? If you see something that concerns you during this case, please speak up."	Nurse verbally confirms: ☒ Name of the procedure recorded ☒ Completion of instrument, sponge and needle counts ☐ Yes ☒ No, X-ray obtained <u>Laps left in abdomen</u> ☐ N/A ☒ Specimen labeling (read specimen labels aloud, including patient name) ☒ Were there any equipment problems to be addressed? ☐ Yes ☒ No ☐ N/A To Surgeon, Anesthetist and Nurse: ☒ What are the key concerns for recovery and management of this patient? Antibiotic redosing plan discussed? ☐ No ☒ Yes Need order for beta blocker? ☒ No ☐ Yes
Signature _____ Date _____ Time _____	Signature <u>[Signature]</u> Date <u>4/19/12</u> Time <u>1:30</u>	Signature <u>[Signature]</u> Date <u>4/19/12</u> Time <u>1:30</u>

all_OR_docu_universalprotocolsafetychecklistORs

OTE 700506 Rev. 10/11



OPCHECKLIST
Universal Protocol SURGICAL Safety Checklist
Page 2 of 2

Form Origination Date: 5/09
Version: 4

Version Date: 10/11



P: 496951732 DOB: 09/10/1989 U M
SINGLETARY
SHELTON

Patient Name
MRN Adm: 04/19/12 M: 2673589

PATIENT IDENTIFICATION LABEL

Is the increased risk of fire due to:

- Surgery in the airway
- Surgery of the head and neck without an endotracheal tube or LMA
- Surgery in the thorax with the potential for an air leak

Recommended Practices:

- Notify the surgeon of the presence of an oxidizer enriched atmosphere
- Use cuffed, laser-resistant, tracheal tubes for surgery in the airway
- Consider a tracheal tube or LMA instead of MAC in oxygen-dependent patients for head and neck surgery
- Before an ignition source is activated in an oxidizer enriched atmosphere:
 - Announce the intent to use an ignition source
 - Reduce the FiO₂ to the minimum required to prevent hypoxia
 - Stop the use of nitrous oxide
- Surgeon should be encouraged to use:
 - Wet sponges
 - Alternatives to an ignition source such as a harmonic scalpel
- Identify nearest fire extinguisher



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,304

OPERATIVE NURSING RECORD Page 1 of 4

Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00 Version: 4.2 Version Date: 05/07

Patient Name: SINGLETARY, SHELTON
MRN: 002673589
Date of Birth: 09/10/1969 Age: 42

Date of Surgery: 04/19/2012
PatCom: 496951732
Sex: M

Pt Type: Add On
Room: A_OR17
Surgeon: Crookes, Bruce

CASE INFORMATION

Case Level: 1A LEV

Pre-procedure vital signs: BP: / HR: Resp: O2 Sat: % Wt: kg Temp:

ASA: IV Wound: II ID Bands: Consent: N Religion: UN

E
Musculoskeletal Status:

Catheter Inserted: Catheter Type:

Blood Prod: Fresh Frozen Plasma

Red Blood Cells

Prep: Platelets

Prep By:

Anesthesia Type: GENERAL

Anes Start: 2041 / Anes End: 2341

Pt In Room: 2043 / Pt Out: 2329

Surgery Start: 2055 / Stop: 2315

Time Out Completed?:Y

Time Out 2 Completed?:

Time Out Completed By: Surgeon

Pre Op Diagnosis

Post Op Diagnosis

STAFF & PROCEDURE

SEQ#	SURGEON	PROC#	PROCEDURE	SITE	POSITION
1	Crookes, Bruce	1	C_49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	Abdomen	

Anesthesiologist

Whiteley, Joseph R.

Circulator

Skinner, Patti

Circulator Relief

4/20/2012 9:28:50AM

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Source System: Picis
Edited: 5-1-11

* Denotes Brand Name

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ROA 381



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,304

OPERATIVE NURSING RECORD

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Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: SINGLETARY, SHELTON

MRN: 002673589

Date of Birth: 09/10/1969

Age: 42

Date of Surgery: 04/19/2012

PatCom: 496951732

Sex: M

Pt Type: Add On

Room: A_OR17

Surgeon: Crookes, Bruce

Scrub	Scrub Relief

Masters, Glen

Anesthesia Staff	Residents

Matos, Jennifer R.

Leshner, Aaron

Buck, Matthew V.

Other Staff	Role	Other

ALLERGIES

POSITIONING

Positioning Device	Other Device	Positioning By
Armboards Extended <90 Degrees Bilat		Skinner, Patti

Positioning Egg Crate	Positioning Pillow	Positioning Blanket
Head		
Bilateral Arms		

TUBES / DRAINS

Tube Type	Size	Location
		abdomen

IMPLANTS

Quantity	Manufacturer	Description	Laterality	Location	Lot Number	Serial Number

EXPLANTS

Quantity	Description	Lot Number	Serial Number

10

4/20/2012

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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,304

OPERATIVE NURSING RECORD Page 3 of 4

Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: SINGLETARY, SHELTON
MRN: 002673589
Date of Birth: 09/10/1969 Age: 42

Date of Surgery: 04/19/2012
PatCom: 496951732
Sex: M

Pt Type: Add On
Room: A_OR17
Surgeon: Crookes, Bruce

SPECIMENS / CULTURES

Specimen (description): ()

DRESSINGS

Dressing Site	Dressing Type	Other Notes
Abdomen	Other	Ioband

EQUIPMENT INFORMATION

Qty	Equipment	Description
1	HD_LT_ISO	Headlight Isolux 1300xsb

SURGICAL COUNTS

Initial: Masters, Glen
Skinner, Patti

	Required?	Instruments	Sponges	Sharps	Misc	Staff
Cavity:	N					
Closing:	Y	Correct	Correct	Correct	Correct	Masters, Glen Skinner, Patti
Skin:	Y	Correct	Correct	Correct	Correct	Masters, Glen Skinner, Patti
Shift:	N/A					
Other:	N/A					

Surgeon Notified?: Y

Surgeon Notified: Crookes, Bruce

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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,304

OPERATIVE NURSING RECORD Page 4 of 4

Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: SINGLETARY, SHELTON

MRN: 002673589

Date of Birth: 09/10/1969

Age: 42

Date of Surgery: 04/19/2012

PatCom: 496951732

Sex: M

Pt Type: Add On

Room: A_OR17

Surgeon: Crookes, Bruce

POSTOP ASSESSMENT

Temp:

Status: Sedated

Skin Cool

Transferred To: 8th fl STICU

Unit Notified?: Y @ 2300

Report to Other:

Transport Via: Bed

Report/Roll Call To:

@



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,295

OPERATIVE NURSING RECORD

Page 1 of 4

Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00

Version: 4.2

Version Date: 06/07

Patient Name: SINGLETARY, SHELTON
MRN: 002673589
Date of Birth: 09/10/1969 Age: 42

Date of Surgery: 04/19/2012
PatCom: 496951732
Sex: M

Pt Type: Add On
Room: A_OR01
Surgeon: Crookes, Bruce

CASE INFORMATION

Case Level: 1A LEV

Pre-procedure vital signs: BP: / HR: Resp: O2 Sat: % Wt: kg Temp:

ASA: IV Wound: I ID Bands: Consent: N Religion: UN

Musculoskeletal Status:

Catheter Inserted: N Catheter Type:

Blood Prod:

Prep: Chloraprep

Prep By: Barker, Ralph J.

Anesthesia Type: GENERAL

Anes Start: 1646 / Anes End: 1906

Pt In Room: 1647 / Pt Out: 1855

Surgery Start: 1657 / Stop: 1837

Time Out Completed?: N

Time Out 2 Completed?:

Time Out Completed By:

Pre Op Diagnosis

Post Op Diagnosis

STAFF & PROCEDURE

SEQ#	SURGEON	PROC#	PROCEDURE	SITE	POSITION
1	Crookes, Bruce	1	C_49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)		

Anesthesiologist

Wilson, Sylvia H.



MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,295

OPERATIVE NURSING RECORD Page 2 of 4

Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00

Version: 4.2

Version Date: 06/07

Patient Name: SINGLETARY, SHELTON

MRN: 002673589

Date of Birth: 09/10/1969

Age: 42

Date of Surgery: 04/19/2012

PatCom: 496951732

Sex: M

Pt Type: Add On

Room: A_OR01

Surgeon: Crookes, Bruce

Circulator

Circulator Relief

Geho, Heather
Coleman, Laurel A.
McGee, Karen L.
Spruill, Sonya L.
Gischia, Gregory
Brooks, Maureen
Jennings, Tomeka
Caraviello, Angela C.
Lynch, Tamika Nicole
O'Neal, Phyllis J.

Scrub

Scrub Relief

Sichts, Whitney B.

Anesthesia Staff

Residents

Straughan, Erin
Highland, Heather N.
Branham, Richard Kyle

Barker, Ralph J.

Other Staff

Role

Other

Steven Lovelace
Peter Tang

Medical student III
Medical student III

ALLERGIES

POSITIONING

Positioning Device

Other Device

Positioning By

Donut under head

Positioning Egg Crate

Positioning Pillow

Positioning Blanket

Arm(s) Upper

TUBES / DRAINS

Tube Type

Size

Location

ng tubes

abdomen

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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,295

OPERATIVE NURSING RECORD

Page 3 of 4

Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00

Version: 4.2

Version Date: 05/07

Patient Name: SINGLETARY, SHELTON

MRN: 002673589

Date of Birth: 09/10/1969

Age: 42

Date of Surgery: 04/19/2012

PatCom: 496951732

Sex: M

Pt Type: Add On

Room: A_OR01

Surgeon: Crookes, Bruce

IMPLANTS

Quantity	Manufacturer	Description	Laterality	Location	Lot Number	Serial Number

EXPLANTS

Quantity	Description	Lot Number	Serial Number

SPECIMENS / CULTURES

Specimen (description): Routine (A. small bowel)

DRESSINGS

Dressing Site	Dressing Type	Other Notes
Abdomen	Other	blue towels
Abdomen	Other	ioban

EQUIPMENT INFORMATION

Qty	Equipment	Description
1	HD_LT_ISO	Headlight Isolux 1300xsb

Other Equipment

Asset #	Description
22098	Other Equipment ligasure

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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Operating Room: Ashley Ave

Case Record #158,295

OPERATIVE NURSING RECORD Page 4 of 4

Patient: SINGLETARY, SHELTON

MRN: 002673589

Form Origination Date: 1/00 Version: 4.2 Version Date: 05/07

Patient Name: SINGLETARY, SHELTON
MRN: 002673589
Date of Birth: 09/10/1969 Age: 42

Date of Surgery: 04/19/2012
PatCom: 496951732
Sex: M

Pt Type: Add On
Room: A_OR01
Surgeon: Crookes, Bruce

S U R G I C A L C O U N T S

Initial: Sichts, Whitney B.
Spruill, Sonya L.

	<u>Required?</u>	<u>Instruments</u>	<u>Sponges</u>	<u>Sharps</u>	<u>Misc</u>	<u>Staff</u>
Cavity:	Y	Correct	Unresolved	Correct	Correct	Lynch, Tamika Nicole Sichts, Whitney B.
Closing:	Y	Not Applicable	Unresolved	Correct	Correct	Lynch, Tamika Nicole Sichts, Whitney B.
Skin:	Y	Not Applicable	Unresolved	Correct	Correct	Lynch, Tamika Nicole Sichts, Whitney B.
Shift:	N/A					
Other:	N/A					

Surgeon Notified?: Y

Surgeon Notified: Crookes, Bruce

P O S T O P A S S E S S M E N T

Temp:

Status:

Transferred To: 4th floor STICU South
Unit Notified?: Y @ 1842
Report to Other:

Transport Via: Bed
Report/Roll Call To:

@