

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

RECEIVED

OCT 02 2018

SC Court of Appeals

Appellate Case No. 2018-000922

Robert L. Evans, Employee,..... Appellant,

v.

Aqua Seal Manufacturing & Roofing and
Builders Mutual Insurance Company,..... Respondents.

RECORD ON APPEAL

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APPELLATE PANEL DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1608009

ROBERT L. EVANS, EMPLOYEE, CLAIMANT/APPELLANT

vs.

AQUA SEAL MANUFACTURING & ROOFING
AND
BUILDERS MUTUAL INSURANCE COMPANY, DEFENDANTS/RESPONDENTS

Hearing: February 20, 2018
Columbia, South Carolina

Appearances: For the Claimant/Appellant:
Charles E. Johnson, Esquire of Charles E. Johnson,
P.A., of Columbia, South Carolina

For the Defendants/Respondents:
George A. Taylor, Esquire, of Callison Tighe & Robinson
Columbia, South Carolina

Purpose of Hearing: Affirm the Decision and Order of the Single Commissioner

Decision and Order: By: The Honorable Michael Campbell
The Honorable Avery B. Wilkerson, Jr.
The Honorable T. Scott Beck

Filed: May 1, 2018

STATEMENT OF THE CASE

This matter came before the Appellate Panel of the South Carolina Workers' Compensation Commission on February 20, 2018, per notice timely and properly served on all parties of interest. The matter was initially heard before the Hearing Commissioner on August 4, 2017, in Columbia, South Carolina, pursuant to the Form 50, Employee's Request for Hearing, and Form 51 filed by the Defendants.

The issue before the Hearing Commissioner was whether the Claimant met his burden to prove he suffered a compensable injury by accident arising out of and in the course of his employment. The Claimant asserts in his appeal that the Hearing Commissioner erred in failing to find that the Claimant had a heat related incident on June 3, 2016 that aggravated and accelerated an unknown pre-existing condition of rhabdomyolysis. The Decision and Order of the Hearing Commissioner dated November 9, 2017, contains the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. The Claimant alleges that he suffered work-related rhabdomyolysis on June 3, 2016, arising out of and within the course and scope of his employment.
2. The Defendants deny the Claimant suffered a compensable injury by accident on June 3, 2016.
3. The Claimant worked as a roofer.
4. When the evidence is reviewed as a whole, there is no question that the Claimant had a heat-related incident on June 3, 2016.
5. The Claimant left work early due to the heat on both June 1, 2016 and June 2, 2016.

6. Defendants assert that the Claimant knew or should have known that he had this condition.

7. While there is clearly evidence that the Claimant has had previous heat-related episodes, the Claimant does not have a diagnosis of rhabdomyolysis until this event. There is no evidence in the record that the Claimant knew prior to this event that he suffered from rhabdomyolysis. Absent any evidence of an earlier diagnosis, it would require speculation on my part to conclude that he could or should have known. Rhabdomyolysis is a specific diagnosis which is different than heat exhaustion or dehydration.

8. A review of the medical records in evidence also shows that the Claimant has had other serious medical conditions that impact his general health.

9. The question at bar is one of compensability. By a preponderance of the evidence, does the Claimant now suffer from rhabdomyolysis as a result of the work-related events of June 3, 2016?

10. A letter in evidence from the Claimant's personal physician, Dr. Dean A. Floyd reads in part, "After talking with him and reviewing his hospital record, no discrete moment can be determined when he suffered an injury. He had a heat related illness which appeared to have resulted from a cauldron of chronic medical condition (HIV), medications and repeated heat exposure. How each contributed to his heat illness cannot be determined. It is the opinion of this examiner though that working on the roof top contributed to his acute illness." (Claimant's APA P. 35.)

11. In his deposition testimony, Dr. Floyd affirmed that his opinion cited above was still his opinion at the time of the deposition.

12. When asked, "Is there any way to medically assess the length of time that the repeated heat exposure took to result in or contribute to rhabdomyolysis?" Dr. Floyd's answer was, "There's no way we can do that." (Floyd Dep. Tr. 14:3-6.)

13. When the evidence is reviewed as a whole, the Claimant has not proven by a preponderance of the evidence that he suffered an injury by accident – rhabdomyolysis – on June 3, 2016. While the Claimant clearly suffers from this condition, he has not met his burden as to compensability set forth in the Act.

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is hereby determined as a matter of law that:

1. Under Section 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.

2. Under Section 42-17-20 venue in Richland County, South Carolina, was proper and agreed to by the parties.

3. Under Section 1-23-320(b) and Regulation 67-607, notice of the hearing was timely and properly served upon all parties in interest.

4. Under Section 42-1-160, the Claimant has not met the burden of proving he suffered a compensable injury by accident arising out of and in the course of his employment.

5. The claim is dismissed with prejudice.

6. No hearing costs are assessed.

APPELLATE REVIEW

Pursuant to S.C. Code Ann. § 42-17-50, in an Appellate Review, the Appellant Panel shall review the award; and, if good grounds be shown, may reconsider the evidence, receive further evidence, rehear the parties and amend the award. The Appellate Panel may make its own findings of fact and conclusions of law. Lowe v. Am-Can Transport Services, Inc., 283 S.C. 534, 537, 324 S.E.2d 87, 89 (Ct. App. 1984).

After review of the Appellant and Respondents' briefs, review of the evidence of the case, and after hearing the oral arguments of counsel, the Appellate Panel of the Workers' Compensation Commission affirms the Order of the Single Commissioner in full and adopts the below additional Findings of Fact and Conclusions of Law.

FINDINGS OF FACT AFFIRMED BY THE APPELLANT PANEL

1. The Claimant alleges that he suffered work-related rhabdomyolysis on June 3, 2016, arising out of and within the course and scope of his employment.
2. The Defendants deny the Claimant suffered a compensable injury by accident on June 3, 2016.
3. The Claimant worked as a roofer.
4. When the evidence is reviewed as a whole, there is no question that the Claimant had a heat-related incident on June 3, 2016.
5. The Claimant left work early due to the heat on both June 1, 2016 and June 2, 2016.
6. Defendants assert that the Claimant knew or should have known that he had this condition.

7. While there is clearly evidence that the Claimant has had previous heat-related episodes, the Claimant does not have a diagnosis of rhabdomyolysis until this event. There is no evidence in the record that the Claimant knew prior to this event that he suffered from rhabdomyolysis. Absent any evidence of an earlier diagnosis, it would require speculation on my part to conclude that he could or should have known. Rhabdomyolysis is a specific diagnosis which is different than heat exhaustion or dehydration.

8. A review of the medical records in evidence also shows that the Claimant has had other serious medical conditions that impact his general health.

9. The question at bar is one of compensability. By a preponderance of the evidence, does the Claimant now suffer from rhabdomyolysis as a result of the work-related events of June 3, 2016?

10. A letter in evidence from the Claimant's personal physician, Dr. Dean A. Floyd reads in part, "After talking with him and reviewing his hospital record, no discrete moment can be determined when he suffered an injury. He had a heat related illness which appeared to have resulted from a cauldron of chronic medical condition (HIV), medications and repeated heat exposure. How each contributed to his heat illness cannot be determined. It is the opinion of this examiner though that working on the roof top contributed to his acute illness." (Claimant's APA P. 35.)

11. In his deposition testimony, Dr. Floyd affirmed that his opinion cited above was still his opinion at the time of the deposition.

12. When asked, "Is there any way to medically assess the length of time that the repeated heat exposure took to result in or contribute to rhabdomyolysis?" Dr. Floyd's answer was, "There's no way we can do that." (Floyd Dep. Tr. 14:3-6.)

13. When the evidence is reviewed as a whole, the Claimant has not proven by a preponderance of the evidence that he suffered an injury by accident – rhabdomyolysis – on June 3, 2016. While the Claimant clearly suffers from this condition, he has not met his burden as to compensability set forth in the Act.

ADDITIONAL FINDINGS OF FACT OF THE APPELLANT PANEL

14. When the evidence is viewed as a whole, the Claimant has not proven by a preponderance of the evidence that he suffered an aggravation of a pre-existing condition of rhabdomyolysis on June 3, 2016.

CONCLUSIONS OF LAW AFFIRMED BY THE APPELLANT PANEL

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is hereby determined as a matter of law that:

1. Under Section 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.

2. Under Section 42-17-20 venue in Richland County, South Carolina, was proper and agreed to by the parties.

3. Under Section 1-23-320(b) and Regulation 67-607, notice of the hearing was timely and properly served upon all parties in interest.

4. Under Section 42-1-160, the Claimant has not met the burden of proving he suffered a compensable injury by accident arising out of and in the course of his employment.

5. The claim is dismissed with prejudice.
6. No hearing costs are assessed.

ADDITIONAL CONCLUSIONS OF LAW OF THE APPELLANT PANEL

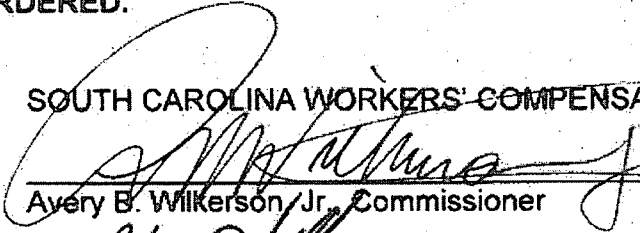
7. Under Section 42-9-35, the Claimant has not met the burden of proving he suffered a compensable aggravation of a pre-existing condition arising out of and in the course of his employment.

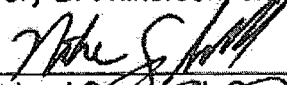
DECISION AND ORDER OF THE COMMISSION ON APPEAL

THEREFORE IT IS ORDERED that the Decision and Order of the Hearing Commissioner is hereby affirmed in full and the above additional Findings of Fact and Conclusions of Law are adopted by the Appellant Panel of this Commission.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION


Avery B. Wilkerson, Jr., Commissioner


Michael Campbell, Commissioner


T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia on May 1, 2018

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1608009

ROBERT L. EVANS

vs.

AQUA SEAL MANUFACTURING & ROOFING AND
BUILDERS MUTUAL INSURANCE COMPANY

Hearing: August 4, 2017
Columbia, South Carolina

Appearances: For the Claimant:
Charles E. Johnson, Esquire of Charles E. Johnson,
P.A., of Columbia, South Carolina

For the Employer, Aqua Seal Manufacturing & Roofing and
the Carrier, Builders Mutual Insurance Company:
George A. Taylor, Esquire of Callison Tighe &
Robinson, LLC, of Columbia, South Carolina.

Purpose of Hearing: To determine the issues set forth in the Form 50 and Form 51.

Decision and Order: By Gene McCaskill, Commissioner.

Filed: November 9, 2017

CLAIMANT'S APA SUBMISSIONS

<u>APA</u>	<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATES OF REPORTS</u>	<u>APA PAGE NO.</u>
1.	Palmetto Health Baptist	6/05/2016 – 10/14/16	1 – 13
2.	Wellspring Family Medicine	6/13/2016 – 9/07/2016	14 – 27
3.	Rehabilitation and Geriatric Services, LLC	8/23/2016 – 1/18/2017	28 – 31
4.	Columbia Nephrology	2/27/2017	32 – 34
5.	Eau Claire Cooperative Health Center	4/12/2017	35 – 38

EXHIBITS:

None.

DEFENDANTS' APA SUBMISSIONS

<u>APA</u>	<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATES OF REPORTS</u>	<u>APA PAGE NO.</u>
1.	Lexington Medical Center	7/07/2015	39 – 57
2.	Wellspring Family Medicine	7/09/2015 – 11/08/2016	58 – 68
3.	USC Department of Internal Medicine a/k/a USC Ryan White Clinic	7/13/2015	69-71
4.	Providence Hospital	2/27/2016	72 – 79
5.	Palmetto Health Baptist	6/05/2016 – 4/09/2017	80 – 96
6.	Eau Claire Cooperative Health Center	12/15/2016 – 5/18/2017	97 – 109
7.	Columbia Nephrology	1/04/2017	110 – 116

EXHIBITS:

8.	Form 20	117
9.	Return to work note dated June 8, 2016.	118

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| 10. | S.C. Secondary Injury Fund Questionnaire | 119 |
| 11. | Deposition Transcript of Claimant | |
| 12. | Deposition Transcript of Dean Floyd, MD | |

STIPULATIONS

At the call of the case, the parties stipulated as follows:

1. The South Carolina Workers' Compensation Commission has jurisdiction.
2. Venue is proper in Richland County.
3. Notice of Hearing was sufficient.
4. Claimant's average weekly wage is \$779.02, resulting in a compensation rate of \$519.37.
5. The Commission's file, with the exception of self-serving declarations and unstipulated medical reports, and the Administrative Procedure Act Submissions and exhibits are part of the record.

STATEMENT OF THE CASE

This matter came before me upon the Form 50, Employee's Request for Hearing, filed on May 22, 2017, and Form 51, Employer's Answer, filed on June 21, 2017. The Claimant alleges that he sustained a heat related injury, arising out of the course and scope of his employment on June 3, 2016, resulting in the diagnosis of rhabdomyolysis. The Claimant seeks a finding of compensability, entitlement to medical benefits and temporary total disability since the date of the alleged injury until maximum medical improvement.

The Defendants have denied the claim. The Defendants assert that the Claimant cannot carry his burden of proving that he has sustained a compensable heat related injury by accident, arising out of the course and scope of his employment. Defendants

further assert that the Claimant knew or should have known that he suffered from heat related injuries.

EVIDENCE OF THE CASE

A. Medical Records:

The parties submitted 116 pages of medical records, including multiple records predating the Claimant's alleged injury on June 3, 2016. The medical records indicate that the Claimant suffers from human immunodeficiency virus (HIV) and he receives treatment for the condition primarily in the form of regular medical visits and medication management. (Defendants' APA Pp. 39; 58-68.) The records preceding June 3, 2016 indicate that the Claimant also has a history of cramping and heat related problems. The Claimant reported to Lexington Medical Center on July 7, 2015 reporting cramping of his chest, abdomen, back and extremities after working a full day as a roofer. (Defendants' APA P. 40.) The Claimant's problems were determined to be acute, and he was discharged the same day after reporting he was feeling better and that the cramps had ceased. (Defendants' APA Pp. 44, 50.) The Claimant also reported cramping to Providence Hospital on February 27, 2016 (Defendants' APA Pp. 72-79) and to Wellspring Family Medicine on March 9, 2016. (Defendants' APA Pp. 60-62.)

Following the alleged injury, the Claimant first reported to Palmetto Health Baptist on June 5, 2016. The Claimant presented to the emergency department with severe abdominal pain and cramps, which he reported had been ongoing for 3 days. (Defendants' APA P. 80.) The Claimant also reported vomiting episodes and lightheadedness. (Id.) The medical record states that the Claimant reported he had

"started a new job as a roofer and after working half a day in the heat, began having severe abdominal cramping and pain throughout his extremities and torso" and that he reported having worked that morning. (Defendants' APA P. 80.) The Claimant was diagnosed with acute rhabdomyolysis and was admitted to the hospital for observation. (Defendants' APA P. 82.) The Claimant was discharged from Palmetto Health Baptist on June 8, 2016 with a discharge diagnosis of rhabdomyolysis. (Claimant's APA p.10.)

The Claimant was thereafter treated at Wellspring Family Medicine and Rehabilitation and Geriatric Services for various ailments, including rhabdomyolysis. (Claimant's APA Pp. 14-27, Defendants' APA Pp. 58-68; Claimant's APA Pp. 28-310.)

The Claimant began treating with Dr. Dean Floyd at Brookland Cayce Medical Center, a primary care doctor, on December 15, 2016. The Claimant presented on December 15, 2016 in need of a new primary care doctor. (Defendants' APA Pp. 106-108.) The Claimant was not seen again by Dr. Floyd until March 1, 2017, at which time he reported having muscle pain when performing manual labor. (Defendants' APA Pp. 104-106.) The Claimant was seen again by Dr. Floyd on March 28, 2017. Dr. Floyd took a detailed history of the Claimant's heat-related problems at this visit. (Defendants' APA Pp. 103-104, Claimant's APA Pp. 36-38.) The record reflects the Claimant reported his issues at work in early June 2016. He also reported an incident in May 2016, where he attempted to play softball but could barely throw or hit the ball. (Claimant's APA P. 36.)

Following the March 28, 2017 evaluation, Dr. Floyd issued a letter to Claimant's attorney which provides, in pertinent part:

After talking with [the Claimant] and reviewing his hospital record, no discrete moment can be determined when he

suffered an injury. He had a heat related illness which appeared to have resulted from a cauldron of chronic medical condition (HIV), medications and repeated heat exposure. How each contributed to his heat illness cannot be determined. It is the opinion of this examiner though that working on the roof top contributed to his acute illness.

(Claimant's APA pp. 35.)

B. Testimony

Robert L. Evans:

The Claimant testified on his own behalf. The Claimant has worked for Aqua Seal Manufacturing and Roofing for eight years. (Hr. Tr. 10:23-25.) The Claimant was working in Columbia in June 2016, when he alleges his injury. (Hr. Tr.11: 1-7.) He was working on a crew that was tearing the roof off of a building and hauling it off. He testified that the weather conditions were very hot. (Hr. Tr.11: 10-15.)

On June 1, 2016, the Claimant experienced cramping he described as "real bad" (Hr. Tr. 12:4) and had to call his wife to pick him up because he couldn't drive in his condition. (Hr. Tr. 12: 16-23.) The Claimant reported to work the following day, June 2, 2016 at approximately 5:00 AM. (Hr. Tr. 12:25 – 13:5.) By 10:00 AM that day the Claimant was unable to continue working because of cramping (Hr. Tr. 13:12-14.) The Claimant testified he went home on June 2, 2016 and took a cold shower, drank pickle juice, rubbed down in green alcohol and rested. (Hr. Tr. 14:14-16.)

The Claimant reported to work as scheduled the following day, June 3, 2016. Again, by 10:00 AM he was no longer able to continue working. (Hr. Tr. 15:13-14.) The Claimant testified that he threw up at work that morning and his supervisor's son took him home. (Hr. Tr.15:8-14.) The Claimant did not work on June 4, 2016. (Hr. Tr. 16:10-12.)

On June 5, 2016, the Claimant went to the hospital. (Hr. Tr. 17:12-14.) Prior to June 5, 2016, the Claimant testified he had no knowledge of rhabdomyolysis or what causes it. (Hr. Tr. 18:16-19.) The Claimant testified that he remained out of work following his accident and was terminated on June 27, 2016. (Hr. Tr. 19:6-13.) He did begin a new job in September or October, 2016. (Hr. Tr. 19:19-22.)

On cross-examination the Claimant was asked about his history of heat-related injuries. The Claimant testified he went to the hospital in July 2015 after cramping at work, and he remained out of work for an entire week following that incident. (Hr. Tr. 24:4-22.) The Claimant further testified that in February 2016, he saw a doctor to prevent another episode like the one he had in June 2015. (Hr. Tr. 25:10-12.) He stated: "But I just wanted to know where was I before the heat come in. If I can get myself prepared before or find out what's going on before June – before May get here. May it's hot..." (Hr. Tr. 25:17-21.)

The Claimant testified on cross-examination that by June 3, 2016, he was taking preventative measures to avoid a heat-related accident. (Hr. Tr. 31:2-7.) On June 3, 2016, he put ice packs in an arm brace and a leg brace to stay cool. (Hr. Tr. 31:10-24.)

Dean Floyd, MD

Dr. Dean Floyd was deposed by counsel for the Defendants on July 21, 2017. The deposition transcript was admitted into evidence without objection. Dr. Floyd began treating the Claimant on December 15, 2016. (Floyd Dep. Tr. 5:17-21.) Dr. Floyd opined that the Claimant suffers from rhabdomyolysis. (Floyd Dep. Tr. 7:17 – 8:10.) Dr. Floyd was asked about his March 28, 2016, letter, wherein he had opined that the Claimant had a heat related illness resulting from a cauldron of his HIV infection, medications and

heat exposure and that how each specifically contributed to his heat illness cannot be determined. Dr. Floyd confirmed that his opinions in that regard had not changed. (Floyd Dep. Tr. 13:1-15.) Dr. Floyd also confirmed that he knew of no way to determine which of the factors contributed most significantly to the Claimant's diagnosis of rhabdomyolysis. (Floyd Dep. Tr. 14:9-13.) Moreover, when asked, "Is there any way to medically assess the length of time that the repeated heat exposure took to result in or contribute to rhabdomyolysis?", Dr. Floyd answered, "There's no way we can do that." (Floyd Dep. Tr. 14:3-6.)

FINDINGS OF FACT

1. The Claimant alleges that he suffered work-related rhabdomyolysis on June 3, 2016, arising out of and within the course and scope of his employment.

2. The Defendants deny the Claimant suffered a compensable injury by accident on June 3, 2016.

3. The Claimant worked as a roofer.

4. When the evidence is reviewed as a whole, there is no question that the Claimant had a heat-related incident on June 3, 2016.

5. The Claimant left work early due to the heat on both June 1, 2016 and June 2, 2016.

6. Defendants assert that the Claimant knew or should have known that he had this condition.

7. While there is clearly evidence that the Claimant has had previous heat-related episodes, the Claimant does not have a diagnosis of rhabdomyolysis until this event. There is no evidence in the record that the Claimant knew prior to this event that

he suffered from rhabdomyolysis. Absent any evidence of an earlier diagnosis, it would require speculation on my part to conclude that he could or should have known. Rhabdomyolysis is a specific diagnosis which is different than heat exhaustion or dehydration.

8. A review of the medical records in evidence also shows that the Claimant has had other serious medical conditions that impact his general health.

9. The question at bar is one of compensability. By a preponderance of the evidence, does the Claimant now suffer from rhabdomyolysis as a result of the work-related events of June 3, 2016?

10. A letter in evidence from the Claimant's personal physician, Dr. Dean A. Floyd reads in part, "After talking with him and reviewing his hospital record, no discrete moment can be determined when he suffered an injury. He had a heat related illness which appeared to have resulted from a cauldron of chronic medical condition (HIV), medications and repeated heat exposure. How each contributed to his heat illness cannot be determined. It is the opinion of this examiner though that working on the roof top contributed to his acute illness." (Claimant's APA P. 35.)

11. In his deposition testimony, Dr. Floyd affirmed that his opinion cited above was still his opinion at the time of the deposition.

12. When asked, "Is there any way to medically assess the length of time that the repeated heat exposure took to result in or contribute to rhabdomyolysis?", Dr. Floyd's answer was, "There's no way we can do that." (Floyd Dep. Tr. 14:3-6.)

13. When the evidence is reviewed as a whole, the Claimant has not proven by a preponderance of the evidence that he suffered an injury by accident –

rhabdomyolysis – on June 3, 2016. While the Claimant clearly suffers from this condition, he has not met his burden as to compensability set forth in the Act.

CONCLUSIONS OF LAW

Accordingly, as provided by S.C. Code Ann. § 42-17-40, it is hereby determined as a matter of law that:

1. Under Section 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.

2. Under Section 42-17-20 venue in Richland County, South Carolina, was proper and agreed to by the parties.

3. Under Section 1-23-320(b) and Regulation 67-607, notice of the hearing was timely and properly served upon all parties in interest.

4. Under Section 42-1-160, the Claimant has not met the burden of proving he suffered a compensable injury by accident arising out of and in the course of his employment.

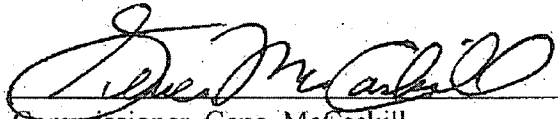
5. The claim is dismissed with prejudice.

6. No hearing costs are assessed.

AWARD

NOW, THEREFORE, IT IS HEREBY ORDERED, ADJUDGED AND DECREED THAT, based upon the foregoing Findings of Fact and Conclusions of Law, all benefits under the South Carolina Workers' Compensation Act are denied and the claim is dismissed with prejudice. No hearing costs are assessed.

AND IT IS SO ORDERED.

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

Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

November 9, 2017

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723 www.wcc.sc.govWCC File #: **1608009**Carrier File #: **WCV001030996**

Carrier Code #:

Employer FEIN #:

Claimant's Name: **Robert L. Evans** SSN: _____Employer's Name: **Aqua Seal Manufacturing & Roofing**

Address: _____

Address: **1114 Walter Price Street**

City: _____ State: _____ Zip: _____

City: **Cayce** State: **SC** Zip: **29033**Home Phone: **(803) 386 - 4558** Work Phone: () - _____Insurance Carrier: **Builders Mutual Insurance Company**Preparer's Name: **Charles E. Johnson**Law Firm: **Charles E. Johnson, P.A.**Preparer's Phone #: **(803) 256 - 1964****A claim for workers' compensation benefits is made based on the following grounds:****Date of Injury or Illness: 06/03/2016**☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction1. The claimant sustained an injury to Entire Body (Part(s) of Body Injured) on 06/03/2016 (Month/Day/Year) in Richland county, state of SC.2. Body part(s) affected are: Entire BodyBriefly describe how the accident occurred. Claimant was working on the roof of a building in extreme heat over 100 degrees.

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 06/03/2016 (Month/Day/Year) in the following manner:Supervisor instructed Claimant to go home after seeing him vomiting and complaining of cramping, and seeing spots.☒ 7. Due to injury, the claimant is in need of (check one):☐ (a) medical examination and treatment for: _____☒ (b) additional medical examination and treatment for: Rhabdomyolysis☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 06/03/2016 to present☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☒ (1) General Disability: ☒ Total ☐ Partial☐ (2) Specific Disability:☐ Total ☐ Partial☐ (3) Wage Loss9a. ☐ A determination of permanent disability is premature at this time.☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:10a. At the time of the injury, the Claimant was paid weekly wages of \$600.00, and demands accounting of days worked and wages earned as provided by law.10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None

11. Further grounds or unusual aspects of claim:

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Ward R. Warren MD, & Dr. Thomas S. Edwards MD, Palmetto Baptist Hospital, Taylor & Marion Street, Columbia, SC; Wellspring Family Medicine, 110 Atrium Way, Columbia, SC 29223; Dr. Manish Kadian, M.D., Columbia Nephrology, 121 Park Central Drive, Columbia, SC 29203; Dr. Dean A. Floyd, Eau Claire Cooperative Health Center, 1115 State Street, Cayce, S.C. 29033.11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.14. Estimated time needed for hearing: 2 hrs.☒ 13b. I am requesting a hearing. A \$25 fee is required.☐ Mediation☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.☐ b. Mediation is required pursuant to Reg. 67-1802.☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.Questions regarding mediation may be submitted to mediation@wcc.sc.gov.I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to George A. Taylor, Esq., Callison Tighe & Robinson, LLC, 1812 Lincoln Street, P.O. Box 1390, Columbia, SC 29202, on the 22nd day of May 2017 by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney for Claimant
Title _____charles201102@att.net
Email _____

Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations



WCC File #: 1608009
Carrier File #: WCV001030996
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Robert L. Evans SSN: [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home Phone: () - Work Phone: () -
Date of Injury: 06/03/2016
Preparer's Name: George A. Taylor Law Firm: Callison Tighe & Robinson, LLC
Preparer's Phone #: (803) 404-6900

Employer's Name: Aqua Seal Manufacturing & Roofing
Address: 1114 Walter Price Street, Cayce, SC 29033
Insurance Carrier: Builders Mutual Insurance Company

Date of Injury or Illness: 06/03/2016

Estimated time for hearing: 1 hour.

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Evidence does not support Claimant's allegations of a compensable injury by accident; Claimant's medical condition is unrelated to an injury at work.
2. It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1 above.
3. It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1 above.
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1 above.
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See No. 1 above.
6. It is ☐ Admitted ☒ Denied the employee ☐ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See No. 1 above.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
See No. 1 above.
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See No. 1 above.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ TBD applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
All defenses applicable under the South Carolina Workers' Compensation Act including, but not limited to, §42-1-120; §42-1-130; §42-1-140; §42-1-150; §42-1-160; §42-15-20; §42-15-40; §42-15-60; Cooper v. McDevitt & Street Co.; and the South Carolina Code of Laws (1985 and Cum. Supp. 1995);

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

[Signature] Attorney
Preparer's Signature Title

GeorgeTaylor@CallisonTighe.com
Email

6/21/17
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



Claimant's Name: Robert L. Evans Employer's Name: Acqua Seal Manufacturing & Roofing
Address: [redacted] Address: 1114 Walter Price Street
City: [redacted] State: [redacted] Zip: [redacted] City: Cayce State: SC Zip: 29033
Home Phone: (803) 386-4558 Work Phone: () - Carrier: Builders Mutual Insurance Company
Preparer's Name: Charles E. Johnson Preparer's Phone #: (803) 256-1964

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: 519.37 2. AWW: \$779.02 Date of Injury: 06/03/2016
3. Type of injury and body part(s): Heat Prostration / Entire Body
4. Facts in controversy: Whether Claimant's injury was caused by the extreme heat that he encountered working on the roof of a building on June 3, 2016.
5. Legal issues involved: Whether "Heat Prostration" is deemed an accidental injury within the meaning of the Workers' Compensation Act.
6. Unusual aspects:
7. Witnesses (designate if expert):* Robert L. Evans, Claimant
8. Exhibits: None at this time.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
1) Wellspring Family Medicine; 2) Rehabilitation & Geriatric Services, LLC; 3) PM Baptist - Emergency Dept.;
4) PM Baptist - Admission Data; 5) PM Baptist Discharge Summary.
10. Name, address, and specialty, if any, of the treating physician: 1) Thomas S. Edwards, MD., Palmetto Health Baptist, Taylor at Marion Street, Columbia, SC 29220; 2) Ward R. Warren, MD, Palmetto Health Baptist, Taylor at Marion Street, Columbia, SC 29220; 3) Jeffrey Douglas Sarata, DO, Palmetto Health Baptist, Taylor at Marion Street, Columbia, SC 29220; 4) W. Daniel Westerkam, MD., Rehabilitation and Geriatric Services, LLC, Columbia, SC; 5) Latonya N. Brown, FNP-BC, Wellspring Family Medicine, 110 Atrium Way, Columbia, SC 29223-6301; 5) Manish Kadian, M.D., Columbia Nephrology, 121 Park Central Drive, Columbia, SC 29203; 6) Dean A. Floyd, MD, Eau Claire Cooperative Health Center, 1115 State Street, Cayce SC 29033.
11. Impairment rating(s); body part(s); physician and date of opinion: TBD
12. I am amending my Form 50/51 in the following manner:

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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JUL 25 2017

SC WORKERS' COMPENSATION

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to George A. Taylor
Address 1812 Lincoln Street, Columbia, SC 29202 on the 20th day of July 20, 2017, by:

☒ first class postage ☐ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Email: charles201102@att.net
Date of hearing: August 4, 2017 Time needed for hearing: One Hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.



Claimant's Name: Robert L. Evans Employer's Name: Aqua Seal Manufacturing & Roofing
Address: _____ Address: 1114 Walter Price Street
City: _____ State: _____ Zip: _____ City: Cayce State: SC Zip: 29033
Home Phone: () - _____ Work Phone: () - _____ Carrier: Builders Mutual Insurance Company
Preparer's Name: George A. Taylor Preparer's Phone #: (803) 404-6900

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$519.37 2. AWW: \$779.02 Date of Injury: 06/03/2016
3. Type of injury and body part(s): Alleged rhabdomyolysis.
4. Facts in controversy: (1) Whether Claimant suffered a compensable injury by accident; (2) AWW/CR; (3) Entitlement to benefits under the Act; and (4) Whether Claimant's condition was an unexpected and unforeseen event given his known health conditions pre-existing his alleged accident.
- 2) Legal issues involved: (1) Compensability; (2) Entitlement to benefits under the Act; (3) AWW/CR; and (4) Whether Claimant's condition was an unexpected and unforeseen event given his known health conditions pre-existing his alleged accident.
- 3) Unusual aspects: Claimant has a health history that includes known susceptibility to heat that he never informed his employer about; Dr. Floyd deposed 7/21/17 and Defendants intend to submit transcript upon receipt.
- 4) Witnesses (designate if expert):* See attached Notice of Witnesses and APA Submissions.
- 5) Exhibits: See attached Notice of Witnesses and APA Submissions.
- 5) Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See attached Notice of Witnesses and APA Submissions.
- 7) Name, address, and specialty, if any, of the treating physician: Denied claim.
- 3) Impairment rating(s); body part(s); physician and date of opinion: N/A

12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: (See Certificate of Service) mailed on the 24 day of July, 2017 by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature: _____ Email: GeorgeTaylor@CallisonTighe.com
Date of hearing: August 4, 2017 Time needed for hearing: 1 hour.

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

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



WCC File #: 1608009
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Robert L. Evans SSN: _____ Employer's Name: Aqua Seal Manufacturing & Roofing
Address: _____ Address: 1114 Walter Price Street
City: _____ State: _____ Zip: _____ City: Cayce State: SC Zip: 29033
Home Phone: (803) 386-4558 Work Phone: _____ Insurance Carrier: Builders Mutual Insurance Company
Preparer's Name: Charles E. Johnson Law Firm: Charles E. Johnson, P.A. Preparer's Phone #: (803) 256-1964

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 06/03/2016

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Did claimant's heat related incident on June 3, 2016 aggravate and accelerate his unknown pre-existing
condition "radabdomyolysis" and as such, is it a compensable injury by accident arising out of and in the
course of his employment pursuant to SC Code Section 42-1-160?

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

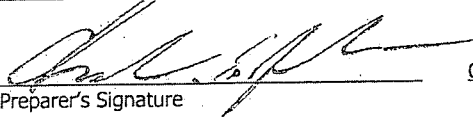
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NOV 15 2017

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

SC WORKERS' COMPENSATION

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to George A. Taylor, 1812 Lincoln Street, Columbia, SC 29202 on the 14th day of November 2017, by X first class postage ☐ certified mail ☐ personal service.


Preparer's Signature

Claimant's Attorney
Title

charles201102@att.net
Email

November 14, 2017
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0705077

Robert L. Evans,)
)
Claimant,)
)
v.)
)
Aqua Seal Manufacturing &)
Roofing,)
)
Employer,)
)
and)
)
Builders Mutual Insurance)
Company,)
)
Carrier/Defendants.)
-----)

FULL COMMISSION HEARING

Tuesday, February 20, 2018
3:46 p.m. - 3:59 p.m.

The Full Commission Hearing was heard before Commissioners R. Michael Campbell, II, Avery B. Wilkerson, and T. Scott Beck, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 20th day of February, 2018, before Cortney N. Glover, Court Reporter and Notary Public in and for the State of South Carolina.



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(803) 252-3445 / (800) 822-0896

APPEARANCES

Charles E. Johnson, Esquire

Attorney at Law
1332 Main Street
Columbia, South Carolina 29201
Attorney for the Claimant

George A. Taylor, Esquire

Callison Tighe & Robinson LLC
Palmetto Armory Office Building
1812 Lincoln Street
Greenville, South Carolina 29201
Attorney for the Defendants

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



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CALL TO ORDER:

COURT REPORTER: Today is February 20th, 2018. This is South Carolina Workers' Compensation Case Number 1608009. This is the case of Robert L. Evans, Claimant, versus Aqua Seal Manufacturing & Roof, Employer and Builders Mutual, Carrier. The Appellant is the Claimant, represented by Charles E. Johnson. The Respondent is represented by George A. Taylor. Each side is allowed ten minutes for oral argument and the Appellant, three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER BECK: Mr. Johnson?

MR. JOHNSON: Thank you.

COMMISSIONER BECK: Yes, sir.

CLAIMANT'S POSITION:

MR. JOHNSON: I'm gonna be fairly brief and to the point here. The facts and everything is in the record, kind of straightforward. Basically, it's our position that there's basically two issues here. The first issue is whether or not my client suffered a compensable injury during the course of employment back on June the 3rd. It's our position that he did. He testified to



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1 the fact that he had a heat-related incident
2 whereby basically he was throwing up, abdominal
3 pain, which will verify when he went to the
4 hospital 'cause about two days later which
5 basically find that he was -- had heat
6 exhaustion, dehydrated. And then that's when
7 the first diagnosis of renal myosis came about.
8 So if that's the case, without even getting to
9 the underlying renal myosis, that heat-related
10 incident is, by itself, compensable without
11 anything else. If there was no diagnosis for
12 renal myosis, that heat-related incident on
13 that date is compensable. So then if that's
14 compensable, then the question becomes then --
15 the second issue then at it related to the
16 renal myosis is whether or not that
17 heat-related incident on that day accelerated
18 or aggravated that underlying condition, which
19 was just diagnosed on -- in June, which was
20 unknown to my client that that heat-related
21 incident on June the 3rd triggered an acute
22 onset of that renal myosis.

23 Now, Dr. Floyd, who examined my client and
24 reviewed his medical records, opined that
25 working on the roof contributed to that acute



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1 onset. He also testified that there was no way
2 to determine what caused the renal myosis, to
3 link renal -- because there was several factors
4 that could have been contributing to it which
5 was heat -- doing some research, a snake bite
6 could cause it. People who overtrain, trauma,
7 being bedridden could also trigger renal
8 myosis. Combat soldiers sometime also have
9 that because of the stress as he was under in
10 combat. Athletes who overtrain, all those kind
11 of factors, medications. So there's no
12 discreet way of saying this one thing caused
13 it; this one -- this other thing caused it. It
14 could be a combination of things. But
15 that's -- it's not an issue under state law
16 before as to what the case law says. The only
17 issue is whether or not there was an underlying
18 condition there that would trigger by a
19 work-related injury. And we submitted that
20 heat -- frustration, as the case law says --
21 but the heat exhaustion which he suffered.
22 Actually, it was three days in a row.

23 COMMISSIONER BECK: But even Dr. Floyd can't say
24 that, can he?

25 MR. JOHNSON: He cannot say what caused the



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1 underlying condition, what factor. Once -- it
2 could have been a combination of factors. But
3 the existence of the condition is the only
4 requirement. It doesn't have to be related to
5 the job. It's not like a occupational disease.
6 Coal miners working in the coal mine have black
7 lung disease, but that part -- that is a
8 occupational disease because of what they're
9 breathing in during the time they work there.
10 This condition here is unrelated. Well, it
11 could be related to work 'cause, again, the
12 claimant worked on -- as a roofer. And as a
13 commercial roofer, so sometimes you have the
14 hard tar and stuff like that. So you always
15 got heat involved. But that by itself may or
16 may not have been the cause of it. It could
17 have been some other issue -- matters. But
18 it's similar to someone who had a heart attack.
19 If you walk around with clogged arteries and
20 you don't know it and you go to work and you do
21 something that stress the body to the point
22 that to cause you to have a heart attack, the
23 job you have may not have caused you to have
24 those bad arteries, but what you did at work,
25 that injury you suffered at work then triggered



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1 that heart attack. Same thing here.

2 **COMMISSIONER BECK:** Doesn't he -- isn't it opinion
3 only that working on the roof contributed. Not
4 and he hasn't -- it doesn't look like he's
5 causally related it -- or causally related an
6 aggravation of because but he didn't have it
7 preexisting as I understand, correct?

8 **MR. JOHNSON:** Well, he wasn't aware of it, so they
9 couldn't say whether he had it before or after
10 because if you also look at Dr. Floyd's
11 testimony, he was saying there's no way to say
12 how long being exposed to heat or any other
13 conditions were necessary to bring about his
14 condition. And because of what happened, in
15 his response to a question from counsel, he
16 was -- and by the time frame involved in the
17 development of the renal myosis, he was saying
18 there was no way for any doctor to specifically
19 say on this date this conditions started.
20 But what he did testify to was that even
21 withstanding all of the different conditions
22 that the claimant had, that even
23 notwithstanding that, that in his opinion, the
24 acute onset of it, not the creation of the
25 condition itself, but when there came to the



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1 forefront that limit his ability to work from
2 that point forward came about ---

3 **COMMISSIONER BECK:** But isn't that an aggravation
4 argument?

5 **MR. JOHNSON:** Yes. Aggravated a preexisting
6 condition.

7 **COMMISSIONER BECK:** And under an aggravation, he has
8 to say that more likely than not the condition
9 was aggravated by the employment. Does he say
10 that?

11 **MR. JOHNSON:** Well, he said -- actually, I think he
12 said something more direct than that.

13 **COMMISSIONER BECK:** Where's it at in the -- in your
14 APAs?

15 **MR. JOHNSON:** It's -- actually it's in the letter
16 itself.

17 **COMMISSIONER BECK:** Where at? Can you point -- I'm
18 gon' stop the clock the clock you just a minute
19 until you get me to that point.

20 **MR. JOHNSON:** Hold on. Let me see if I can find
21 that for you. It's ---

22 **COMMISSIONER BECK:** It's in your APAs or in
23 Mr. Taylor's APAs?

24 **MR. JOHNSON:** It's -- actually it's in the -- in his
25 transcript.



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1 COMMISSIONER BECK: All right.

2 MR. TAYLOR: If could interject, I think it's

3 Claimant's APA page 35.

4 MR. JOHNSON: 35? Okay.

5 COMMISSIONER BECK: Let me find it here.

6 MR. JOHNSON: And I think it's also in that order.

7 COMMISSIONER BECK: All right. Do you believe that
8 states it to the requisite legal standard for
9 an aggravation?

10 MR. JOHNSON: Yes. 'Cause he said that ---

11 COMMISSIONER BECK: All right.

12 MR. JOHNSON: --- in his opinion, it contributed to
13 the acute onset of renal myosis. He didn't say
14 it was most probable. He said it did
15 contribute to it.

16 COMMISSIONER BECK: But based on the Missue case,
17 it's expert opinion testimony.

18 MR. JOHNSON: Yes.

19 COMMISSIONER BECK: And it has to be stated to the
20 requisite legal standard of more likely than
21 not to a reasonable degree of medical
22 certainty. And the Court in Missue [ph] was
23 very clear that the, quote, magic words have to
24 be used. And I don't see any of those magic
25 words in that opinion.



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1 MR. JOHNSON: And I will argue that more probable
2 than not is likely 51 to 49 percent standard.
3 And what Dr. Floyd did in his opinion is he
4 went beyond that by saying it did.

5 COMMISSIONER BECK: No. He says how each
6 contributed to his heat illness cannot be
7 determined.

8 MR. JOHNSON: Yes. But then the last sentence in
9 that paragraph in his statement saying ---

10 COMMISSIONER WILKERSON: It said contributed.

11 COMMISSIONER BECK: Contributed.

12 COMMISSIONER WILKERSON: It said contributed. It
13 didn't say more likely than not caused it.

14 MR. JOHNSON: Right.

15 COMMISSIONER WILKERSON: But contributing could be
16 2 percent or it could be 98 percent, right?

17 MR. JOHNSON: I would argue that's it's more like
18 98 percent.

19 COMMISSIONER WILKERSON: No. That's fine. I'm okay
20 with that.

21 MR. JOHNSON: Yes. Because he was -- he's saying
22 even in spite of all of that, working on that
23 roof contributed too. And he also was very
24 honest and direct by that because he says that
25 no physical could say it with an exact date or



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1 time that this condition became -- well, was
2 created. But he did say that the acuteness of
3 it, which means when it actually came into
4 effect that affected the claimant to the point
5 that he cannot work anymore. Came about as a
6 result of working on the roof.

7 COMMISSIONER BECK: Okay.

8 MR. JOHNSON: And so basically that's the argument.
9 But even notwithstanding that, the initial
10 heat-related incident itself is still
11 compensable.

12 COMMISSIONER BECK: Okay. Thank you, sir.

13 MR. JOHNSON: Thank you.

14 COMMISSIONER BECK: Mr. Taylor?

15 RESPONDENT'S POSITION:

16 MR. TAYLOR: Thank you. And I will be brief as
17 well. Y'all have the briefs, and I clearly
18 understand the issues. I would raise initially
19 as a preliminary matter that this appeal, part
20 of the Form 30 that was filed, is as to whether
21 or not there was an aggravation of a
22 preexisting condition, an issue that was never
23 raised at the hearing level, was never raised
24 at the pleadings prior to that hearing, and an
25 issue that was never addressed or brought up at



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1 any point to Dr. Floyd.

2 The decision and order dealt with whether or
3 not there was an injury by accident only. Was
4 issue has not been appealed, so I think we have
5 some serious issues regarding preservation
6 matters.

7 But on the merits, simply the record doesn't
8 show that there was a causal connection between
9 the claimant's alleged injury and diagnosis of
10 rhabdomyolysis in his work on June 3rd, 2016.
11 The evidence shows that the claimant has had
12 heat-related incidents, accidents, problems, et
13 cetera, over a long period of time. He was
14 hospitalized in the summer before this. In
15 February leading up to his accident, he had
16 sought out medical attention to figure out how
17 he would prevent more problems with working on
18 a roof that summer.

19 And then Dr. Floyd considered some of that
20 information, not all of it. He wasn't even
21 aware of the heat accident the summer before,
22 and he very candidly provided his opinion on
23 what happened. And he said it was a cauldron
24 of factors, which included the claimant's
25 diagnosis of HIV, his medications, and repeated.



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1 heat exposure. He doesn't say there even that
2 this was roof work. And, in fact, in his
3 deposition and in a medical record, he
4 indicated that some of the heat exposure
5 resulted from other stuff like playing
6 softball. But he most certainly did not say
7 that more probably than not that the claimant's
8 work conditions on June 3rd were the cause of
9 his injury or his diagnosis of rhabdomyolysis
10 is that simple.

11 With regard to aggravation, if this panel
12 chooses to entertain that argument, there's --
13 likewise, there's just not a causal connection
14 to show that there was an aggravation on
15 June 3rd of a preexisting condition. There's
16 no evidence that it was a preexisting
17 condition. There's only evidence that he had
18 had heat problems previously. And that's our
19 case, and I would yield the rest of my time if
20 you have any questions.

21 COMMISSIONER BECK: Do you have any?

22 (No audible response.)

23 COMMISSIONER BECK: Thank you, Mr. Taylor.

24 MR. TAYLOR: Thank you.

25 COMMISSIONER BECK: Mr. Johnson?



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1 MR. JOHNSON: I have nothing in reply.

2 COMMISSIONER BECK: Thank you.

3 (There being nothing further, the hearing concluded
4 at 3:59 p.m.)
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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1608009

ROBERT L. EVANS,	)	
	)	
CLAIMANT,	)	
	)	
VS.	)	TRANSCRIPT OF PROCEEDINGS
	)	
AQUA SEAL MANUFACTURING	)	AUGUST 4, 2017
& ROOFING,	)	
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
BUILDERS MUTUAL INSURANCE	)	
COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

THIS HEARING WAS HELD BEFORE
COMMISSIONER GENE MCCASKILL, REPORTED BY SKYLET KEAN,
COURT REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE
OF SOUTH CAROLINA; SAID PROCEEDINGS WERE HELD AT THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION,
1331 MAIN STREET, COLUMBIA, SOUTH CAROLINA, ON
FRIDAY, AUGUST 4, 2017, COMMENCING AT 2:25 P.M.

SKYLET KEAN (803) 609-0134
fttpam@aol.com

APPEARANCES**FOR THE CLAIMANT:**

CHARLES E. JOHNSON, ESQUIRE

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1 PROCEEDINGS

2
3 THE COURT: Today's date is August 4th,
4 2017. This is Workers' Compensation Commission file
5 Number 1608009. This is the case of Robert L. Evans
6 versus Aqua Seal Manufacturing and Roof. Builders
7 Mutual Insurance Company is the carrier. The
8 claimant is represented today by Charles E. Johnson
9 and the employer and carrier are represented today by
10 George A. Taylor. Date of the accident is June 3rd,
11 2016. The claimant has an average weekly wage -- and
12 Mr. Johnson, I'm reading off of Mr. Taylor's 58, his
13 pre-hearing brief. 779.02 with a corresponding
14 compensation rate of 519.37. Would you stipulate
15 that's correct, sir?

16 MR. JOHNSON: Yes, sir.

17 THE COURT: All right. Are there any
18 objections to jurisdiction, venue, APA submissions or
19 any other item?

20 MR. JOHNSON: None from the claimant, Your
21 Honor.

22 MR. TAYLOR: None from the defendants.

23 THE COURT: All right. Without objection
24 the Commission file becomes part of the record with
25 the exception of self-serving declarations and

1 unstipulated medical reports.

2 We're here today, Mr. Johnson, pursuant to
3 a Form 50 you filed on behalf of your client. If you
4 would, please, sir, place your client's position on
5 the record.

6 MR. JOHNSON: Thank you. Basically, it's
7 our position, Your Honor, that the claimant sustained
8 an injury at work back on June 3rd of 2016. It's our
9 position that it's compensable under the statute.
10 That as a result of that injury the claimant has
11 sustained a permanent injury. We are requesting
12 temporary total and also permanent benefits as a
13 result of said injury. And it's our position that
14 because of the injury he had received a permanent
15 injury.

16 THE COURT: All right. Thank you, sir.
17 Mr. Taylor.

18 MR. TAYLOR: Thank you, Commissioner. The
19 defendants' position is that Mr. Evans did not suffer
20 an injury by accident at work as those terms are
21 defined and interpreted by our case law and statutes.
22 Mr. Evans had a history of heat-related incidents and
23 accidents prior to June 3rd, 2016 including an event
24 one year prior where he was hospitalized at Lexington
25 Medical Center after a heat injury with cramping that

1 occurred at work. On that occasion he was out of
2 work for an entire week.

3 When he reported back to see a doctor
4 about a week after that injury, about the time he
5 went back to work he reported to the doctor that he
6 cramps especially after heat exposure activities. He
7 then had more cramping kind of activities, and the
8 medical records reflect that between that incident in
9 July 2015 and then June 2016. And on June 1st and
10 June 2nd, the two dates preceding his alleged date of
11 accident in this case, he was having heat-related
12 problems and went home early both of those days. And
13 on June 3rd was so aware that he could have a heat
14 injury that he was, you know, drinking extra water,
15 even packing ice around his arms and legs to sort of
16 stave off a heat injury.

17 And we believe that the Capers case is
18 really directly on point here. Foreseen and expected
19 injuries are not compensable because they're not
20 accidents -- or injuries by accident. And we think
21 that that case is really directly on point because
22 Mr. Evans should have known by June 3rd based on the
23 previous year that he was susceptible to heat injury.

24 Our second point on compensability is that
25 the medical evidence doesn't support causation. The

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1 one doctor who has seen Mr. Evans and made any kind
2 of connection in this case is Dr. Floyd. He didn't
3 see him for many months after the accident, but he
4 ultimately opined that no discreet moment can be
5 determined when Mr. Evans suffered an injury and that
6 he had at some point an acute illness that resulted
7 from a number of different factors and heat exposure
8 was one of them.

9 But there's no way to determine when that
10 heat exposure contributed, if it went back years or
11 if it was just on, you know, June 1st, 2nd or 3rd.
12 And then there were other contributing factors, his
13 medical history, chronic medical history and
14 medications. And because of that the causation
15 factor really isn't there. That's our position on
16 causation.

17 Mr. Evans has not been written out of work
18 since the initial, I think it was one week
19 following -- I think he was written out of work for
20 one week after his hospitalization. Since that time
21 he's not been written out of work as it relates to
22 what happened in the first week of June of 2016. So
23 there's no evidence he'd be entitled to temporary
24 benefits. He also did work for a number of months
25 since his injury on June 2016, not for this employer

1 but he found work elsewhere. My understanding he's
2 not working now but he's also not written out of work
3 now.

4 To the extent that the Commission finds
5 there is an injury by accident, there's certainly no
6 evidence of permanent impairment in this case and
7 there's certainly no evidence that Mr. Evans is not
8 capable of working at this point and that's our case.

9 THE COURT: Thank you. Anything else,
10 Mr. Johnson?

11 MR. JOHNSON: No, sir.

12 THE COURT: All right. We had a
13 pre-hearing conference before going on the record.
14 Defendants submitted the deposition of Dr. Dean
15 Floyd.

16 Do you have any objection, Mr. Johnson, to
17 this coming into the record?

18 MR. JOHNSON: No, sir.

19 (DEFENDANT'S EXHIBIT NUMBER 1 WAS MARKED FOR
20 IDENTIFICATION.)

21 THE COURT: All right. And it is to be
22 marked and has been marked Defendant's Exhibit 1.

23 All right. Mr. Evans, we're ready to hear
24 from you, now, sir. Got a couple requests for you.
25 First is I need you to speak up. That's recording

1 equipment, not amplification equipment. And it's
2 important the attorneys hear you, this young lady
3 who's making the record has to hear you and, of
4 course, I have to hear you. Okay?

5 The second request I have for you, sir, is
6 if you're asked a yes-or-no question, please give me
7 a verbal yes-or-no answer. Okay? If you shake or
8 nod your head, which I do all the time, she actually
9 has to put that in the record and that will slow her
10 down. So if we can stick with verbal yes and a
11 verbal no, that will be helpful for us here today and
12 helpful for anyone who reads this in the future.
13 Okay?

14 MR. EVANS: Yes, sir.

15 THE COURT: All right. Thank you very
16 much, sir. Please swear the witness.

17 ROBERT L. EVANS,
18 AFTER BEING DULY SWORN TO TELL THE TRUTH, TESTIFIED
19 AS FOLLOWS:

20 THE COURT: Please state your full name
21 for the record, sir.

22 THE WITNESS: Robert L. Evans.

23 THE COURT: All right. Thank you,
24 Mr. Evans. Mr. Johnson, your witness.

25 MR. JOHNSON: Thank you, sir.

1 DIRECT EXAMINATION

2 BY MR. JOHNSON

3 Q. Mr. Evans, how old are you?

4 A. Sixty-one, sir.

5 Q. And how far did you go in school?

6 A. Eleventh grade.

7 Q. Now, do you have any kind of special
8 training or skills?

9 A. No, sir.

10 Q. And prior to working for Aqua Seal, the
11 employer here, what kind of work do you do?12 A. I used to do -- prior to them working for
13 Aqua Seal?

14 Q. Yes.

15 A. You mean with another company?

16 Q. Yes.

17 A. Oh, I have cooked at a restaurant, Olive
18 Garden chef.19 Q. All right. Any other skills besides
20 cooking?21 A. Well, you know, I have some
22 around-the-house skills, you know.23 Q. Okay. How long have you worked for Aqua
24 Seal?

25 A. Eight years.

1 Q. And back in June of 2016, where were you
2 working then?

3 A. We was on Blossom Street at the
4 Palmetto -- the Columbia -- the Columbia -- right
5 down Assembly on Blossom Street at the -- I forget
6 the name of the building, but it was the Old Cotton
7 Mill.

8 Q. And what kind of work were you doing at
9 that point in time?

10 A. I was -- basically we was tearing the roof
11 off replacing it, hauling all the trash off and
12 pretty much anything. I mean, it was, you know.

13 Q. And what kind of conditions were you
14 working under that day or during that --

15 A. Condition was hot. Very hot.

16 Q. And the beginning of that week do you have
17 any problems at work?

18 A. The beginning of the week, no. None. No,
19 sir.

20 Q. Okay. And the week before that, do you
21 have any problem?

22 A. The week before? No.

23 Q. So when did you first begin to feel ill or
24 whatever at that job site?

25 A. The 1st of June which would be on a

1 Tuesday or Wednesday. The 1st of June was on a
2 Wednesday.

3 Q. And what happened on that date?

4 A. I had a cramp real bad, real bad. I had
5 to call my wife to come get me that day and because I
6 couldn't perform. I just couldn't.

7 Q. Now, how long were you on that job that
8 day before you succumb to that cramp?

9 A. Oh. I was on the job all day. All day up
10 until around 2:30-ish when I just -- I had to go
11 down.

12 Q. What time did the day start on the job
13 site?

14 A. The job site started around I want to say
15 5:00 that morning. Yeah, 5:00 that morning.

16 Q. And so you said you had to call your wife
17 to come and --

18 A. Pick me up.

19 Q. Was that on the job site?

20 A. I couldn't drive. I usually drive the
21 company truck. You know, take the workers, coworkers
22 back and forth including myself. I couldn't do it
23 that day. I couldn't do it, so...

24 Q. Now, were you able to come back to work
25 the next day?

1 A. Yes, sir, after a little patching up.

2 Q. So what time did you arrive to the job
3 site the next day?

4 A. Roughly around the same time. Around
5 5:00-ish I want to say.

6 Q. And what happened then?

7 A. Around -- and that's on a Thursday.
8 That's June 2nd. I started working tearing the roof
9 off, you know, doing my normal work. You know,
10 getting everything set up to go and, oh, God, we
11 putting the roof out. Now we tearing it out. We
12 getting ready to put it down. It's 10:00 o'clock. I
13 cramped so bad that the supervisor had to get his son
14 to take me home that day.

15 Q. Now, you said you cramped. What kind of
16 cramps are we talking about?

17 A. We talking leg. We talking thighs, hands.
18 We just couldn't do anything. Toes. We cramped
19 severely that day. And so I had to get another ride
20 home.

21 THE COURT: Now, let's back up so I get
22 straight in my mind. You cramped up that day?

23 THE WITNESS: That's the second day.

24 THE COURT: The second day about 10:00 in
25 the morning?

1 THE WITNESS: About 10:00 in the morning.

2 THE COURT: The first day what time did
3 you cramp up?

4 THE WITNESS: Late that afternoon.

5 THE COURT: You got an estimate of a time?

6 THE WITNESS: 2:30-ish, 2:30.

7 THE COURT: Okay. Thank you.

8 BY MR. JOHNSON

9 Q. And so on that day you went home?

10 A. Yes, sir. The supervisor advised his
11 son -- excuse me -- take him home.

12 Q. So when you went home, what did you do at
13 home?

14 A. I got in the shower, cool water, drunk
15 some pickle juice, rubbed down in green alcohol and I
16 laid down the rest of the day.

17 Q. So you didn't go to the doctor or anything
18 on that day?

19 A. No, sir, because it was just too cramping
20 and I figure I was going to be okay. So I'm looking
21 forward to the next day.

22 Q. So the next day was Friday. So did you go
23 back to work that Friday?

24 A. Yes, sir.

25 Q. And what happened on that day?

1 A. Well, we started normal procedure, tearing
2 off, getting ready to put to roof back down. Foreman
3 which is Mister -- they call him Rob but his name is
4 Kenata (Ph). Said go over there because we had a
5 special thing we had to do with another group where
6 we were putting this wall up so they can put the air
7 conditioning connectors up.

8 So I went over there to start preparing
9 that and I saw this piece of plastic. And I threw up
10 on it because I -- we do white rubber and I didn't
11 want to throw up on the roof. So Kenata (PH) said,
12 oh, I know you ain't throw up on my roof. I said
13 yeah. He said get him out of here. Told his son
14 again on that Friday, 10:00 o'clock, take him home.

15 So I went home and I proceeded to do the
16 same thing again. Take a cold shower, rub myself
17 down in alcohol. But I'm just feeling some kind of
18 way that day. The owner of the company called me
19 around 12:00-ish. He said Robert. I said yes, sir.
20 He said, what this I hear you going home today? I
21 said, sir, not just today. It been the past two
22 days. He said what? I said, well, he didn't --
23 nobody told you? I said, well, I been gone. And he
24 said -- and he said that -- he never informed me to
25 go to the doctor or anything. And I told him. I

1 said, well, I'm going to rub myself down and I'm
2 relaxing and I'll be back there tomorrow. And he
3 said when you come in here tomorrow, I'm going to
4 have my foreman look at you and see if you're able to
5 go back out and that was the conversation. So I woke
6 up Saturday morning prepared to go to work but I
7 couldn't.

8 Q. What happened on Saturday morning?

9 A. Sir?

10 Q. You said Saturday morning you couldn't go
11 to work. Why?

12 A. No. Because I was planning to go and I
13 had just buried my daughter a week before and then
14 the grieving hit me. So on my way going to talk to
15 my pastor that Saturday morning I ran across my
16 foreman that one supposed to examine and I told him.
17 I said, man, I don't know. I had never -- you know,
18 I had never lost a child. And he said -- I said I'm
19 going to see my pastor and he said okay and I'll see
20 you Monday, Bo. He didn't get to see me Monday.

21 Q. So what did you do to rest that Saturday?

22 A. Saturday after I seen the pastor I went
23 home and relaxed not knowing what going on. But
24 after I saw the pastor I went down to the gravesite
25 and visited my daughter for a little while and that

1 was early in the morning. So after that I went home
2 and then come back out.

3 Q. Okay. What happened the next day?

4 A. Went to church Sunday morning. Went in
5 there and -- everybody in church before church
6 started getting everything prepared for -- for -- for
7 when we have service after church. And I spilled
8 some water and I went to mopping it up and I was
9 sweating so bad I didn't know what's going on. I'm
10 like I'm in an air conditioned place and I'm sweating
11 like this. And I was in there and during the service
12 I started sweating. I said something's wrong. So
13 after church that day I went to the hospital
14 emergency room. I didn't come back till Wednesday
15 after 11 bags of fluid. CPK level in the thousands,
16 cramping.

17 Q. So when you went to the hospital, what did
18 the doctor...

19 A. He immediately told me to take some urine
20 and they took some blood and he said we ain't got a
21 bed for you right now but we're fixing to start your
22 IV. And I said what's going on? He said your CPK
23 level is in the thousands. Your kidneys can -- it
24 hadn't shutdown yet but can. And something about
25 Rhabdomyolysis where it could shut your body down.

1 CPK level controls your brain muscles, your heart
2 muscles and your skeletal muscles. I just left the
3 hospital less than two weeks ago. CP whatever it was
4 last month. It was around June, July I went to the
5 hospital just fear of cramping and I was cramping.
6 And I went and they gave me a bag of fluid and my CPK
7 levels are in the 300s. Your normal CPK level is 198
8 per unit. That's a normal CPK reading. I hadn't
9 seen that in a while.

10 Q. Now, before that, before your arrival at
11 the hospital on that Sunday you talked to the
12 doctors. Were you ever aware of what the
13 significance of the CPK and the rhabdomyolysis -- did
14 anybody ever -- any doctor ever spoke to you
15 concerning any of those issues?

16 A. No. No, sir. When the doctor came into
17 the hospital and he said you -- rhabdomyolysis. You
18 have rhabdomyolysis. I didn't know what that was. I
19 had no idea what triggers it. I had no idea what CPK
20 level was. But we're educated on it now because I'm
21 still going through it. There ain't nothing I can do
22 on a daily basis. If I sweat, I'm going to cramp.
23 I'm going to cramp. And as I was just sitting here,
24 my finger started cramping. I stay Gatorade up. I
25 stay water up. I don't know.

1 Q. You say you spent, what, three or four
2 days in the hospital; correct?

3 A. From Sunday to Wednesday.

4 Q. After you got out of the hospital did you
5 attempt to go back to work?

6 A. I called Aqua Seal and I told him right
7 out, you know, what I got. They said take your time.
8 You know, don't -- no. Do not attempt to come back
9 in here. So I stayed out for 30 days and I stayed in
10 touch with the company letting them know, you know,
11 oh, no, today ain't the day. I'm feeling just
12 dizziness still yet and I'm just not out of the
13 woods. So on the 27th of June I was terminated.

14 Q. Now, after you were terminated by the
15 company did you attempt to find any other employment?

16 A. Not right away or did I right away? Not
17 right away because I was still, you know, and not
18 well. I just couldn't go on anybody's job and take
19 that chance. So in September or October when I
20 decided to seek, you know, that I thought I was ready
21 and I knew that I wanted to go to work. And I found
22 this company Onin. Onin set me up to take me to this
23 company and I started working with him. I was
24 stacking bags. There's like 100 bags to a stack.
25 Well, you stack ten bags and you just -- light bags

1 less than 25 pounds to ten. You stack them alternate
2 until you get a 100.

3 So I was doing that and we was alternate
4 stacking. And all the sudden feeling some kind of
5 way, seeing spots, I'm dizzy and I went to the
6 hospital and I got another bad of fluid. And matter
7 of fact, I think it was two that day. But then I
8 couldn't go back to work for the company and we was
9 about -- it was a seasonal job and it was in October
10 or November. I believe I had fluids in October and
11 November and the job was shutting down in December
12 and then they called me back last year. Well, early
13 this year in March and I couldn't go.

14 Q. So when you went to the doctor or I should
15 say when you went to the hospital during that time,
16 what were you instructed to do when they released
17 you?

18 A. Take it easy, drink plenty of fluids and
19 go see my doctor. I mean, I wasn't instructed to go
20 back to work.

21 Q. Now, who was your doctor during that time?

22 A. The doctor was Ms. Brown. LaTonya Brown.

23 Q. And did you go and see her?

24 A. Yes, sir. I went to see her and I told
25 her what was going on.

1 Q. And what was her instructions?

2 A. Her instruction was she gave me some --
3 she gave me a couple prescriptions and one of them
4 was for flushing your kidneys and those are all for
5 flushing your kidneys. And other than that, she
6 didn't really specify that, you know, if you can go
7 back to work. She wanted me to go back and I told
8 her it just ain't right. This is -- I'm still dizzy.
9 I'm seeing spots.

10 Q. So after that, what was your reasoning for
11 going to Dr. Floyd?

12 A. Well, I needed a statement from
13 Ms. Tonya Brown. And she wasn't a -- she was just a
14 nurse practitioner. She wasn't actually a doctor.
15 And I didn't realize that there was a difference. So
16 I needed someone to really get me over the situation
17 and I went to Dr. Floyd. Then he said that I have
18 experience with this stuff because I seen it in the
19 marines when I was a doctor in the marines. They
20 marines, they get it. I didn't know nothing like
21 this. I ain't never had this.

22 Q. So presently physically what can you do
23 and what you cannot do?

24 A. I would love to do all that I like to do.
25 But as far as -- cooking in the kitchen is difficult.

1 because I sweat. If I sweat, it's on. Walking,
2 difficult. I have to drop the kids off behind Aflac
3 and meet them up on the other side of the Riverwalk.
4 I walk and then all the sudden I'm just tired. My
5 legs act like they want to just kick out. And when I
6 was coming to your office up the steps, oh, God, I
7 wish elevators on both sides. It just -- it's
8 difficult.

9 Q. And what did Dr. Floyd instruct you to do
10 or not to do?

11 A. Not -- not to get overheated and stay
12 hydrated. Because he said it could come back and not
13 knowing -- not knowing. And it hurts. I mean, and
14 when it comes, you can tell it. The muscles ache.
15 And I was just telling my grandson the other day
16 hurry up and get your driver's license, boy, because
17 I hate to be out there on that road and hurt
18 somebody.

19 Q. So are you saying that your condition
20 affect driving as well?

21 A. As well. As well. I have -- was coming
22 out of Myrtle Beach and I -- and he don't even have a
23 license. And I told him. I said we can sit here or
24 I can teach you -- and he know how to drive and he
25 drove a little piece till I got better. I mean, you

1 know, until I could subside the cramps. But, I mean,
2 it wasn't like we in a hurry. But like I told him,
3 he can drive, you know. He gonna have to start --
4 you know, have to get his license. But I ain't going
5 to get his license till he get back in school.

6 Q. So sitting here today do you think you're
7 capable of doing any kind of work that you used to
8 do?

9 A. No, sir. My granddaughter had got out of
10 line a little bit one day. I said -- and so I took
11 my belt and I'm fixing to wear it out. She took off
12 running and I go to running behind. Both legs lock
13 up. I couldn't do it. I turn around and walked back
14 in the house and I -- and if I ran from here to that
15 wall and locked out, that was too far. And I walked
16 back in the house, got me a pan, put some grease in
17 it, started frying some chicken. But you going to
18 run away from home. When you smell that chicken,
19 you're going to run to the house.

20 MR. JOHNSON: That's all I have, Your
21 Honor.

22 THE COURT: All right. Mr. Taylor.

23 MR. TAYLOR: Thank you.

24 CROSS-EXAMINATION

25 BY MR. TAYLOR

1 Q. Mr. Evans, you've had a history of
2 cramping before June of 2016, haven't you?

3 A. Yes, sir.

4 Q. And in July of 2015 the summer before --

5 A. Uh-huh.

6 Q. -- this accident, you were actually
7 hospitalized after a cramping incident, weren't you?

8 A. No, sir.

9 Q. You weren't?

10 A. I wasn't. Now, if you -- if you can --
11 now you mean on the 15th -- 2015?

12 Q. July of 2015. Did you go to the hospital
13 after cramping at work?

14 A. Correct but it wasn't hospitalized.

15 Q. Okay. But you went to the hospital?

16 A. Correct.

17 Q. All right. And you were treated for
18 cramping that occurred that day at work?

19 A. Correct.

20 Q. And then you stayed out of work for an
21 entire week after that incident, didn't you?

22 A. Yes, sir.

23 Q. And then sometime after that accident in
24 July of 2015 you had another incident at work where
25 you went to the hospital because of cramping; did you

1 not?

2 A. If you referring on February the 27th?

3 Q. I'm asking if you recall another occasion
4 between -- at any time between July 2016 and June
5 2016.

6 A. Your question again, please.

7 Q. Did you see a doctor at any point between
8 July 2015 and June 2016 because of cramping that was
9 occurring at work?

10 A. Okay. I did go on February 2016, but it
11 wasn't due to work. It was due to prevent what was
12 happening on June. All I wanted to know and you
13 asked. I was cramping at that time and it was like
14 on a -- well, there's a weekend that I went to the
15 hospital on the 27th of February and I went. Now,
16 mind you, February is a warm -- a cold month. Well,
17 that shouldn't be happening to an individual. But I
18 just wanted to know where was I before the heat came
19 in. If I can get myself prepared before or find out
20 what's going on before June -- before May gets here.
21 May it's hot. March it's warming up. May is hot.
22 So you only had a couple months when February to the
23 heat up stays and that's what I was doing. I was...

24 Q. So you were seeing the doctor as a
25 preventive measure so when it heated up you would not

1 have a heat injury?

2 A. No. No. No. No. No. I went to the
3 emergency room because I was cramping. No. No. No.
4 I went to the emergency room because I had this green
5 stuff that I was spitting up. And at the time of
6 being there I started cramping and I asked the guy
7 there what can he give me for cramping. Can I get a
8 bag of fluid? I'm cramping while I'm talking to you
9 right now, Doc. Doc saying ain't nothing I can do,
10 so I left. So when I went to the hospital, it wasn't
11 for no cramping. It was for -- it was for some green
12 stuff I was bringing up.

13 Q. Did you talk about cramping when you were
14 there?

15 A. There you go. I did put it down there on
16 there because I -- yes, sir. You're absolutely
17 right.

18 Q. And then the following month did you see
19 LaTonya Brown and talk to her about cramps and
20 spasms?

21 A. Cramps and spasms? I could have. My
22 faded from that -- those events. I mean, I had so
23 many. And right after February I couldn't tell you
24 did I go back in March and see Tonya Brown.

25 Q. Your testimony is you can't recall telling

1 whether or not you reported to her in March because
2 you've had so many occasions of cramping and
3 spasms --

4 A. No. No. No. Not so many occasions of
5 spasm now. No. Oh, God. I am confused right now.
6 So would you...

7 Q. Do you recall seeing Dr. Brown in March or
8 around March of 2016 because of cramps and spasms?

9 A. I can't recall but may have.

10 Q. Do you recall whether or not she referred
11 you to a doctor named Dr. Westerkam to see you
12 because of the cramps and spasms that you were
13 having?

14 A. Westerkam. Westerkam. Where is his
15 office at? Do you have it?

16 Q. If you don't know the answer to the
17 question, that's fine.

18 A. I don't know the answer.

19 Q. Would you agree with me, though, that
20 you've sought treatment a number of times prior to
21 June 2016 for cramps and spasms and heat exposure
22 kind of incidences?

23 A. Would I agree with you that I have seen?
24 I have been a number of times. Between what period,
25 though? Well, because, see -- I mean, I'm trying

1 to --

2 Q. Before June 2016 --

3 A. Right.

4 Q. -- you had seen doctors on more than one
5 occasion because of cramps and spasms --

6 A. Correct.

7 Q. -- is that true?

8 A. Correct.

9 Q. All right. You have seen doctors more
10 than one occasion for heat-related incidences whether
11 at work or otherwise prior to June 2016?

12 A. Yeah.

13 Q. And I may have misunderstood your
14 testimony a moment ago, but I thought that you said
15 that at some point you spoke to a doctor before the
16 heat came on in May or June about spasms for some
17 reason. Is that what you said?

18 A. I was concerned about by myself. I was
19 concerned about my health.

20 Q. And were you concerned about whatever your
21 health was going to do when it got hot in May and
22 June of 2016?

23 A. I was absolutely concerned. In any --

24 Q. And were you concerned because you had had
25 problems working in the heat before?

1 A. Correct.

2 Q. On June 3rd, 2016, is that the last -- was
3 that the last day you worked for Aqua Seal
4 Manufacturing & Roofing?

5 A. June 3rd, 2016. Yes, sir.

6 Q. And on June 3rd, 2016 when you started
7 working, were you worried that you were going to have
8 problems with the heat that day?

9 A. No, sir. No, sir. No, sir. Any day I go
10 out, I don't think I'm going to have problems and I
11 don't expect to have problems.

12 Q. Well, had you had problems on June 1st?

13 A. Yeah.

14 Q. You had problems with the heat on
15 June 1st?

16 A. Uh-huh.

17 Q. Is that a yes?

18 A. June 1st?

19 Q. Yes. June 1st, 2016.

20 A. Was it a Wednesday? Yes, sir.

21 Q. Okay. Did you have problems with the heat
22 on June 2nd, 2016?

23 A. Yes, sir.

24 Q. And on June 3rd, 2016 your testimony is
25 that you were not expecting to have a problem with

1 the heat?

2 A. No. I mean, I have cramped before and
3 didn't expect to have problems. But then, I mean,
4 that was that occasion where everything had done came
5 to a head. You know, from not just June. How about
6 May when it was hot, you know?

7 Q. Well, tell me about that. In May 2016 did
8 you have a problem --

9 A. There was no problem.

10 Q. All right. And you didn't have a problem
11 in the heat while playing softball in May 2016?

12 A. Huh-uh. Huh-uh. And --

13 Q. Is that a no?

14 A. Did I have a problem then? No, sir.

15 Q. Okay. Did you tell Dr. Floyd that you had
16 a problem in May 2016 while playing softball?

17 A. Well, I told him I had spots. I saw
18 spots. I didn't know what I was going through. But
19 I saw spots and --

20 Q. Is that all you told him?

21 A. I can't recall.

22 Q. Did you tell him that you were not even
23 able to throw the ball in May 2016?

24 A. I did tell him that. Yes, sir.

25 Q. And that's when you were playing outside

1 in the heat?

2 A. Yes, sir, not knowing my condition.

3 Q. On June 3rd, 2016, did you do anything as
4 a precautionary measure so that you were not affected
5 by the heat or to prevent yourself from being
6 affected by the heat?

7 A. Yes, sir.

8 Q. What did you do to prevent yourself from
9 being affected by the heat?

10 A. Put ice packs in some braces I had to keep
11 from overheating or...

12 Q. Specifically, where did you put those ice
13 packs?

14 A. I had one here (indicating) and one on my
15 leg.

16 Q. And so you said one on your right arm?

17 A. Uh-huh.

18 Q. And one on your --

19 A. Left leg.

20 Q. Okay. And you did that because you had
21 had problems in the heat the days before?

22 A. And was looking for a cool solution
23 that -- you know, that way I can perform my job
24 without, you know, any interruption.

25 Q. Did you do anything else as a

1 precautionary measure on June 3rd?

2 A. Drank some water. Drank some Gatorade.

3 Q. More water and more Gatorade than usual?

4 A. No. No. No. Just normal. I mean, you
5 just -- you know. No more than normal, I mean.

6 Q. And then you said -- you testified, I
7 think, that you left work on June 3rd early; is that
8 right?

9 A. Correct.

10 Q. But you didn't go to the doctor that day?

11 A. No, sir.

12 Q. The first time that you went to the doctor
13 was on June 5th which would have been Sunday after
14 church?

15 A. Yes, sir.

16 Q. Had you started a new job at any point in
17 2016?

18 A. That was in November. That was in
19 September, I believe it was. September 25th.

20 Q. September 25th of what year?

21 A. 216.

22 Q. You did what?

23 A. Stacked bags.

24 Q. Yeah. I understand that. But I think you
25 testified that you spent -- you worked for Aqua Seal

1 for eight years?

2 A. Right.

3 Q. Is that right? Is that a yes?

4 A. Yes, sir.

5 Q. And in 2016 did you work for anyone other
6 than Aqua Seal?

7 A. Onin. Onin Staffing.

8 Q. Who?

9 A. Onin Staffing.

10 Q. Only staffing jobs?

11 A. Onin Staff. O-N-I-N Staffing.

12 Q. Onin Staffing?

13 A. Yes.

14 Q. When did you work for Onin Staffing?

15 A. I think I worked for Onin in September.

16 Q. Of 2016?

17 A. Uh-huh.

18 Q. Okay. Prior to June 3rd, 2016, did you
19 work for anyone other than Aqua Seal?

20 A. Huh-uh.

21 Q. Is that a no?

22 A. No, sir.

23 Q. Do you recall being asked whether or not
24 you used any illegal drugs at Lexington Hospital when
25 you were there on June 5th, 2016?

1 A. I recall.

2 Q. What did you tell them?

3 A. They didn't ask me anything about that.

4 Q. They didn't. Okay. Had you used any
5 illegal drugs the weeks or days leading up to your
6 hospitalization on June 5th, 2016?

7 A. I believe we had that discussion and I
8 informed you that I did because I was in pain and
9 that was the only reason why I did it. You know,
10 it's not like I'm user of marijuana.

11 Q. All right. Do you know what day
12 specifically you --

13 A. I can't...

14 Q. -- smoked marijuana?

15 A. I can't -- I cannot recall that day. No.
16 Not that time and no, sir.

17 Q. But sometime after June 1st but before
18 June 5th, 2016?

19 A. Repeat the question, please.

20 Q. Your testimony, as I understand it, is
21 that you smoked marijuana because of some pain you
22 were in prior to June 5th; is that right?

23 A. I'm trying to -- I can't recall the date,
24 sir. I couldn't -- I mean, it was a period but then
25 I can't recall the date.

1 Q. But sometime after you left work on
2 June 1st but before you saw the doctor --

3 A. Oh, no.

4 Q. -- June 5th, 2016 you smoked marijuana; is
5 that correct?

6 A. That was correct. And now you said
7 Lexington. That was at Pro- -- at Providence.

8 Q. Okay. I'm sorry.

9 A. That was the medical record from
10 Providence.

11 Q. Or was it Palmetto Health?

12 A. Palmetto Health.

13 Q. Okay. But my question is not about --

14 A. That was -- that was correct.

15 Q. -- the doctor's office?

16 A. Correct.

17 Q. But whether or not you --

18 A. That was before.

19 Q. But whether or not you smoked on June 1st
20 or June 2nd, June 3rd or June 4th, your testimony is
21 you don't recall which specifically of those days it
22 was that you smoked?

23 A. Huh-uh.

24 Q. Is that correct?

25 A. Right.

1 Q. Did you smoke marijuana while you were at
2 work or on your way to work any of those days?

3 A. No, sir.

4 Q. And you've had additional cramping
5 episodes since leaving your employment with Aqua
6 Seal, haven't you?

7 A. Yes, sir.

8 Q. And those occur when you're outside --

9 A. Outside just walking with the kids.
10 Nothing strenuous at all. It doesn't have to be
11 strenuous. And you just start performing water. And
12 like I say, I'm already ahead of you on CPK levels.
13 So that's what causes the cramping and the pain that
14 I get and affect your kidneys area. But yes, sir.

15 Q. And your testimony was that you cramp
16 every day currently?

17 A. Not every day currently but it depend on
18 what I'm -- you know, how much fluids I exit that I
19 put out. And, I mean, it doesn't take a whole day of
20 sweating for me to go into a lockup.

21 Q. But you had this same cramping before --

22 A. Not --

23 Q. -- June 3rd, 2016, just not as much or as
24 regular?

25 A. Not as regular.

1 Q. And do you understand Dr. Floyd's opinion
2 to be that there's a number of different factors that
3 have contributed to your rhabdomyolysis?

4 A. Like I don't under- -- do I understand --

5 Q. What his opinion is of the different
6 factors that are contributing to your rhabdomyolysis.

7 A. Not really. I mean.

8 MR. TAYLOR: Mr. Evans, I appreciate you
9 being with us. That's all the questions I've got for
10 you now. Thank you.

11 THE WITNESS: Thank you, sir.

12 THE COURT: All right. Mr. Johnson?

13 MR. JOHNSON: Nothing, Your Honor.

14 THE COURT: Thank you, sir. You may step
15 down. Watch your step going, sir. Any other
16 witnesses, Mr. Johnson?

17 MR. JOHNSON: No, sir.

18 THE COURT: All right. Thank you.
19 Mr. Taylor, any witnesses?

20 MR. TAYLOR: No witnesses for defense.

21 THE COURT: All right. Thank you, sir.
22 That concludes this proceeding.

23 (WHEREUPON, THE HEARING WAS CONCLUDED AT 3:08 P.M.)
24
25

1 CERTIFICATE OF REPORTER

2
3 STATE OF SOUTH CAROLINA

4 COUNTY OF RICHLAND

5
6 I, SKYLET KEAN, COURT REPORTER AND NOTARY
7 PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY
8 CERTIFY THAT SAID HEARING TRANSCRIPT IS A
9 STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH
10 COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING
11 TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.
12

13 I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY
14 NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY
15 OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I
16 FINANCIALLY INTERESTED IN THE ACTION.
17

18 WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA,
19 THIS 24TH DAY OF OCTOBER 2017.
20
21

22
23 SKYLET KEAN, COURT REPORTER
24 NOTARY PUBLIC FOR THE STATE OF
25 SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/30/2024

SKYLET KEAN (803) 609-0134
fttpam@aol.com

1 STATE OF SOUTH CAROLINA
2 BEFORE THE WORKERS' COMPENSATION COMMISSION

3 WCC. NO. 1608009
4

5 ROBERT L. EVANS,

6 Employee,

7 vs.

8 AQUA SEAL MANUFACTURING & ROOFING,

9 Employer,

10 BUILDERS MUTUAL INSURANCE COMPANY,

11 Carrier/
12 Defendants.

13 D E P O S I T I O N

14 WITNESS: DR. DEAN FLOYD

15 DATE: July 21, 2017

16 TIME: 8:00 a.m. - 8:35 a.m.

17 LOCATION: Law Office of Charles E. Johnson
18 1332 Main Street
Columbia, South Carolina

19 TAKEN BY: Attorney for the Defendants

20 COMPUSCRIPTS, INC.

21 www.compuscripts.com
22 1.888.988.0086

23 Charleston
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24
25 REPORTED BY: KATHRYN J. LINDLER

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14 BY: George A. Taylor, Esquire,
15 Attorney for the Carrier/Defendants.

16

17

18

19 (Index at Rear of Transcript.)

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21

22

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24

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1 Thereupon,

2 DR. DEAN FLOYD,

3 being first duly sworn to tell the truth, the whole truth
4 and nothing but the truth, as hereinafter certified,
5 testified as follows:

6 EXAMINATION

7 BY MR. TAYLOR:

8 Q. Dr. Floyd, my name is George Taylor and I
9 appreciate you being with me this morning. Can you tell me
10 your full name please?

11 A. My name is Dean, D-E-A-N, Allen, A-L-L-E-N,
12 Floyd, F-L-O-Y-D.

13 Q. Have you ever had your deposition taken before?

14 A. I have.

15 Q. You know the general format, I ask questions, you
16 answer questions?

17 A. I do.

18 Q. Can you give me a summary overview of your
19 education and professional practice?

20 A. I graduated from Clemson University in 1972, from
21 the Medical University of South Carolina in 1976. I did a
22 family practice residency at Richland Memorial following
23 that. Attained board certification in '81. I did a whole
24 lot of different type practices from jails, to emergency
25 rooms, sports teams, but I did 25 years of private practice

1 and now I work for community health.

2 Q. Specifically what does your practice currently
3 include?

4 A. Family medicine.

5 Q. You've treated Robert Evans?

6 A. I did.

7 (WHEREUPON, Defendant's Exhibit
8 No. 1 was marked for
9 identification only.)

10 Q. When was the first time that you ever saw Robert
11 Evans? Those are in order from -- the first visit I
12 have -- for the record, Dr. Floyd has already been given
13 five exhibits, premarked Exhibits 1 through 5, and the
14 first one I have is December 15, 2016.

15 A. Give me a second, because on my computer screen,
16 I can adjust the font.

17 Q. I understand.

18 A. You got these arranged from the recent, most
19 recent to the...

20 Q. Yes. The first one would be the most recent,
21 Exhibit 1, which would be on the top of that list.

22 A. The first one I have, but that's not the first
23 time I saw him. You see one before...where's the date on
24 here?

25 MR. JOHNSON: May I?

1 MR. TAYLOR: Yes, you may.

2 A. Point me to date. That's not necessarily the
3 time I saw him. What sheet is that? This one. Okay. I'm
4 with you now. That particular date, that's the 15th of
5 December.

6 Q. I saw a note somewhere that maybe you had treated
7 him five or six years ago. Do you recall that at all?

8 A. I don't think I've treated him. I think he
9 returned to BCM. I was not at BCM. BCM stands for
10 Brookland-Cayce Medical Practice. He returned to there.
11 Actually you may see another physician's name on there,
12 Dr. Arora. He was actually seen by Dr. Arora.

13 Q. How is it that he came to your practice in
14 December 2016? Was he referred by someone?

15 A. As far as I know he came to see me on his own.
16 He just needed to have a physician at the time.

17 Q. I have records for, that I received from your
18 office, for December 15, 2016; March 1, 2017; March 28,
19 2017; and May 18, 2017, for four total visits. Does that
20 sound accurate to you?

21 A. That sounds accurate.

22 Q. The first visitation that you had with Mr. Evans,
23 what was the reason for that visit?

24 A. He was reestablishing himself with a PCP, primary
25 care physician, because he had been hospitalized, and it

1 was a follow-up from the hospital -- he was establishing
2 himself again with a primary care physician and he had been
3 in the hospital where he had had severe hypertension and he
4 had some rhabdomyolysis of his left leg. Do I need to
5 explain what rhabdomyolysis is?

6 Q. I would appreciate that, yes.

7 A. Rhabdomyolysis is a breakdown of muscle tissue.
8 It can be caused by several things. Most common thing is
9 trauma, but it can be caused by extreme exertion, heat,
10 immobility for a period of time. Anything that can cause a
11 breakdown of muscles can cause rhabdomyolysis and what it
12 is, the myoglobin is released from the muscle itself.
13 That's the primary protein that's in the muscle, releases
14 massive amounts in the bloodstream and it does damage
15 primarily to the kidneys filtered urine, the nephrons, so.

16 Q. Is that an acute type of illness or is that
17 something that takes a period of time to develop?

18 A. It's going to be an acute injury. It's going to
19 be an acute type of process.

20 Q. Does it have a lasting effect or implication to
21 someone who suffers from rhabdomyolysis?

22 A. It depends on the severity of it. It can have
23 extreme. Honestly it depends on the effect of the organ.
24 One of the major organs is kidneys. It can shut the
25 kidneys down completely and if the kidneys don't recover, a

1 person can have chronic kidney failure and be on dialysis.

2 Q. I see a note. I think it's probably the third
3 line down under HPI which I presume is history at the top
4 of the --

5 A. This is on the same date?

6 Q. Yes, same day. It's the third page under section
7 HPI. The third line says he is doing much better now and
8 this has been resolved. Is that in reference to the
9 rhabdomyolysis and the illness that you were describing to
10 me a moment ago?

11 A. That is correct.

12 Q. I might be missing it on this report. I see
13 assessment and plan section, but I don't see the diagnosis
14 section.

15 A. Okay. His diagnosis is the assessment and plan.
16 This is with EMR.

17 Q. The four diagnoses there then are -- I guess that
18 might include more than just any diagnosis, because I see
19 four things listed there. Do you see that with me?

20 A. That's correct.

21 Q. One of the things it looks like he came in for
22 was a diabetes screening and that appears to have come back
23 negative?

24 A. That's correct.

25 Q. The other three items under the assessment, can

1 you tell me about those?

2 A. The first one is the ICD-10 diagnosis for
3 rhabdomyolysis. It's actually interpreted as ischemic
4 infarction of muscles. Some of these diagnoses don't fit
5 neatly in a box, but this is the closest you can get.

6 Q. Because you got to find a number?

7 A. That's exactly correct. That's exactly correct.
8 And I think rhabdomyolysis more describes what he actually
9 had, but in terms of ICD-10 diagnosis, this is what you
10 get.

11 Q. Number 2 there, essential hypertension.

12 A. That's high blood pressure, yes. And number 3 he
13 has HIV infection which is not causing him any symptoms at
14 that point in time.

15 Q. Is there any relationship between the HIV
16 infection and the rhabdomyolysis?

17 A. That's a good question, and the honest answer is
18 I don't know. It can be because of the disease itself and
19 all the medications that he takes for the disease can
20 predispose him to that condition.

21 (WHEREUPON, Defendant's Exhibit

22 No. 2 was marked for

23 identification only.)

24 Q. Let's move on to Exhibit Number 2 which should be
25 the appointment date March 1, 2017. Actually -- I'm sorry.

1 Before we move on. What treatment if any was offered to
2 Mr. Evans at that first visit you had with him in
3 December 2016?

4 A. Basically other than having him keep doing what
5 he was doing and trying to get a copy of his records and at
6 his request check his screen for diabetes.

7 Q. Essentially that visit was a routine visit?

8 A. Right. Correct.

9 Q. When we come to what's marked as Exhibit 2 for
10 March 1, 2017, what was the reason for that visit?

11 A. Okay, March 1, this is Exhibit 2?

12 Q. That's right.

13 A. I'm just trying to see why these papers aren't in
14 sequence.

15 Q. On the second page is the HPI section.

16 A. Okay, they're out of sequence. On this
17 particular date he actually injured his testicles, one of
18 his testicles.

19 Q. Would that have been, and I'm just going to read
20 that HPI section. 60-year old black man was exercising
21 last week doing sit ups and jumping jacks when he developed
22 some discomfort in the right groin after which he could not
23 find his right testicle. Would that have been at all
24 related to the rhabdomyolysis?

25 A. No relation.

1 Q. It's just a separate visit all together?

2 A. Yes, sir. That's correct.

3 Q. Did he say anything to you that you could recall
4 about his prior acute condition that we discussed?

5 A. On that visit?

6 Q. At that visit.

7 A. I think he was more concerned about that part of
8 his anatomy.

9 Q. Did that issue resolve for him?

10 A. That one?

11 Q. Yes, from the March 1 visit?

12 A. Yes, it did.

13 (WHEREUPON, Defendant's Exhibit
14 No. 3 was marked for
15 identification only.)

16 Q. The third report marked Exhibit 3 is dated March
17 28, 2017. This one has a more detailed history section.
18 Do you see that?

19 A. I do.

20 Q. Was there a particular reason for having a more
21 detailed history in this report versus the first check that
22 he had?

23 A. Yes, because he wanted to actually talk to me
24 about it in terms of maybe work-related accident frankly.

25 Q. The first sentence there says that he gives you a

1 convoluted history. What did you mean by that?

2 A. Sometimes people don't give me a history
3 sequentially historically and then you got to go back and
4 make some sense of it.

5 Q. Some people are just better historians of their
6 medical pasts?

7 A. That's correct.

8 Q. This history, this whole paragraph, is that based
9 on the history he gave you or is that based on the history
10 he gave you in conjunction with the prior medical records?

11 A. That's the history that he gave me for the most
12 part.

13 Q. There's a note in here at the end of the first
14 line. It says he was hospitalized at Palmetto Baptist
15 Medical Center from June 5 through 8, 2017.

16 A. Actually that should be '16.

17 Q. That was my question.

18 A. That's '16. That's an error on my part.

19 Q. I thought that was probably just a typo. Then on
20 the third line there it says he describes an experience in
21 May. I presume that means the month before the
22 hospitalization?

23 A. That is correct. That's correct.

24 Q. At this visit on March 28, 2017, when he was
25 seeing you related to his prior work incident, did you do

1 any kind of objective testing?

2 A. Any kind of objective testing for what now?

3 Q. To diagnose him with anything or to determine if
4 he had any lasting problems from the work incident.

5 A. This is a historical diagnosis, yes.

6 Q. You didn't offer any kind of objective
7 examination or blood test or anything like that?

8 A. No. There's no blood test to do.

9 (WHEREUPON, Defendant's Exhibit
10 No. 4 was marked for
11 identification only.)

12 Q. Let's set this one aside, because I might come
13 back to Exhibit 3. The next thing I have from you is a
14 letter that's marked as Exhibit 4 dated April 12, 2017.
15 There's no note of that date so I presume that you were
16 just writing this letter on this date. You didn't actually
17 interact with Mr. Evans?

18 A. That's correct.

19 Q. I hate to make you do this, but could you just
20 read into the record that note please?

21 A. The letter?

22 Q. The letter.

23 A. The date as well?

24 Q. No, you can just really start after Dear Attorney
25 Johnson.

1 A. "Enclosed is a copy of the above-captioned
2 gentleman's visit to this office on March 28, 2017. After
3 talking with him and reviewing his hospital record, no
4 discrete moment can be determined when he suffered an
5 injury. He had a heat-related illness which appeared to
6 have resulted from a cauldron of chronic medical conditions
7 (HIV), medications and repeated heat exposure. How each
8 contributed to this heat illness cannot be determined. It
9 is the opinion of this examiner, though, that working on
10 the roof top contributed to his acute illness."

11 Q. That was certainly your opinion on April 12,
12 2017?

13 A. That's correct.

14 Q. Is that still your opinion as we sit here today?

15 A. Yes.

16 Q. On the third line it references repeated heat
17 exposure. Does that mean over the course of a day or many
18 days?

19 A. Many days.

20 Q. Then again I see a note -- well, I didn't see it
21 prior, but we discussed an acute illness. When I see the
22 word acute, my instinct is always not chronic.

23 A. That's a good way to look at it.

24 Q. Is that fairly accurate?

25 A. Yes. That's correct.

1 Q. The acute illness would have been rhabdomyolysis?

2 A. That's correct.

3 Q. Is there any way to medically assess the length
4 of time that the repeated heat exposure took to result in
5 or contribute to rhabdomyolysis?

6 A. There's no way we can do that.

7 Q. It would just be pure speculation?

8 A. Hm-hmm.

9 Q. Is there any way to determine of the factors
10 you've listed here, chronic medical condition, medication,
11 heat exposure, et cetera, what percentage or which of those
12 contributed more significantly?

13 A. No, sir. I don't know of any doctor that could.

14 Q. Just to suggest that you could would sort of be
15 junk science or speculation?

16 A. Hm-hmm.

17 Q. Is that right?

18 A. That's correct.

19 (WHEREUPON, Defendant's Exhibit

20 No. 5 was marked for

21 identification only.)

22 Q. We're probably done with that one as well. The
23 last record I have is dated May 18, 2017, and marked as
24 Exhibit 5. Do you see that one?

25 A. Yes, I do.

1 Q. Can you tell me the reason for this visit?

2 A. He came in, because he has some pain in his left
3 side and wanted to be checked frankly, make sure that this
4 was not related to his original injury.

5 Q. What's your opinion in that respect?

6 A. On this one I thought he strained his abdominal
7 muscles.

8 Q. So this would not be related to the acute illness
9 of June 2016?

10 A. Don't know. When I say don't know, there was
11 separate obviously incident. But once you sustain a heat
12 injury, your threshold for receiving a heat injury is much
13 much lower and each time that you do so -- each time that
14 you do, your threshold is lowered. So things that you
15 could have tolerated previously, some things that will be
16 slight would cause the same type of results, but we did
17 what we call a CPK on that visit.

18 Q. What is that?

19 A. CPK is a muscle exam. It stands for creatine
20 phosphokinase and we look for it in muscle injury and so if
21 a muscle -- a cell is injured, it releases -- if you can
22 imagine a balloon filled with red paint in a swimming pool,
23 if that balloon is punctured it releases the contents.
24 Same thing with cells. One of the things it releases is
25 CPK. So you can measure it and get some sense whether the

1 muscle had been injured or how severe it's been injured.

2 Q. What was the result of that?

3 A. 4/25 I think it was. It was slightly elevated.

4 Q. If I understand you correctly that could be sort
5 of slightly elevated because he has a lower tolerance now
6 for heat-related injury based on prior history?

7 A. Yes.

8 Q. That's the last note that I have. Is that the
9 last time that you saw Mr. Evans?

10 A. Yes.

11 Q. He is now treating with you as a primary care
12 physician?

13 A. That's correct.

14 Q. Do you know if he's currently scheduled to see
15 you again?

16 A. In my head I don't know.

17 Q. Did Mr. Evans report to you his heat-related
18 injury history or cramping history pre-dating the June 2016
19 work event?

20 A. That's the long one that you saw. That includes
21 that period.

22 Q. I'm sorry?

23 A. That long note that you put aside you said you
24 would come back to, it's in that history.

25 Q. Did you review medical records for that history

1 or did you just take his --

2 A. If I recall I did look at his medical records
3 also.

4 Q. Would that have been the medical records just
5 from your practice?

6 A. From the hospital.

7 Q. Where did you receive those records?

8 A. Fortunately I can look at them in the Palmetto
9 Health system.

10 Q. What is your understanding of his heat-related
11 injury history prior to June 2016?

12 A. What's my understanding. It's outlined on your
13 Exhibit Number 3 On page 3 under HPI.

14 Q. Essentially starting in May 2016?

15 A. That's correct.

16 Q. Do you have any knowledge about his heat-related
17 injuries that would predate May 2016?

18 A. I do not.

19 Q. Are you aware that he's been hospitalized
20 previously for heat-related issues?

21 A. From what I know, no. Have no knowledge of it.

22 Q. If he had suffered from heat-related injuries
23 prior to May 2016, would that have also lowered his
24 threshold for heat-related injury in May or June of 2016?

25 A. It would have.

1 Q. I have a note here from Lexington Medical Center
2 from July 2015. Would it be safe for me to assume you have
3 not seen that note?

4 A. I have not.

5 Q. I have a note from July 13, 2015, from USC Ryan
6 White. Do you know if you've ever seen that note before?

7 A. I have not.

8 Q. I have a note from Providence Hospital dated
9 February 27, 2016. Do you think you've seen that note?

10 A. I have not.

11 Q. Then I have a note from Dr. LaTonya Brown. I
12 think -- I don't know the practice frankly, but a note from
13 Dr. Brown from March 9, 2016. Do you know whether or not
14 you've seen that note?

15 A. Don't think so.

16 Q. Is Mr. Evans -- what is his current diagnosis if
17 any or are there multiple related to prior heat exposure
18 whether from June 2016 or before or after?

19 A. As it only pertains to heat at this point in
20 time?

21 Q. Right.

22 A. Then we don't have one. He does not have one.

23 Q. In your opinion does he have any permanent injury
24 related to prior heat exposure?

25 A. That's a really good question. I haven't even

1 thought about it. In the sense that it limits what he can
2 do in terms of -- let's just say, this is going to be a
3 hypothetical if I may. In a sense where you might have
4 been able to tolerate a certain degree of temperature let's
5 say of heat, you might've been able to stay out there for
6 five hours. This is again hypothetical. It would shorten
7 his ability to stay out in this type of weather and so
8 obviously that would limit the number of things he could do
9 based on his education and that type thing.

10 Q. Would there be a way under the AMA Guidelines or
11 any other source to describe an impairment rating based on
12 his heat-related injury that you're familiar with?

13 A. That's a really good question, and my honest
14 answer, I don't know. There are people who do disability
15 examinations now that is a special and distinct specialty
16 and under their guidelines probably, but frankly I don't
17 know.

18 Q. That's not something you do?

19 A. I don't do that.

20 Q. I understand that you haven't seen these prior
21 medical records and aren't familiar with any pre-May 2016
22 heat-related incidents, but hypothetically assuming that
23 they existed, would there be a way to determine which of
24 all of the heat-related accidents would have contributed to
25 his now permanent -- possibly permanent injury?

1 A. To answer you succinctly, no. It's a cumulative
2 thing as you mentioned. Also you could have heat-related
3 injuries and not recognize them and he may not have
4 recognized them. He may have sought some medical treatment
5 and not be recognized.

6 Q. You understand Mr. Evans was working as a roofer
7 in June of 2016?

8 A. That's what he told me, yes.

9 Q. Have you made any recommendation to him going
10 forward about whether or not he should continue to work or
11 look for work as a roofer in the future?

12 A. It may not be recorded, but he knows from my lips
13 that he cannot work in that environment.

14 Q. That's because he's more susceptible to another
15 heat-related injury?

16 A. That's correct.

17 Q. Assuming hypothetically that he had a similar
18 incident before June 2016, would you have made that same
19 recommendation?

20 A. That is correct.

21 Q. If Mr. Evans returned to roofing in the future,
22 should he expect or reasonably foresee suffering another
23 heat-related injury?

24 A. If he does, I think it wouldn't be in his best
25 interest. If he does, he will experience a heat-related

1 injury.

2 Q. That's all the questions I have for you,
3 Dr. Floyd. I appreciate you being with me this morning. I
4 know you got more important things to do. Do you have any
5 questions?

6 EXAMINATION

7 BY MR. JOHNSON:

8 Q. I have a few. What is Mr. Evans' physical
9 restrictions as a result of his present medical condition?

10 A. It's limited primarily to the environment,
11 because obviously any environment where the temperature is
12 elevated, any environment or any activity may cause him to
13 do repeated aerobics that generates a lot of heat from
14 himself personally he should avoid those things.

15 Q. Is his condition permanent?

16 A. In a sense that he can permanently never ever
17 work in that type of environment where heat and extreme
18 activities are involved, yes, it's permanent.

19 Q. In your medical opinion within a reasonable
20 degree of medical certainty, was Mr. Evans working on a
21 roof back in June, I think, the temperature was over a
22 hundred degrees during that week, if I'm not mistaken,
23 which I guess would be considered extreme heat, would that
24 be a contributing factor to his acute illness or
25 rhabdomyolysis?

1 A. I'm not sure what the temperature was then
2 frankly, and it didn't have to be a hundred, you know, with
3 the heat index and his hydration and all that type thing,
4 then he can actually experience it at a lower temperature,
5 but, yes, that is a set up for someone having that
6 particular condition, rhabdomyolysis.

7 Q. Just to reiterate, you would not recommend Mr.
8 Evans to return to that type of work?

9 A. That's correct.

10 Q. That's all I have.

11 EXAMINATION

12 BY MR. TAYLOR:

13 Q. I forgot to ask one thing. What treatment, if
14 this condition, rhabdomyolysis, reappears and gives him
15 more problems in the future, what treatment is available
16 other than to use good judgment about exposing yourself to
17 heat, hydrating or those kind of things?

18 A. Treatment for the condition itself?

19 Q. For the condition.

20 A. Or treatment to keep it from happening? Part of
21 the treatment is not being in that situation, prevention,
22 because the rhabdomyolysis itself would be extreme. You
23 would have to amputate a limb. It could go to that degree.

24 Q. But as I understand the condition, it's an acute
25 condition so if it reoccurs, maybe related to his lower

1 susceptibility, but ultimately it will be a new condition
2 or new event?

3 A. It would be a recurrence of the previous event,
4 yes.

5 Q. But there's no, other than prevention, right now
6 there's no medicine that he should be taking?

7 A. Absolutely not.

8 Q. I appreciate it, Dr. Floyd. That's all the
9 questions I got.

10

11

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14

15 FURTHER THE DEPONENT SAYETH NOT.

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1 SIGNATURE AND ERRATA SHEET OF DEPONENT

2

3

I, the undersigned, Dean A. Floyd, MD ,

4

hereby certify that I have read the foregoing

5

deposition and find it to be a true and accurate

6

transcription of my testimony, with the following

7

corrections, if any:

8

9

PAGE

LINE

CHANGE

REASON

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Dean A. Floyd, MD

25

DATE

CERTIFICATE OF REPORTER

I, Kathryn J. Lindler, Court Reporter and Notary Public for the State of South Carolina at Large, do hereby certify:

That reading and signing of the foregoing deposition by the witness is not waived.

That the foregoing testimony was taken before me on the date and at the time and location stated on Page 1 of this transcript; that the witness was duly sworn to testify to the truth, the whole truth and nothing but the truth; that the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed; that the foregoing deposition as typed is a true, accurate and complete record of the testimony of the witness and of all objections made at the time of the examination to the best of my ability.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 24th day of July, 2017, at Columbia, Richland County, South Carolina.

Kathryn J. Lindler



Kathryn J. Lindler
Notary Public for South Carolina
My commission expires June 4, 2018

1 INDEX OF WITNESSES

2 DR. DEAN FLOYD

3 EXAMINATION BY MR. TAYLOR 3

4 EXAMINATION BY MR. JOHNSON 21

5 EXAMINATION BY MR. TAYLOR 22

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7 SIGNATURE PAGE 24

8 CERTIFICATE OF REPORTER. 25

9

10 DEFENDANT EXHIBITS

11 NO DESCRIPTION PAGE

12 1 4

13 December 15, 2016 Office Visit

14 2 8

15 March 1, 2017, Office Visit

16 3 10

17 March 28, 2017 Office Visit

18 4 12

19 Letter dated April 12, 2017

20 5 14

21 May 18, 2017 Office Visit

22

23

24

25

26

27

28

Emergency Dept

EVANS, ROBERT L - B000339771

Result type: Emergency Dept
Result date: June 06, 2016 02:52
Result status: Transcribed
Result title: Emergency Dept
Performed by: Warren MD, Ward R on June 06, 2016 02:52
Encounter info: B1615700607, Baptist, IPB-Inpatient, 06/05/16 - 06/08/16
Contributor system: Softmed

Emergency Dept

PATIENT: EVANS, ROBERT
MR #: 000339771
ADMITTED: 06/05/2016
ACCOUNT #: 1615700607

DICT: [redacted]
DOB: [redacted]
PT. LOC: ERC

DATE OF VISITATION: 06/05/2016

ACCOUNT NUMBER: [redacted]

ATTENDING PHYSICIAN: Ward R. Warren, MD

PRIMARY CARE PHYSICIAN: None.

CHIEF COMPLAINT: Abdominal cramping and pain.

HISTORY OF PRESENT ILLNESS: This is a 59-year-old male with a past medical history of untreated hypertension, who presents to the emergency room complaining of severe abdominal pain and cramps, which has been ongoing for the last 3 days' duration. Patient states he started a new job as a roofer, and after working half a day in the heat, began having severe abdominal cramping and pain throughout his extremities and torso. The patient stated he started drinking lots of fluids and took the rest of the off. He continued to drink fluids, thought he was better, so he went to work today, but he was able to complete only a couple of hours of work before he noticed the increasing abdominal cramping and pain again, and his urine had started to changed into a dark tea color as he described. The patient states he felt like he has had a low-grade temperature. No cough. No chest pain or shortness of breath. Mild nausea without vomiting. The patient stated he tried to drink more water and Gatorade today though "just couldn't seem to get enough to drink." The patient also stated that he had a few episodes of vomiting whenever he tried to drink too much at one time. The patient states his muscle cramps were more severe over his abdomen at times. It looked like even though he was lying still, he had continuous waves over his anterior abdominal wall. The patient also complained of pain throughout his extremities and all muscles, but no bony pain. Patient denies any headache or visual changes. The patient states he has not been able to eat for approximately 12 hours' duration. He states he has been feeling dizzy and lightheaded, especially with any standing episodes.

Printed by: Hollis, Janice F
Printed on: 06/10/2016 14:41

Page 1 of 3
(Continued)

REVIEW OF SYSTEMS: A complete review of systems was obtained and is otherwise negative except as noted above in HPI.

PAST MEDICAL HISTORY: Hypertension, which he does not treat on regular basis.

PAST SURGICAL HISTORY: Noncontributory.

MEDICATIONS: Noncompliant.

ALLERGIES: None.

FAMILY HISTORY: Hypertension and diabetes.

SOCIAL HISTORY: He does smoke. Drinks alcohol. Denies illicit drug abuse.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 145/99, pulse rate 99, respirations 22, temperature 99.0, pulse oximetry 97 percent on room air.

GENERAL: He is alert, conscious, oriented x3. No [____]. Mild to moderate discomfort and distress. Thin build male.

HEENT: Pupils equal, round, reactive to light. No nystagmus. No pallor. No icterus. Slight conjunctival injection. Ears clear. Nose clear.

Posterior pharynx clear. Dry mucous membranes.

NECK: Supple. No masses. No tenderness. No lymphadenopathy. No JVD.

Trachea is midline.

RESPIRATORY: Lung sounds clear and equal bilaterally. Regular respiratory rate and pattern. No wheeze, rhonchi, rub, or rales appreciated.

HEART: Positive S1, S2. No murmur, rub, or gallop. Slightly tachycardic at the time of evaluation, 112 beats per minute. 2+ peripheral pulses. No edema.

GASTROINTESTINAL: Soft, pliable, tender diffusely over the anterior abdominal wall, with muscle cramps that when stimulated, turn into wave-like formation of cramping. Bowel sounds slightly increased pitch, volume, tone, rate.

MUSCULOSKELETAL: Patient moves all extremities. Normal strength, power, tone equal bilaterally, but he complains of pain with any palpation over the musculature of his extremities. There is no other bony abnormality or joint swelling.

SKIN: Pink, warm, dry. Slight turgor. No rash. Capillary refill less than 2 seconds.

NEUROLOGICAL: Cranial nerves 2-12 are grossly intact. Alert, conscious, oriented x3. Normal mentation. Gait is slow but steady and normal due to pain when he ambulates throughout his muscles. It is obvious from patient's stance, he is symptomatically orthostatic if he changes positions abruptly. No focal neurological deficits. DTRs are 2+. There is no clonus. Negative Chvostek sign.

PSYCHOLOGICAL: Slightly anxious.

59
EMERGENCY DEPARTMENT COURSE AND MEDICAL DECISION MAKING: This is a 69-year-old male who comes in complaining of abdominal cramping. This does not appear to be intra-abdominal pathology, but rather musculature in nature on clinical exam. This is most likely secondary to severe electrolyte abnormality versus early rhabdomyolysis. Laboratory studies were drawn and sent, which showed an unremarkable CBC. Chemistry panel was actually fairly unremarkable except for a BUN of 30 and a creatinine of 1.2. Urinalysis is

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Printed on: 06/10/2016 14:41

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(Continued)

unremarkable. CPK total was 2715. After 3 liters of normal saline and rehydration, he did feel somewhat better, as well as drinking p.o. fluids. At 0116, 6 hours later, his CPK total was 2157, minimal decrease. His drug screen was positive for cannabinoids. At 2:15 a.m., he does appear to be more comfortable, but he still remains with elevated CPK. As he has primary care physician that he normally follows up with and minimal changes in his CPK, I am quite concerned for him going into full rhabdomyolysis. I spoke with hospitalist, Dr. Darragh, who agreed to admit the patient for observation status and hydrate patient and recheck CPK in the morning. As long as there is some [], patient should have no more than a 23-hour hospital stay. The patient agrees with the above treatment disposition plan.

CLINICAL IMPRESSION:

1. Acute rhabdomyolysis.
2. Anterior abdominal wall pain/cramps.
3. Generalized muscle cramps:
4. Moderate to severe dehydration.
5. Heat exhaustion.

DISPOSITION: Patient admitted to the hospitalist service under Dr. Darragh at 0215 hours on 06/06/2016. Condition at time of disposition guarded.

D: 06/06/2016 02:39 T: 06/06/2016 06:29 TID: 89287
Job #: 87115 Doc #: 20854934
cc: Ward R. Warren, MD

Completed Action List:

- * Perform by Warren MD, Ward R on June 06, 2016 02:52

Printed by: Hollis, Janice F
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Page 3 of 3
(End of Report)

Admission Data

VANS, ROBERT L - B000339771

Result type: Admission Data
Result date: June 06, 2016 16:28
Result status: Auth (Verified)
Result title: Admission History
Performed by: Gopalan RN, Jyothy on June 06, 2016 16:28
Verified by: Gopalan RN, Jyothy on June 06, 2016 16:28
Encounter info: B1615700607, Baptist, IPB-Inpatient, 06/05/16 - 06/08/16

Admission History Entered On: 06/06/2016 16:35
Performed On: 06/06/2016 16:28 by Gopalan RN, Jyothy

Height & Weight

Dosing Weight: 88.63 kg
Dosing Height: 175.3 cm
Dosing BMI: 28.84 kg/m2
Weight Measured: 88.63 kg (Converted to: 195 lb 6 oz, 195.396 lb)
Scale Type: Bed Scale
Patient Stated Height/Length: 175.3 cm (Converted to: 5 ft 9 in, 5.75 ft, 69.02 in)
Ideal Body Weight Calculated: 70.736 kg

Gopalan RN, Jyothy - 06/06/2016 16:28

General Information

Chief Complaint: pt ambulates to triage with c/o stomach pains/cramps/ possible overheating. Works as a roofer. worried about job.
Reason for Admission: Rhabdo
Meds given w-in 24 hrs prior to hosp arrival: None of the Above
Mode of Arrival: Stretcher
Admitted From: ER/ED
Primary Care Provider: No
Actively Enrolled in a Clinical Trial: No
Information Source-Admission: Patient
Orientation: Hospital, Unit, Room, Orientation Packet, Patient rights-responsibilities
Who Was Oriented: Patient
Type of Housing: Home
Lives With: Lives alone
Patient's Preferred Language: English

Literacy: Can Read and Write
Modes of Communication: Verbal
Communication Barriers: None

Gopalan RN, Jyothy - 06/06/2016 16:28

Learning Preferences Grid

Patient Learning Preferences: Printed materials, Verbal explanation

Gopalan RN, Jyothy - 06/06/2016 16:28

Printed by: Hollis, Janice F
Printed on: 06/10/2016 14:43

Page 1 of 5
(Continued)

Admission Data

EVANS, ROBERT L - B000339771

Advanced Directives

Advanced Directives : No Living Will, No Health Care Power of Attorney, Information given

Treatment Restrictions : No Restrictions

Gopalan RN, Jyothy - 06/06/2016 16:28

Allergies

Latex Sensitivity General : No

Latex Sensitivity Food : No

Allergy Information : Allergy Information Complete

Gopalan RN, Jyothy - 06/06/2016 16:28
(As Of: 6/6/2016 16:35:29 EDT)

Allergies (Active)

NKA

Estimated Onset Date: Unspecified ; *Created By*: Karns RN,
Barbara A; *Reaction Status*: Active ; *Category*: Drug Allergy ;
Substance: NKA ; *Type*: Allergy ; *Updated By*: Karns RN,
Barbara A; *Reviewed Date*: 06/01/2012 20:50

Psychosocial-Cultural

Religion : Baptist

Gopalan RN, Jyothy - 06/06/2016 16:28

Social History

Partner Emotional/Physical Abuse Hx : No

Other Physical Abuse : No

Sexual Abuse : No

Gopalan RN, Jyothy - 06/06/2016 16:28

Social History

(As Of: 6/6/2016 16:35:29 EDT)

Tobacco:

Never smoker (Last Updated: 6/6/2016 16:32:07 EDT by
Gopalan RN, Jyothy) Former smoker (Last Updated: 6/6/2016
16:32:15 EDT by Gopalan RN, Jyothy)

Alcohol:

1-2 times per month (Last Updated: 6/6/2016 16:32:53 EDT by
Gopalan RN, Jyothy)

Substance Abuse:

Past (Last Updated: 6/6/2016 16:33:22 EDT by Gopalan RN,
Jyothy)

Health History

Current Procedures-Treatments : None

Gynecological Status : N/A

Pregnant : N/A

Communicable Disease Exposure : None

Assistive Devices : None

Implantable Devices : None, Other: fixed partial in mouth

Preadmission Independent Activities : All ADLs

Preadmission Mobility : No Restrictions

Gopalan RN, Jyothy - 06/06/2016 16:28

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(Continued)

Admission Data

EVANS, ROBERT L - B000339771

Immunizations

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

Reasons for No Immunization Administration:
No qualifying data available

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

Reasons for No Immunization Administration:
No qualifying data available

Influenza Vaccine Status : Not received this flu season

Gopalan RN, Jyothy - 06/06/2016 16:28

ID Travel Screen

Symptomatic After Exposure to Contagion : No
Symptomatic After Travel High-Risk Area : No

Gopalan RN, Jyothy - 06/06/2016 16:28

Problem History

(As Of: 6/6/2016 16:35:29 EDT)

Problems(Active)

HIV (human immunodeficiency virus infection) (ICD-9-CM :042)

Name of Problem: HIV (human immunodeficiency virus infection) ; Recorder: Blind RN, Joy B; Confirmation: Confirmed; Classification: Medical; Code: 042; Contributor System: PowerChart; Last Updated: 6/12/2014 00:48; Life Cycle Date: 6/1/2012; Life Cycle Status: Active; Vocabulary: ICD-9-CM

Diagnoses(Active)

HIV (human immunodeficiency virus infection)

Date: 6/6/2016; Diagnosis Type: Discharge; Confirmation: Confirmed; Clinical Dx: HIV (human immunodeficiency virus infection); Classification: Medical; Code: ICD-10-CM; Probability: 0; Diagnosis Code: Z21

HTN (hypertension)

Date: 6/6/2016; Diagnosis Type: Discharge; Confirmation: Confirmed; Clinical Dx: HTN (hypertension); Classification: Medical; Code: ICD-10-CM; Probability: 0; Diagnosis Code: I10

Prophylactic measure

Date: 6/6/2016; Diagnosis Type: Discharge; Confirmation: Confirmed; Clinical Dx: Prophylactic measure; Classification: Medical; Code: ICD-10-CM; Probability: 0; Diagnosis Code: Z41.8

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Printed on: 06/10/2016 14:43

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(Continued)

Admission Data

EVANS, ROBERT L - B000339771

Rhabdomyolysis

Date: 6/6/2016 ; Diagnosis Type: Discharge ; Confirmation:
Confirmed ; Clinical Dx: Rhabdomyolysis ; Classification:
Medical ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code:
M62.82

Procedure History

Procedure History

(As Of: 6/6/2016 16:35:29 EDT)

Family History

Family History

(As Of: 6/6/2016 16:35:29 EDT)

Ancillary Referrals

Referral Functional : No Referral Indicated
Referral Nutrition : No Referral Indicated
Room Service : Room Service Appropriate
Referral Spiritual Care : No Referral Indicated
Referral Case Mgmt-Social History : No Referral Indicated
Referral Respiratory : No Referral Indicated

Gopalan RN, Jyothy - 06/06/2016 16:28

Valuables-Belongings

Valuables or Belongings Collected : None Collected

Gopalan RN, Jyothy - 06/06/2016 16:28

Valuables-Belongings Grid

Valuables with Patient

Clothes : None Collected
Monetary Items : None Collected
Jewelry : None Collected
Personal Devices : None Collected
Electronic Devices-Patient Valuables : None Collected

Gopalan RN, Jyothy - 06/06/2016 16:28

Discharge Preparation:

Admit to Inpatient Status Order Detail : At least 2 Midnights , 4 , 06/06/16 2:27:00

Concierge Pharmacy : No

Patient Preferred Pharmacies Identified : Yes

Cardiac Monitor : Non-Monitored or Med Surg

Gopalan RN, Jyothy - 06/06/2016 16:28

Completed Action List:

- * VERIFY by Gopalan RN, Jyothy on June 06, 2016 16:28
- * Sign by Gopalan RN, Jyothy on June 06, 2016 16:28
- * Perform by Gopalan RN, Jyothy on June 06, 2016 16:28

Printed by: Hollis, Janice F
Printed on: 06/10/2016 14:43

Page 4 of 5
(Continued)

Admission Data

ANS, ROBERT L - B000339771

06/10/2016

Printed by: Hollis, Janice F
Printed on: 06/10/2016 14:43

Page 5 of 5
(End of Report)

Discharge Summary
* Preliminary Report *

EVANS, ROBERT L - B000339771

Result type: Discharge Summary
Result date: June 08, 2016 10:33
Result status: Transcribed
Result title: Discharge Summary
Performed by: Edwards MD, Thomas S on June 08, 2016 10:33
Encounter info: B1616700607, Baptist, IPB-Inpatient, 06/05/16 - 06/08/16
Contributor system: Softmed

* Preliminary Report *

Discharge Summary

CHIEF COMPLAINT: The patient is a 59-year-old African American male who presents with cramping abdominal pain, fatigue, and vomiting which started in the morning when he went to work. He was sweating profusely. He felt dizzy. He saw spots in front of his eyes and had to get off the roof on which he was working. He was found to have a CPK elevation on the night of admission. He was admitted with the diagnoses of rhabdomyolysis. He also has human immunodeficiency virus (HIV) and is on medications for this.

ADMITTING DIAGNOSES: Dr. Darragh's impression at the time of admission was:

1. Rhabdomyolysis.
2. Human immunodeficiency virus (HIV).
3. Hypertension.

The patient was probably mildly dehydrated with no evidence of thermal injury otherwise.

LABORATORY DATA: On admission white count 6700, hemoglobin 13.5, platelets 232,000. Urinalysis: Specific gravity 1.015, otherwise negative. Sodium 138, potassium 4.0, chloride 104, CO2 of 25, anion gap 9, glucose 97, BUN 30, creatinine 1.2, calcium 8.7. AST 63, ALT 77. Magnesium 2.1, lipase 168. Troponin I less than 0.02. Initial CPK 2715, CPK yesterday was 903. TSH 0.943. Drug screen positive for cannabinoids.

HOSPITAL COURSE: The patient was rehydrated with intravenous (IV) fluids and CPK has come down below 1000. His cramping and abdominal discomfort have gone. He is ambulating. He knows to keep well hydrated and use Gatorade as well as water when he is working, take frequent breaks. See his doctor if his cramping recurs. I think most of this was on the basis of heat, but again, no heat stroke.

DISCHARGE DIAGNOSES:

1. Rhabdomyolysis, resolving.

Printed by: Hollis, Janice F
Printed on: 06/10/2016 14:41

Page 1 of 2
(Continued)

Discharge Summary
* Preliminary Report *

EVANS, ROBERT L - B000339771

2. Stress with the recent death of his daughter.
3. Human immunodeficiency virus (HIV) disease.
4. Hypertension, not well controlled in the hospital, but the patient is on home medications and takes his pressure frequently and says he is controlled on the medicines that he came in on, so we will restart these.

DISCHARGE MEDICATIONS:

1. Amlodipine 10 mg daily.
2. Baclofen 10 mg 3 times daily.
3. Hydrochlorothiazide/lisinopril 12.5/20 one daily.
4. Stribild 1 daily for his human immunodeficiency virus (HIV).

FOLLOWUP: With his doctor routinely or p.r.n. I believe he already has an appointment.

D: 06/08/2016 10:10 T: 06/08/2016 12:14 TID: 420198
Job #: 88705 Doc #: 20855470
cc: Thomas S. Edwards, MD
cc: Dr. Tanya Brown

Completed Action List:

- * Perform by Edwards MD, Thomas S on June 08, 2016 10:33

Printed by: Hollis, Janice F
Printed on: 06/10/2016 14:41

Page 2 of 2
(End of Report)

Result type: Emergency Dept
Result date: October 14, 2016 19:39
Result status: Modified
Result title: Emergency Department Note
Performed by: Sarata DO, Jeffrey Douglas on October 14, 2016 19:41
Verified by: Sarata DO, Jeffrey Douglas on October 14, 2016 21:26
Encounter info: B1628802539, Baptist, ERB-Emergency Room, 10/14/16 - 10/14/16

Document Contains Addenda

Chief Complaint

Wants CPK level checked. Having body pains.

History of Present Illness

Patient is a 60-year-old male comes in with generalized body aches. He says this been gone on since yesterday. He was seen over the summer when he was working outside and diagnosed with rhabdomyolysis. He says he no longer working outside but is concerned that this might be another episode of rhabdo and would like a CPK checked. He says he now works inside and is not been sweating very much and is staying well-hydrated. He denies any fever cough difficulty breathing abdominal pain vomiting or diarrhea. He denies any urinary symptoms. He rates his body aches as mild with no radiation and no aggravating or alleviating factors.

Review of Systems

Review of systems was performed and was otherwise negative except as above.

Physical Exam

Vitals & Measurements

T: 97.9 °F (Oral) RR: 24 BP: 182/101 SpO2: 98%

General: Awake, Alert and oriented, No acute distress.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.

Neck: Supple, Non-tender, No lymphadenopathy, full range of motion.

Respiratory: Lungs are clear to auscultation bilaterally, no wheezes, no respiratory distress.

Cardiovascular: Normal rate, Regular rhythm, No murmur.

Gastrointestinal: Soft, Non-tender, Non-distended, no rebound or guarding.

Genitourinary: No costovertebral angle tenderness.

Musculoskeletal: Grossly normal range of motion, Normal strength.

Neurologic: Alert, Oriented, Normal sensory, Normal motor function, No focal deficits,

Cranial Nerves II-XII are grossly intact.

Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment.

Medical Decision Making

Ordered:

Basic Metabolic Panel

CBC

CPK Level

Lab Results

CPK 681. Creatinine 2.6.

Emergency Department Course

discussed results of labs with pt. CPK is elevated but not consistent with rhabdo. I am, however, concerned about his elevated Cr. I discussed the labs with him and

Problem List/Past Medical History

Chronic

HIV (human immunodeficiency virus infection)

Historical

No historical problems

Social History

Alcohol

1-2 times per month

Substance Abuse

Past

Tobacco

Former smoker

Never smoker

Medications

Inpatient

No active inpatient medications

Home

amlodipine 10 mg oral tablet, 10 mg, 1 tab, PO, daily

baclofen 10 mg oral tablet, 10 mg, 1 tab, PO, 3x daily

hydrochlorothiazide-lisinopril 12.5 mg-

20 mg oral tablet, 1 tab, PO, daily

Stribild oral tablet, 1 tab, PO, daily

Allergies

NKA

Pc P-11

gave him a copy of the report. I recommended that we give him IV fluids and recheck Cr. If it comes down then he can be discharged to follow up with pcp, he says he has an appointment scheduled for Oct 22. If it does not come down then I recommend admission. I have discussed this pt with Dr. Broeker. She will follow up on results of lab recheck and disposition.

Assessment

acute renal insufficiency
myalgias

Disposition

pending.

Signature Line

Electronically Signed & Verified on 10/14/2016 21:26
by Sarata DO, Jeffrey Douglas

Addendum by Broeker DO, Sarah Elizabeth on October 14, 2016 22:47:40 (Verified)

I received the patient in sign out pending a repeat creatinine after fluids. On repeat examination the patient is resting comfortably. His repeat creatinine has improved at 2.0. At this point, patient's being discharged home with encouraged to drink plenty of fluids and to follow-up with his PCP. He is return to the ED for any new or worsening symptoms.

Signature Line

Electronically Signed & Verified on 10/14/2016 22:48
by Broeker DO, Sarah Elizabeth

Completed Action List:

- * Perform by Sarata DO, Jeffrey Douglas on October 14, 2016 19:41
- * Sign by Sarata DO, Jeffrey Douglas on October 14, 2016 21:26 Requested by Sarata DO, Jeffrey Douglas on October 14, 2016 19:41
- * VERIFY by Sarata DO, Jeffrey Douglas on October 14, 2016 21:26
- * Modify by Broeker DO, Sarah Elizabeth on October 14, 2016 22:48
- * Sign by Broeker DO, Sarah Elizabeth on October 14, 2016 22:48

Flowsheet Print Request

Patient: EVANS, ROBERT L

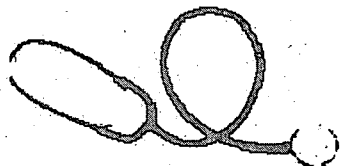
MRN: B000339771

Date Range: 10/01/16 15:39 - 10/26/16 15:39

Printed by: Hardy, Kristie P

Printed on: 10/25/16 15:40

Event Date	Event	Result	Ref. Range	Status
10/14/16 22:05	Sodium	144	(136 - 145)	
	Potassium	3.4	(3.5 - 5.1)	
	Chloride	110	(98 - 107)	
	CO2	27	(21 - 32)	
	Anion Gap	7	(5 - 15)	
	Glucose Level	77 *	(70 - 99)	
	BUN	11	(7 - 18)	
	Creatinine	2.0	(0.6 - 1.3)	
	GFR Non-African American	35 *	(>=60 -)	
	GFR African American	41 *	(>=60 -)	
10/14/16 19:50	Calcium	7.9	(8.5 - 10.1)	
	WBC Count	4.3	(3.7 - 10.9)	
	RBC Count	4.49	(3.71 - 5.77)	
	Hemoglobin	13.6	(13.7 - 17.5)	
	Hematocrit	38.1	(40.1 - 51.0)	
	MCV	84.9	(79.0 - 96.2)	
	MCH	30.3	(25.7 - 32.2)	
	MCHC	35.7	(32.2 - 36.5)	
	RDW-SD	39.0	(35.1 - 43.9)	
	RDW-CV	12.6	(11.6 - 14.4)	
	Platelet Count	215	(150 - 400)	
	MPV	9.6	(9.4 - 12.4)	
	Auto Nucleated RBC's	0.0	(0.0 - 0.0)	
	Sodium	139	(136 - 145)	
	Potassium	3.5	(3.5 - 5.1)	
	Chloride	105	(98 - 107)	
	CO2	27	(21 - 32)	
	Anion Gap	7	(5 - 15)	
	Glucose Level	85 *	(70 - 99)	
	BUN	11	(7 - 18)	
	Creatinine	2.0	(0.6 - 1.3)	
	GFR Non-African American	25 *	(>=60 -)	
	GFR African American	29 *	(>=60 -)	
	Calcium	9.0	(8.5 - 10.1)	
	CPK	681	(39 - 308)	


Evans, Robert

59 Y old Male, D

Account Number

Phone: 803-388-4558

Guarantor: Evans, Robert Insurance: BC

Appointment Facility: Wellspring Family Medicine

06/13/2016

LaTonya N Brown FNP-BC

Current Medications**Taking**

- o Norvasc 10 mg tablet 1 tablet once a day
- o baclofen 10 mg tablet 1 tab(s) 3 times a day

- o Zestoretic 12.5 mg-20 mg tablet 1 tab(s) once a day

Not-Taking/PRN

- o Fioricet 325 mg-50 mg-40 mg tablet 1 tab(s) every 4 hours as needed

Discontinued

- o lisinopril 20 mg tablet 1 tab(s) once a day
- o Cyclobenzaprine Hydrochloride 5 mg tablet 1 tab(s) 3 times a day as needed as needed for leg cramps
- o miconazole topical 2% cream 1 app 2 times a day
- o Septra DS 800 mg-160 mg tablet 1 tab(s) 2 times a day
- o Medication list reviewed and reconciled with the patient

Past Medical History

Hypertension

Hiv positive

Surgical History

Denies Past Surgical History

Family History

Father: deceased, unknown, family history unknown Unknown
 Mother: deceased, Diabetes, diagnosed with Diabetes
 Paternal Grand Father: deceased
 Paternal Grand Mother: deceased
 Maternal Grand Father: deceased
 Maternal Grand Mother: deceased
 5 brother(s), 3 sister(s), 1 son(s), 1 daughter(s).

Social History

no Smoking Status Patient is a: nonsmoker.
 Alcohol: socially, Type: , Frequency: , Years: ,
 Determination: .
 Drug use: yes, weed.
 Marital Status: married.
 Children: sons, daughters.
 Occupation: roofing.

Reason for Appointment**1. DIARRHEA****History of Present Illness****Interim History:**

Patient states he had cramping in his hips x 2 weeks. He was seen in ER at Palmetto Baptist. He was treated for Rhabdomyolysis. He states he is still having some cramping in his back and stomach.

Vital Signs

Ht 68, Wt 193.2, BMI 29.37, Pulse Ox 99, HR 82, RR 20, BP 140/82 (manual).

Physical Examination**GENERAL:**

General Appearance: well-appearing, no acute distress. Race: african-american. Mental Status: alert and oriented. Mood/Affect: pleasant. Speech: unremarkable, clear.

SKIN:

General: warm, moist.

NECK:

General: supple.

HEART:

Rate: regular. Heart sounds: normal S1S2.

LUNGS:

Effort: no respiratory distress. Rate: regular. Auscultation: CTA bilaterally, no wheezing/rhonchi/rales.

ABDOMEN:

General: soft. Tenderness:

mild diffuse

BACK:

Spine: unremarkable.

EXTREMITIES:

Edema: none.

Assessments

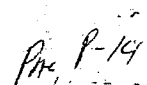
1. Nontraumatic ischemic infarction of muscle, unspecified site -

Patient: Evans, Robert DO

Press Note: LaTonya N Brown FNP-BC 06/13/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://10.10.10.50:8080/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp?encount...> 9/23/2016



Religion: Baptist
 Exercise: yes
 Caffeine: yes, frequency, coffee.

Allergies
 N.K.D.A.

Hospitalization/Major
 Diagnostic Procedure
 Denies Past Hospitalization

Review of Systems

CARDIOLOGY:

no Irregular Heart Beat.

RESPIRATORY:

no Cold Symptoms. no Cough, wheeze,
 SOB worse with exercise. no Allergic rhinitis.

NEUROLOGY:

no Paralysis. no Tingling/Numbness.
 no Dizziness.

M62.20 (Primary)

2. Essential (primary) hypertension - I10

Treatment

1. Nontraumatic ischemic infarction of muscle, unspecified site

LAB: Creatine Kinase Total Serum (ck)

Creatinine

Kinase, Total, Serum

364 H

24-204 - U/L

Jenkins, Lindsay 6/15/2016 9:44:56 AM > muscle enzyme test
 improving, will repeat at next visit, pt notified

Notes: continue to avoid prolonged exposure to sun. will Check CPK and
 give excuse for this week. Will hold on giving any vaccines at this time.

2. Essential (primary) hypertension

Notes: continue current therapy.

3. Others

Continue Genvoya tablet, 150/150/200/10, 1, orally, daily, 30 day(s),
 30

Labs

Lab: Urinalysis with Micro

Color/Clarity	yellow/clear
Leuk	neg
Nitrite	neg
Urobilin	0.2
Protein	neg
pH	5.0
Blood	neg
Sp. Gr.	1.015
Ketone	neg
Bili	neg
Glucose	neg

Jenkins, Lindsay 6/13/2016 8:24:37 AM >

Lab: Comm. Metabolic Panel (14)

eGFR If African Am	85	>59 - mL/min/1.73
Glucose, Serum	100 H	65-99 - mg/dL
BUN	22	6-24 - mg/dL
Creatinine, Serum	1.09	0.76-1.27 - mg/dL
BUN/Creatinine Ratio	20	9-20 -
Sodium, Serum	138	134-144 - mmol/L
Potassium, Serum	4.4	3.5-5.2 - mmol/L
Chloride, Serum	100	97-108 - mmol/L
Carbon Dioxide, Total	23	18-29 - mmol/L
Calcium, Serum	9.7	8.7-10.2 - mg/dL
Protein, Total, Serum	7.0	6.0-8.5 - g/dL
Albumin, Serum	4.4	3.5-5.5 - g/dL
Globulin, Total	2.6	1.5-4.5 - g/dL
A/G Ratio	1.7	1.1-2.5 -

Patient: Evans, Robert DO

Note: LaTonya N Brown FNP-BC 06/13/2016

Note generated by eClinicalWorks EMR/EM software (www.eClinicalWorks.com)

<http://10.10.10.50:8080/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp?encount...> 9/23/2016

Bilirubin, Total	0.3	0.0-1.2 - mg/dL
Alkaline Phosphatase, S	66	39-117 - IU/L
AST (SGOT)	23	0-40 - IU/L
ALT (SGPT)	34	0-44 - IU/L
eGFR If NonAfrican Am	74	>59 - mL/min/1.73

Jenkins, Lindsey 6/15/2016 9:45:15 AM > normal, pt notified

Procedure Codes

8100: URINALYSIS, AUTO W/SCOPE

Follow Up

as scheduled

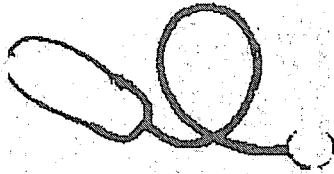
Electronically signed by LaTonya Brown on 09/23/2016 at
12:37 PM EDT

Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 29223-6301
Tel: 803-865-9655
Fax: 803-865-9653

Patient: Evans, Robert L. [REDACTED] Note: LaTonya N Brown FNP-BC 06/23/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)


Evans, Robert

59 Y old Male, DOB

Home: 803-386-4558

Guarantor: Evans, Robert Insurance: B&E

Appointment Facility: Wellspring Family Medicine

06/20/2016

Progress Note: LaTonya N Brown FNP-BC

Current Medications**Taking**

- Cenvera 150/150/200/10 tablet 1 daily
 - Norvasc 10 mg tablet 1 tablet once a day
 - baclofen 10 mg tablet 1 tab(s) 3 times a day
 - Zestoretic 12.5 mg-20 mg tablet 1 tab(s) once a day
- Not-Taking/PRN**
- Fioricet 325 mg-50 mg-40 mg tablet 2 tab(s) every 4 hours as needed
 - Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Hiv positive

Surgical History

No Surgical History documented.

Family History

Father: deceased, unknown, family history unknown Unknown
Mother: deceased, Diabetes, diagnosed with Diabetes
Paternal Grand Father: deceased
Paternal Grand Mother: deceased
Maternal Grand Father: deceased
Maternal Grand Mother: deceased
5 brother(s), 3 sister(s), 1 son(s), 1 daughter(s).

Social History

no Smoking Status Patient is a: nonsmoker.
Alcohol: socially, Type: , Frequency: , Years: , Determination:
Drug use: yes, weed.
Marital Status: married.
Children: sons: daughters:
Occupation: roofing.
Religion: Baptist.
Exercise: yes.
Caffeine: yes, frequency: , coffee.

Allergies

N.K.D.A.

Reason for Appointment

1 Rhabdo, htn

History of Present Illness**Interim History:**

Patient is here today for a follow up appointment for rhabdo and HTN. He also complains of headache, lower back pain, dizziness, and jaw pain.

Hypertension:

HOME BP CHECKS frequently, SBP > 140, DBP < 80. MED COMPLIANCE yes. MED SIDE EFFECTS none. CHEST PAIN none. DIZZINESS mild.

Vital Signs

Ht 68, Wt 193.6, BMI 29.43, Pulse Ox 98, HR 88, BP 130/89.

Physical Examination**GENERAL:**

General Appearance: unremarkable. Ill-appearance: none.
Hygiene: unremarkable. Mental Status: alert and oriented.
Mood/Affect: pleasant. Speech: unremarkable.

SKIN:

General: warm, moist.

EYES:

Conjunctiva: unremarkable.

CHEST:

Shape and expansion: normal. Breath sounds clear to auscultation, normal.

HEART:

Rate: regular. Clicks: no. Heart sounds: normal S1S2.

LUNGS:

Effort: unremarkable, no respiratory distress. Rate: regular.
Auscultation: CTA bilaterally.

ABDOMEN:

General: normal, soft. Bowel sounds: normoactive. Tenderness: none.

EXTREMITIES:

Upper Extremities: bilateral, 4/5 strength. Lower Extremities: 4/5 strength. Pulses: 2+ bilateral, dorsalispedis, radial.

NEUROLOGICAL:

Orientation: alert and oriented x 3. Cognition: normal. Cranial

Patient: Evans, Robert DC

Progress Note: LaTonya N Brown FNP-BC 06/20/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Hospitalization/Major
Diagnostic Procedure
No Hospitalization History.

Review of Systems

CONSTITUTIONAL:

Negative for loss of appetite, fever.

CARDIOLOGY:

Negative for chest pain,
palpitations, leg edema. Positive
for dizziness.

MUSCULOSKELETAL:

Back Pain yes, lower, intermittent.
Leg Cramps yes, bilateral, intermittent.

RESPIRATORY:

Negative for shortness of breath,
chest pain, chest congestion, cough,
cold symptoms, nasal congestion.

NEUROLOGY:

Headache yes, frontal, throbbing.
Visual Changes yes, blurred vision,
bilateral eyes. Dizziness yes, sensation
of room spinning, while getting up
from sitting position.

Nerves: CN's II-XII grossly intact.

Patient is unable to participate in cardinal gaze exam due to extreme
headache and dizziness.

Assessments

1. Essential (primary) hypertension - I10 (Primary)
2. Dizziness and giddiness - R42
3. Headache - R51
4. Nontraumatic ischemic infarction of muscle, unspecified site -
M62.20

Treatment

1. Essential (primary) hypertension

IMAGING: MRI: Brain w/out contrast

Chambers, Michelle 6/20/2016 11:55:15 AM > authorization
obtained 1617280300 valid 6/20-7/5/2016 parkridge suite 350

2. Dizziness and giddiness

IMAGING: MRI: Brain w/out contrast

Chambers, Michelle 6/20/2016 11:55:15 AM > authorization
obtained 1617280300 valid 6/20-7/5/2016 parkridge suite 350

3. Headache

IMAGING: MRI: Brain w/out contrast

Chambers, Michelle 6/20/2016 11:55:15 AM > authorization
obtained 1617280300 valid 6/20-7/5/2016 parkridge suite 350

4. Nontraumatic ischemic infarction of muscle, unspecified
site

LAB: Creatine Kinase, Total Serum (cph)

Creatine

Kinase, Total, Serum

217 HI 24-204 - U/L

Jenkins, Lindsay 6/22/2016 4:26:27 PM > pt cph decreased, pt
needs to have nerve conduction study and referral to
rheumatology and neurology after results are in, left message
Jenkins, Lindsay 6/22/2016 4:27:22 PM > pt's mailbox full,
unable to leave message

Follow Up
as scheduled

Electronically signed by LaTonya Brown on 09/23/2016 at
12:37 PM EDT

Sign off status: Pending

Patient: Evans, Robert DO

Progress Note: LaTonya N Brown FNP-BC 06/20/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://10.10.10.50:8080/mobiledoc/fsp/catalog/xml/printMultipleChartOptions.jsp?encount...> 9/23/2016

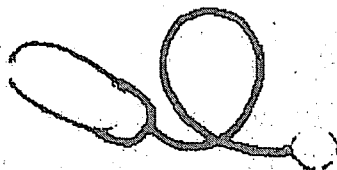
Wellspring Family Medicine
110 Arrium Way
Columbia, SC 29223-6301
Tel: 803-865-9655
Fax: 803-865-9653

Patient: Evans, Robe

Progress Note: LaTonya N Brown RNP-BC 06/20/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

P-19 !


Evans, Robert

59 Y old Male, D

Home: 803-386-4558

Guarantor: Evans, Robert Insurance: BCP of SC

Appointment Facility: Wellopring Family Medicine

06/23/2016

Progress Note: LaTonya N Brown FNP-BC

Current Medications**Taking**

- o Genovyn 150/150/200/10 tablet 1 daily
- o Norvasc 10 mg tablet 1 tablet once a day
- o baclofen 10 mg tablet 1 tab(s) 3 times a day

- o Zestoretic 12.5 mg-20 mg tablet 1 tab(s) once a day

Not-Taking/PRN

- o Fioricet 325 mg-50 mg-40 mg tablet 2 tab (s) every 4 hours as needed
- o Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Hiv positive

Surgical History

Denies Past Surgical History

Family History

Father: deceased, unknown, family history unknown
Unknown
Mother: deceased, Diabetes, diagnosed with Diabetes
Paternal Grand Father: deceased
Paternal Grand Mother: deceased
Maternal Grand Father: deceased
Maternal Grand Mother: deceased
5 brother(s), 3 sister(s), 1 son(s), 1 daughter (s).

Social History

no Smoking Status Patient is a: nonsmoker.
Alcohol: socially, Type: , Frequency: , Years: ,
Determination: .
Drug use: yes, weed.
Marital Status: married.
Children: none: daughters.
Occupation: roofing.
Religion: Baptist.
Exercise: yes.
Caffeine: yes, frequency: , coffee.

Allergies

N.K.D.A.

Reason for Appointment**1. FU HEADACHES****History of Present Illness****Interim History:**

Patient in for follow up after recent elevated CPK and headaches. Pt reports relief with hydration and Advil. Reports feeling much better and is returning to work Monday.

Vital Signs

Ht 68, Wt 195, BMI 29.65, Pulse OX 99, HR 81, RR 20, BP 122/80.

Physical Examination**GENERAL:**

General Appearance: well-appearing, no acute distress. Race: african-american. Ill-appearance: none. Mental Status: alert and oriented. Mood/Affect: pleasant.

SKIN:

General: warm, moist.

NECK:

General: supple.

HEART:

Rate: regular. Rhythm: regular. Heart sounds: normal S1S2.

LUNGS:

Effort: no respiratory distress. Rate: regular. Auscultation: CTA bilaterally, no wheezing/rhonchi/rales.

ABDOMEN:

General: soft. Bowel sounds: normoactive.

EXTREMITIES:

Edema: none.

Assessments

1. Essential (primary) hypertension - I10 (Primary)
2. Nontraumatic ischemic infarction of muscle, unspecified site - M68.20
3. Allergic rhinitis, unspecified - J30.9

Treatment

1. Essential (primary) hypertension

Notes: continue current therapy.

Patient: Evans, Robert E

Progress Note: LaTonya N Brown FNP-BC 06/23/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Review of Systems**CONSTITUTIONAL:**

no Energy Level

CARDIOLOGY:

no Chest Pain, no Shortness of

Breath, NONE, no Palpitations,

no Dizziness.

GASTROENTEROLOGY:

no Abdominal Pain, no Nausea,

no Vomiting.

MUSCULOSKELETAL:

no Joint Pain, no Joint Stiffness,

no Joint Swelling.

RESPIRATORY:no Cough, wheeze, SOB worse with
exercise.**2. Nontraumatic ischemic infarction of muscle, unspecified
site**

Notes: continue to observe CPK

3. Allergic rhinitis, unspecifiedStart loratadine tablet, 10 mg, 1 tab(s), orally, once a day, 30 day(s), 30,
Refills 4Notes: Patient instructed on indications for use of new medications,
proper administration, and potential side effects.**4. Others**Start azithromycin tablet, 500 mg, 1 tab(s), orally, once a day, 3 day(s),
3, Refills 0**Follow Up**

as scheduled

Electronically signed by LaTonya Brown on 09/23/2016 at
12:37 PM EDT

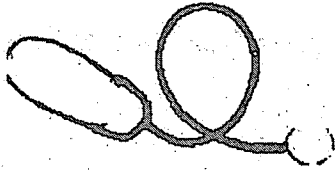
Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 292236301
Tel: 803-865-9633
Fax: 803-865-9653

Patient: Evans, Robert DO

Press Note: LaTonya N Brown FNP-BC 06/23/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Evans, Robert

59 Y old Male,

Assessment: Numbness, tingling

Home: 803-866-4558

Guarantor: Evans, Robert Insurance: B-BS - FAF Payer

Appointment Facility: Wellspring Family Medicine

07/05/2016

Progress Note: LaTonya N Brown FNP-BC

Current Medications

None

Past Medical History

Hypertension
Hiv positive

Reason for Appointment

1. CPK RECHECK

Assessments

1. Cramp and spasm - R25.2

Treatment

1. Cramp and spasm

LAB: Creatine Kinase Total Serum (cpk)

Creatine

Kinase, Total, Serum

428 H 24-204 - U/L

Jenkins, Lindsay 7/19/2016 11:16:04 AM > need nerve
conduction study, referral in my box, pt notifiedElectronically signed by LaTonya Brown on 09/23/2016 at
12:37 PM EDT

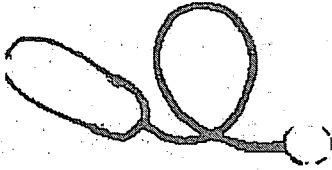
Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 29223-6301
Tel: 803-865-9655
Fax: 803-865-9653

Patient: Evans, Robert DO#

Progress Note: LaTonya N Brown FNP-BC 07/05/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)


Evans, Robert

60 Y old Male,

Home: 803-386-4558

Guarantor: Evans, Robert Insurance: CBe

Appointment Facility: Wellspring Family Medicine

07/20/2016

Progress Note: LaTonya N Brown FNP-BC

Current Medications**Taking**

- o lorazepam 10 mg tablet 1 tab(s) once a day
 - o azithromycin 500 mg tablet 1 tab(s) once a day
 - o Genovon 150/150/200/10 tablet 1 daily
 - o Norvasc 10 mg tablet 1 tablet once a day
 - o beclometh 10 mg tablet 1 tab(s) 3 times a day
 - o Zestrin 12.5 mg-20 mg tablet 1 tab(s) once a day
- Not-Taking/PRN**
- o Fioricet 325 mg-50 mg-40 mg tablet 2 tab(s) every 4 hours as needed
 - o Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Hiv positive

Surgical History

No Surgical History documented.

Family History

Father: deceased, unknown, family history unknown Unknown
Mother: deceased, Diabetes, diagnosed with Diabetes
Paternal Grand Father: deceased
Paternal Grand Mother: deceased
Maternal Grand Father: deceased
Maternal Grand Mother: deceased
5 brother(s), 3 sister(s), 1 son(s), 1 daughter(s).

Social History

no Smoking Status Patient is a non-smoker.
Alcohol: socially, Type: , Frequency: , Years: ,
Determination:
Drug use: yes, weed.
Marital Status: married.
Children: sons, daughters.
Occupation: roofing.
Religion: Baptist.
Exercise: yes.
Caffeine: yes, frequency: coffee.

Reason for Appointment

1. FU HTN

History of Present Illness**Interim History:**

Patient states that any time he sweats he gets cramping. He states the pain is all over but will rotate. He has diarrhea. He can not do anything in the sun.

Vital Signs

Ht 68, Wt 200.6, BMI 30.50, HR 71, BP 137/85.

Physical Examination**GENERAL:**

General Appearance: well-appearing, no acute distress. Race: african-american. Mental Status: alert and oriented. Mood/Affect: pleasant. Speech: unremarkable, clear.

SKIN:

General: warm, moist.

NECK:

General: supple.

HEART:

Rate: regular. Rhythm: regular. Heart sounds: normal S1S2.

LUNGS:

Rate: regular. Auscultation: CTA bilaterally, no wheezing/rhonchi/rales. Airflow: normal air movement.

ABDOMEN:

General: soft. Bowel sounds: normoactive. Tenderness: none.

EXTREMITIES:

Upper Extremities: normal strength. Lower Extremities: normal strength. Edema: none.

Assessments

1. Essential (primary) hypertension - I:0 (Primary)
2. Nontraumatic ischemic infarction of muscle, unspecified site - M62.20

Treatment

1. Nontraumatic ischemic infarction of muscle, unspecified site

Patient: Evans, Robert DOP--

Note: LaTonya N Brown FNP-BC 07/20/2016

Note generated by eClinicalWorks EMR/EMR Software (www.eClinicalWorks.com)

Allergies
NKDA.

Hospitalization/Major
Diagnostic Procedure
No Hospitalization History.

Review of Systems

DERMATOLOGY:

no Bruising, no Hives.

CARDIOLOGY:

no Irregular Heart Beat, no Chest Pain.

RESPIRATORY:

no Nasal Congestion, no Cough, wheeze,
SOB worse with exercise, no Otitis/ome.

NEUROLOGY:

no Paralysis, no Weakness, no Speech
Abnormality.

Start co enzyme q10, 100 mg, 1, po, daily, 30 day, 30, Refills 3

LAB: Creatine Kinase, Total Serum (cpk)

Creatine

Kinase, Total Serum

480 H 24-204 - U/L

Notes: Can not work out side or strenuous activity x 1 month.

Diagnostic Imaging

Imaging: nerve conduction study

Green, Veandria 9/9/2016 2:46:24 PM > He has carpal tunnel
syndrome in right wrist. Leg study normal. Start wrist splint to
from Walmart @ right, pt notified.

Follow Up
as scheduled

Electronically signed by LaTonya Brown on 09/23/2016 at
12:37 PM EDT

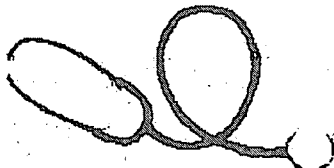
Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 292236301
Tel: 803-865-9655
Fax: 803-865-9655

Patient: Evans, Robert

Note: LaTonya N Brown FNP-BC 07/20/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)


Evans, Robert

60 Y old Male, DOB

Home: 803-386-4558

Guarantor: Evans, Robert Insurance: BcF

Appointment Facility: Wellspring Family Medicine

09/07/2016

Progress Note: LaTonya N Brown FNP-BC

Current Medications**Taking**

- o enoxys 910 100 mg 1 daily
- o lorazepam 10 mg tablet 1 tab(s) once a day
- o amiloriparin 500 mg tablet 1 tab(s) once a day
- o Genovoy 150/150/200/10 tablet 1 daily
- o Norvasc 20 mg tablet 1 tablet once a day
- o baclofen 10 mg tablet 1 tab(s) 3 times a day
- o Zastoretic 12.5 mg-20 mg tablet 1 tab(s) once a day

Not-Taking/PEN

- o Fioricet 825 mg-50 mg-40 mg tablet 2 tab(s) every 4 hours as needed
- o Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Hiv positive

Surgical History

Denies Past Surgical History

Family History

Father: deceased, unknown, family history unknown Unknown
Mother: deceased, Diabetes, diagnosed with Diabetes
Paternal Grand Father: deceased
Paternal Grand Mother: deceased
Maternal Grand Father: deceased
Maternal Grand Mother: deceased
5 brother(s), 3 sister(s), 1 son(s), 1 daughter (n).

Social History

no Smoking Status Patient is a: nonsmoker.
Alcohol: socially, Type: , Frequency: , Years: , Determination:..
Drug use: yes, weed.
Marital Status: married.
Children: none: daughters.
Occupation: roofing.
Religion: Baptist.
Exercise: yes.
Caffeine: yes, frequency: , coffee.

Reason for Appointment

1. Fat heat and htn

History of Present Illness**Interim History:**

Patient in to follow up heat exhaustion and Htn. He states that he as been avoiding working in the sun. He is currently lookin for work..

Vital Signs

Ht 68, Wt 212.4, BMI 32.29, Pulse Ox 98, HR 81, RR 20, BP 108/72.

Physical Examination**GENERAL:**

General Appearance: well-appearing, no acute distress. Race: african-american. Mental Status: alert and oriented. Mood/Affect: pleasant. Speech: unremarkable, clear.

SKIN:

General: warm, moist.

NECK:

General: supple.

HEART:

Rate: regular. Heart sounds: normal S1S2. Murmurs: none.

LUNGS:

Effort: no respiratory distress. Auscultation: CTA bilaterally, no wheezing/rales/rales. Airflow: normal air movement.

ABDOMEN:

General: soft. Bowel sounds: normoactive. Tenderness: none.

EXTREMITIES:

Edema: none.

Assessments

1. Essential (primary) hypertension - I10 (Primary)
2. Nontraumatic ischemic infarction of muscle, unspecified site - M62.20
3. Carpal tunnel syndrome, right upper limb - G56.01

Treatment

1. Essential (primary) hypertension

LAB: Creatine Kinase (CK), MB/Total

Creatine

1007 FH 24-204 - U/L

Patient: Evans, Robert DOB

Note: LaTonya N Brown FNP-BC 09/07/2016

Note generated by eClinicalWorks eNote-in Software (www.eClinicalWorks.com)

Pr. 25

Allergies
N.K.D.A.

Hospitalization/Major
Diagnostic Procedure
Denies Past Hospitalization

Review of Systems

CARDIOLOGY:

no Pallor, no Varicose veins.

ENDOCRINOLOGY:

no Polyphagia.

OPHTHALMOLOGY:

no Seasonal Eye symptoms, no Eye
Redness.

Kinase, Total, Serum

Creatine Kinase (CK), MB 5.1 0.0-10.4 - ng/mL

Green, Veandria 9/9/2016 8:35:14 AM > Please schedule to see
Lexington Rheumatology ASAP. No strenuous work, No prolong
exposure. NP brown is holding the Norvasc. recheck bp on 2
weeks along with creatinine kinase, left message

Notes: Encouraged low sodium diet and regular exercise. Pt. instructed
to call office if home BP regularly > 140/90.

2. Nontraumatic ischemic infarction of muscle, unspecified
site

LAB: Creatine Kinase (CK), MB/Total

Creatine

1007 HH 24-204 - U/L

Kinase, Total, Serum

Creatine Kinase (CK), MB 5.1 0.0-10.4 - ng/mL

Green, Veandria 9/9/2016 8:35:14 AM > Please schedule to see
Lexington Rheumatology ASAP. No strenuous work, No prolong
exposure. NP brown is holding the Norvasc. recheck bp on 2
weeks along with creatinine kinase, left message

Notes: await results of lab test.

3. Carpal tunnel syndrome, right upper limb

LAB: Creatine Kinase (CK), MB/Total

Creatine

1007 HH 24-204 - U/L

Kinase, Total, Serum

Creatine Kinase (CK), MB 5.1 0.0-10.4 - ng/mL

Green, Veandria 9/9/2016 8:35:14 AM > Please schedule to see
Lexington Rheumatology ASAP. No strenuous work, No prolong
exposure. NP brown is holding the Norvasc. recheck bp on 2
weeks along with creatinine kinase, left message

Notes: await results of lab test.

Follow Up
as scheduled

Electronically signed by LaTonya Brown on 09/23/2016 at
12:37 PM EDT

Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 292236301

Patient: Evans, Robert DO

gross Note: LaTonya N Brown FNP-BC 09/07/2016

Note generated by eClinicalWorks LAMP/PM Software (www.eClinicalWorks.com)

<http://10.10.10.50:8080/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp?encount...> 9/23/2016

Tel: 803-865-9655
Fax: 803-865-9653

Patient: Evans, Robert

Pass Note: LaTonya N Brown FNP-BC 09/07/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

ER

27
P-27

865-9655
8-25-16

REHABILITATION AND GERIATRIC SERVICES, LLC
COLUMBIA, SC
ELECTRODIAGNOSTIC MEDICINE

PATIENT NAME: ROBERT EVANS
MR#:

DATE: 08/23/2016
RM#:

REFERRING PHYSICIAN: Latonya Brown, nurse practitioner.

REASON FOR EVALUATION: Severe cramping.

HISTORY OF PRESENT ILLNESS: Mr. Evans is a very pleasant 60-year-old gentleman who gives a rather extensive history of repeated cramping when exposed to heat. The most severe case occurred back in June. He was admitted to the hospital. Apparently, he was significantly overheated. He developed rhabdomyolysis and required IV fluids. Since that time, he has been out of work. He has tried cutting the grass, but within 2 hours, he starts to cramp so severely he has to stop. The cramps occur all over the body.

PHYSICAL EXAM: Reveals normal sensation, normal DTRs.

ELECTRODIAGNOSTIC EVALUATION NERVE CONDUCTION STUDY: Nerve conduction studies are as follows:

NERVE	DISTAL LATENCY	AMPLITUDE	DISTANCE	NERVE CONDUCTION VELOCITY
Right median nerve, middle finger to the wrist, sensory	5.0	15		
Right median nerve, abductor pollicis brevis to the wrist, motor	5.1	11.3		
To the elbow, motor	9.5	10.9		53
Right ulnar nerve, fifth digit to the wrist, sensory	3.5	27		
Right ulnar nerve, adductor digiti minimi to the wrist, motor	3.3	6.2		
To the elbow, motor	8.3	5.7		54
Right radial nerve, thumb to the wrist, sensory	2.6	22		
Right peroneal nerve, extensor digitorum brevis to the ankle, motor	5.2	1.5		
To the fibular head, motor	14.6	1.5		39
Right tibial nerve, adductor hallucis to the ankle, motor	5.9	1.1		
Right superficial	3.0	11		

PATIENT NAME: ROBERT EVANS
MR#:

ELECTRODIAGNOSTIC MEDICINE
Page 2

peroneal nerve, ankle to the shin, sensory				
Right sural nerve, ankle to the calf, sensory	3.1	14		

SUMMARY: The right median motor and sensory distal latencies are prolonged; otherwise, normal nerve conduction studies.

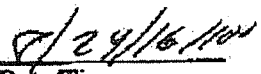
ELECTROMYOGRAPHIC EXAMINATION: Right deltoid, biceps, triceps, brachial radialis, first dorsal interosseous, abductor pollicis brevis: Insertional activity is normal. Muscle rest is normal. No fibrils, no sharp waves, no fasciculations. Motor unit action potential is normal shape, size, and amplitude. Recruitment pattern is full. Right iliopsoas, vastus medialis, anterior tibialis, gastrocnemius, extensor hallucis longus: Insertional activity is normal. Muscle rest is normal. No fibrils, no sharp waves, no fasciculations. Motor unit action potential is normal shape, size, and amplitude. Recruitment pattern is full.

SUMMARY: Normal needle EMG of the above muscles tested.

CONCLUSION: This is an abnormal study. There is electrodiagnostic evidence of a right median nerve entrapment at the wrist. This is a moderate case of right carpal tunnel syndrome. Obviously, this does not explain all the patient's symptoms. There is no electrodiagnostic evidence of cervical or lumbar radiculopathy or myopathy at this time. Given the patient's history, I suspect he had heat exhaustion and developed rhabdomyolysis. Patient does appear to be very sensitive to the heat, and there may be some electrolyte abnormalities.

I would like to thank Latonya Brown for referral of this pleasant patient. If there are any questions regarding this examination, please do not hesitate to call. The left side of the body was not tested so that it can undergo biopsy if necessary for further evaluation of the muscles.


W. Daniel Westerkam, MD
Physical Medicine and Rehabilitation


Date/Time

WW/am4483

dd: 08/23/2016 10:02 PM
dt: 08/24/2016 11:25 AM
JobID: 9908017

f 545 5353
1119117

REHABILITATION AND GERIATRIC SERVICES, LLC
COLUMBIA, SC
ELECTRODIAGNOSTIC MEDICINE

PATIENT NAME: ROBERT EVANS
MR#:

DATE: 01/18/2017
RM#:

REFERRING PHYSICIAN: Dr. Horvath

REASON FOR EVALUATION: Recurrent rhabdomyolysis.

HISTORY OF PRESENT ILLNESS: Mr. Evans is a very pleasant 60-year-old gentleman with HIV who apparently has been having some episodes of rhabdomyolysis requiring IV fluids and temporary hospitalizations. These episodes usually occur after physical exertion. The patient has been active all his life and has even lifted weights without any problems in the past. However, now even simple activity such as raking the yard can trigger an episode. He states otherwise he feels fine.

PHYSICAL EXAM: Reveals normal sensation, normal DTRs, normal strength.

ELECTRODIAGNOSTIC EVALUATION: Nerve conduction studies are as follows:

NERVE	DISTAL LATENCY	AMPLITUDE	NERVE CONDUCTION VELOCITY
Right median nerve, middle finger to the wrist, sensory	5.1	9.3	
Right median nerve, abductor pollicis brevis to the wrist, motor	5.1	5.7	
To the elbow, motor	9.6	5.5	54
Right ulnar nerve, fifth digit to the wrist, sensory	3.6	15	
Right ulnar nerve, abductor digiti minimi to the wrist, motor	3.4	7.0	
To the elbow, motor	8.6	6.0	49
Right radial nerve, thumb to the wrist, sensory	2.6	17	
Right peroneal nerve, extensor digitorum brevis to the ankle, motor	5.3	1.7	
To the fibular head, motor	13.6	1.2	39
Right tibial nerve, adductor hallucis to the ankle, motor	5.6	1.1	
Right superficial peroneal nerve,	2.9	23	

PATIENT NAME: ROBERT EVANS
MR#:

ELECTRODIAGNOSTIC MEDICINE
Page 2

ankle to the shin, sensory			
Right sural nerve, ankle to the calf, sensory	3.1	12	

SUMMARY: The right median motor and sensory distal latencies are prolonged.

ELECTROMYOGRAPHIC EXAMINATION: Right trapezius, deltoid, biceps, triceps, brachial radialis, first dorsal interosseus, abductor pollicis brevis insertional activity is normal. Muscle rest is normal. No fibs, no sharp waves, no fasciculations. Motor unit action potential is normal shape, size and amplitude. Recruitment pattern is full. Right iliopsoas, vastus medialis, anterior tibialis, gastrocnemius, extensor hallucis longus insertional activity is normal. Muscle rest is normal. No fibs, no sharp waves, no fasciculations. Motor unit action potential is normal shape, size and amplitude. Recruitment pattern is full. Right and left lumbar paraspinals at L2-3, L4-5, L5-S1 insertional activity is normal. Muscle rest is normal. No fibs, no sharp waves, no fasciculations.

SUMMARY: Normal needle EMG of the above muscles tested.

CONCLUSION: This is an abnormal study. There is electrodiagnostic evidence of a moderate case of carpal tunnel syndrome which has not changed since the previous study done in August of last year. There is no electrodiagnostic evidence of polyradiculopathy, peripheral neuropathy, or myopathy at this time. I cannot explain the recurrent episodes of rhabdomyolysis. This may be related to some medications. Some patient's with sickle cell trait are more prone to rhabdomyolysis.

I would like to thank Dr. Horvath for referral of this pleasant patient. If there are any questions regarding this examination, please do not hesitate to call. The patient's left side is available for muscle biopsy if deemed necessary.



W. Daniel Westerkam, MD
Physical Medicine and Rehabilitation

1/19/2017
Date/Time

WW/am4607

dd: 01/18/2017 05:28 PM
dt: 01/19/2017 7:32 AM
JobID: 10206647



COLUMBIA NEPHROLOGY

121 Park Central Drive
Columbia, SC 29203
(803) 252-9907, FAX (803) 252-9906

Patient: Robert Evans
Age/DOB:
Chart: 322940
Encounter Date: Feb 27 2017 9:30AM

Reason For Visit

The patient is a 60-year-old African American male with past medical history of HIV since the year 2000 hypertension for last few years, who was seen as a followup appointment for acute kidney injury. Since last appointment, the patient had is not working as a roofer anymore. The patient has stopped doing extensive exercises. The patient is doing well except for chronic back pain. Blood pressures are well controlled on Norvasc and metoprolol. We have discontinued lisinopril and hydrochlorothiazide.

Active Problems

Problems

1. Acute kidney injury (584.9) (N17.9)
2. HTN (hypertension) (401.9) (I10)
3. Rhabdomyolysis (728.88) (M62.82)
4. Visit for laboratory test (V72.60) (Z01.89)

Past Medical History

Problems

1. History of human immunodeficiency virus infection (V12.09) (Z86.19)
2. History of hypertension (V12.59) (Z86.79)

Family History

Mother

1. Family history of type 2 diabetes mellitus (V18.0) (Z83.3)

Social History

Problems

- Never a smoker
- No alcohol use
- No illicit drug use

Allergies

Medication

1. No Known Drug Allergies

Current Meds

- AmLODIPine Besylate 10 MG Oral Tablet (Norvasc); TAKE 1 TABLET DAILY AS DIRECTED;
Therapy: 04Jan2017 to (Evaluate:03Jul2017) Requested for: 04Jan2017; Last Rx:04Jan2017 Ordered
- CoQ-10 10 MG CAPS; Take one tab po daily;
Therapy: (Recorded:04Jan2017) to Recorded
- Genvoya 150-150-200-10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH

Printed By: Kathrine Stanley

1 of 3

3/2/17 1:22:04 PM

1. P. 32 ²/₅

DAILY;

Therapy: (Recorded: 04Jan2017) to Recorded

- Metoprolol Tartrate 25 MG Oral Tablet; TAKE 1/2 TAB BID/DAY;

Therapy: 04Jan2017 to (Evaluate: 30Dec2017) Requested for: 04Jan2017; Last

Rx: 04Jan2017 Ordered

Vitals**Vital Signs****Recorded: 27Feb2017 08:54AM**

Height: 5 ft 9 in

Weight: 213 lb

BMI Calculated: 31.45

BSA Calculated: 2.12

Systolic: 130

Diastolic: 80

Heart Rate: 72

Physical Exam**Constitutional:** alert, in no acute distress and healthy appearing.**Eyes:** extraocular movements were intact.**Hearing loss was noted.**

There was no jugular-venous distention.

Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds.**Heart:** heart rate and rhythm were normal, normal S1 and S2, no gallops and edema is not present.**Abdomen:** normal bowel sounds, soft and non-tender.**Skin:** no rash.**Musculoskeletal:** gait was normal and muscle strength and tone were normal.**Neurological:** the motor exam was normal.**Psychiatric:** oriented to person, place, and time.**Discussion/Summary**

Acute kidney injury- resolved. It appears to be secondary to multiple episodes of volume depletion in setting of lisinopril and hydrochlorothiazide use and low levels of CPK elevation. Repeat creatinine came down to normal of 1.0 last month. Urine protein creatinine ratio was 45 milligram/gram. Urinalysis was bland. Renal ultrasound was unremarkable. His electrolytes were normal. CPK had improved to 271. At this time we discussed again about not doing extensive exercises, keeping himself well hydrated, staying away from NSAIDs and to seek immediate help if he starts to have cramping. Patient acknowledged

Hypertension- blood pressure 130/80. At this time will continue him on Norvasc and metoprolol.

HIV- pt follows with Dr. Horvath's (ID physician-803-545-5385) office. Continue his HAART as per his recommendations.

F/u in 1 year or sooner if needed.

Assessment**Assessed**

1. Acute kidney injury (584.9) (N17.9)
2. HTN (hypertension) (401.9) (I10)

Plan

1. Follow-up visit in 1 year Outpatient Adult follow-up Status: Hold For - Scheduling

Patient: Robert Evans

Chart: 322940 Encounter: Feb 27 2017 9:30AM

Requested for: 27Feb2017

Signatures

Electronically signed by : Manish Kadian, M.D.; Feb 27 2017 9:18AM EST (Author)

Amendment

Printed By: Kathrine Stanley

3 of 3

3/2/17 1:22:04 PM

EVANS, ROBERT L



April 12, 2017

Charles E. Johnson, P.A.
Attorney At Law
1332 Main Street
Suite 65
Columbia, SC 29033

RE: Robert Evans

Dear Attorney Johnson:

Enclosed is a copy of the above captioned gentleman's visit to this office on March 28, 2017. After talking with him and reviewing his hospital record, no discrete moment can be determined when he suffered an injury. He had a heat related illness which appeared to have resulted from a cauldron of chronic medical condition(HIV), medications and repeated heat exposure. How each contributed to his heat illness cannot be determined. It is the opinion of this examiner though that working on the roof top contributed to his acute illness.

Sincerely,

Electronically Signed by: DEAN A. FLOYD, MD

EVANS, ROBERT I

Family History

Reviewed Family History

Social History

Reviewed Social History

Smoking Status: Never smoker

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Documents for Discussion

N/A

Screening

Name	Score	Notes
PHQ-2/PHQ-9	11 (out of 27 for the PHQ-9)	body pain

HPI

60 year old Black man who gives a convoluted history; he was hospitalized at Palmetto Baptist Medical Center from June 5 - 8, 2017 with a "heat stroke" complicated by rhabdomyolysis. He was treated with intravenous fluids and discharged without any prescriptions for medication. He gives a history of working for a roofing company for 8 years. He describes an experience in May in which he attempted to play softball and could barely throw or hit the ball. He usually was a very good player. He did not do any particular thing about this and it went pretty much unnoticed. However, on June 1 he went to work and in the early afternoon he was on a roof top and was overwhelmed by cramping and pain all over his body. He went home and hydrated with juice and improved. On the following day he went to work and had a recurrence of the pain and cramping but it occurred in mid morning. He went home early again and hydrated which made him feel better. On June 3rd he went back to work and shortly after getting on the roof he started to vomit and was sent home. On June 4th he was off work and on this day he experienced generalized body aching but no nausea or vomiting. On June 5th he went to church and once there spilled some water. He was mopping the water up when he developed diffuse sweating, weakness and pain in his muscles. After church he went to the hospital and was admitted after his uric was examined and his blood revealed a CPK over 1000. He does not smoke. He drank a beer about once every 2 weeks. He does have chronic viral disease for which he takes several antiviral medications.

After his June illness he reports that he still has body aches. He got a job making bags in the following September and could only work it for 2 months because he had a similar occurrence when he went to the ER and his CPK was elevated and he had aches. He again was hydrated but this time he was sent home.

ROS

Patient reports exercise intolerance and fatigue but reports no fever, no significant weight gain, and no significant weight loss. He reports chest pain on exertion but reports no shortness of breath when walking, no shortness of breath when lying down, and no palpitations. He reports vomiting but reports no abdominal pain, normal appetite, no diarrhea, no dyspepsia, no GERD, and no constipation. He reports muscle aches, muscle weakness, arthralgias/joint pain, back pain, neck pain, and muscle spasms. He reports no irritation. He reports no difficulty hearing, no ear pain, and (normal) discharge from the ears. He reports no frequent nosebleeds, no nose problems, no sinus problems, (normal) nasal discharge, and (normal) nasal passage blockage (stiffness). He reports no sore throat, difficulty swallowing (dysphagia), no hoarseness, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports not feeling congested in the chest, no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no hematuria, no increased frequency, no nocturia, and no pain during urination (dysuria). He reports no rashes. He reports no numbness.

Physical Exam

Patient is a 60-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal.

Cardiovascular: Heart Auscultation: normal S1 and S2 and RRR and no murmurs. Neck vessels: no carotid bruits.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: normal movement of all extremities. Extremities: no edema.

Neurologic: Gait and Station: normal gait. Coordination and Cerebellum: no tremor.

Skin: Inspection and palpation: no rash.

PAGE 1-36

EVANS, ROBERT

Patient

Name EVANS, ROBERT (60yo, M) ID# 208918 Appt. Date/Time 03/28/2017 02:40PM
 DOB [REDACTED] Service Dept. Brookland-Cayce Medical Practice
 Provider DEAN A. FLOYD, MD
 Insurance Med. Primary: RCBS-SC, Inc.
 Med. Contract: SC-VOC-REHAB RICHLAND AREA OFFICE
 Insurance #: 251044036
 Prescription:

Chief Complaint

Bilateral *back pain
 Followup: Essential hypertension

patient states he is having pains all over that is causing him to not be able to work

Patient's Care Team

None recorded.

Patient's Pharmacies

PUBLIX PHARMACY #0067 (ERX): 2800 ROSEWOOD DR, COLUMBIA SC 29205, Ph (803) 799-0801, Fax (803) 708-7074

Vitals

03/28/2017 03:31 pm

Ht: 5 ft 9 in (175.26 cm)

Wt: 215 lbs (97.52 kg)

BMI: 31.7

T: 98.4 F° oral (36.89 C)

BP: 151/88 sitting L arm
 150/99 sitting R arm

Pulse: 67 bpm regular

RR: 20

Pain Scale: 8

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

amLODIPine 10 mg tablet 03/25/17 filled

baclofen 10 mg tablet 06/03/16 filled

metoprolol tartrate 25 mg tablet 03/25/17 filled

tamsulosin 0.4 mg capsule 01/17/17 filled

Triumeq 600 mg-50 mg-300 mg tablet 03/03/17 filled

Vaccines

None recorded.

Problems

Reviewed Problems

- Human immunodeficiency virus infection
- High risk sexual behavior - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Patient noncompliance - general - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA
- History of clinical finding in subject - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA
- Essential hypertension - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Psychogenic headache - Onset: 07/26/2010 - PHYSICIAN: SRI ARORA

EVANS, ROBERT L

Back: Thoracolumbar Appearance: normal curvature.

Procedure Documentation

None recorded.

Assessment / Plan

1. Heat exhaustion - status post; with a history of rhabdomyolysis; he is warned that he is at high risk to recurrence of heat injuries because he has a history, HIV disease, HAART and because of his age.
T67.5XXS: Heat exhaustion, unspecified, sequela
- HEAT EXHAUSTION: CARE INSTRUCTIONS

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DEAN A. FLOYD, MD, 04/05/2017.

Encounter performed and documented by DEAN A. FLOYD, MD

Encounter reviewed & signed by DEAN A. FLOYD, MD on 04/05/2017 at 11:16am

Screening: PHQ-2/PHQ-9

Admission Information - Patient Record Only

Arrival Date/Time:	07/07/2015 1457	Admit Date/Time:	07/07/2015 1825	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	Lchsd Service Area	Unit:	Lmc Emergency Department
Admit Provider:		Attending Provider:	Renwick, Elizabeth A, MD	Referring Provider:	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
07/07/2015 2134	Home Or Self Care	None	None	Lmc Emergency Department

Events

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
07/07/15 1457	ED Arrival		LMC EMERGENCY DEPARTMENT		
07/07/15 1825	ED Roomed	Emergency	LMC EMERGENCY DEPARTMENT	21/2-21	Emergency Medicine

Allergies as of 7/7/2015

Review Complete On: 7/7/2015 By: Renwick, Elizabeth A, MD

No Known Allergies

Medical

as of 7/7/2015

Past Medical History

Date

Comments

Source

HIV Infection [V08 (ICD-9-CM)]
Hypertension [401.9 (ICD-9-CM)]

Provider
Provider

ED Records

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
	7/7/2015 14:57	Urgent	Car	Self	Emergency Medicine	Emergency
Arrival Complaint:						
possible heat exposure						

Chief Complaint History

User	Date & Time
Porter, Hunter B, RN	7/7/2015 3:16 PM
Chief Complaint:	
Heat Exposure	
Comment: pt has been working outside all day and sweating, reports had diffuse body cramps, denies syncope. pt reports +OI today.	

ED Notes

ED Notes by Dowd, Elizabeth G, RN on 07/07/15 2134

Version 1 of 1

Author: Dowd, Elizabeth G, RN

Service: (none)

Author Type: Registered Nurse

Filed: 07/07/15 2134

Date of Service: 07/07/15 2134

Status: Signed

Editor: Dowd, Elizabeth G, RN (Registered Nurse)

Reviewed dc instructions with pt. INT dc and pt was able to ambulate to lobby.

Electronically Signed by Dowd, Elizabeth G, RN on 07/07/15 2134

Revision History

Date/Time	User	Provider Type	Action
> 07/07/15 2134	Dowd, Elizabeth G, RN	Registered Nurse	Sign

Attribution information within the note text is not available.

ED Provider Notes by Renwick, Elizabeth A, MD on 07/07/15 2115

Version 1 of 1

Author: Renwick, Elizabeth A, MD

Service: Emergency Medicine

Author Type: Physician

Filed: 07/07/15 2115

Date of Service: 07/07/15 1933

Status: Signed

Editor: Renwick, Elizabeth A, MD (Physician)

History

Chief Complaint

Patient presents with

- Heat Exposure

pt has been working outside all day and sweating, reports had diffuse body cramps, denies syncope. pt reports +OI today.

HPI Comments: Has worked as a roofer for the last 7 years. Hours of work are 4:30 AM to 1 PM. This morning when arrived to work he began sweating. After work at 2 PM he had cramping of chest, abdomen, back, and extremities. Has drank six to eight 20 ounce bottles of water today. Denies syncope, history of MI or congestive heart failure, shortness of breath, diarrhea. Last urinated 30 minutes ago. Got dehydrated like this once before with working in heat 2 yrs ago.

Patient is a 58 y.o. male. The history is provided by the patient.

Other

This is a Acute (cramps) problem. Duration of episode(s) is 1 day. The quality of the pain is cramping. The symptoms are unchanged. Symptoms are exacerbated by nothing. Nothing relieves the symptoms. Pertinent negatives include no headaches. Associated symptoms include chest pain. Pertinent negatives include no cough, no fever and no shortness of breath. Pertinent negatives include no fever. Pertinent negatives include no fever, no nausea and no vomiting. Pertinent negatives include no headaches, no numbness in extremities and no focal weakness. Associated symptoms include abdominal pain. Pertinent negatives include no fever, no dysuria, no nausea and no vomiting. Pertinent negatives include no joint swelling, no local extremity swelling, no rash and no wound.

Past Medical History

Diagnosis

- Hypertension
- HIV infection

History reviewed. No pertinent past surgical history.

ED Notes (continued)

ED Provider Notes by Renwick, Elizabeth A, MD on 07/07/15 2115 (continued)

Version 1 of 1

History reviewed. No pertinent family history.

History

Social History Narrative

- No narrative on file

History

Substance Use Topics

- Smoking status: Unknown If Ever Smoked
- Smokeless tobacco: Not on file
- Alcohol Use: Yes

Comment: 6 pack per week

Review of Systems

Constitutional: Negative for fever.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Positive for chest pain.

Gastrointestinal: Positive for abdominal pain. Negative for nausea, vomiting and diarrhea.

Genitourinary: Negative for dysuria and decreased urine volume.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash and wound.

Neurological: Negative for focal weakness, weakness, light-headedness, numbness and headaches.

Hematological: Negative for adenopathy.

Physical Exam

Initial ED Vital Signs:

Blood Pressure: 175/89 mmHg Heart Rate: 73 Temp: 97.1 °F (36.2 °C) Resp: 16 SpO2: 100 %

Last Documented Vital Signs This Encounter:

BP 179/101 mmHg | Pulse 76 | Temp(Src) 97.9 °F (36.6 °C) (Oral) | Resp 18 | Wt 92.987 kg (205 lb) | SpO2 98%

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Eyes: Conjunctivae are normal. Right eye exhibits no discharge. Left eye exhibits no discharge.

ED Notes (continued)

ED Provider Notes by Renwick, Elizabeth A, MD on 07/07/15 2115 (continued)

Version 1 of 1

Neck: No tracheal deviation present.

Cardiovascular: Normal rate and regular rhythm.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness.

Musculoskeletal: He exhibits no edema or tenderness.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. No rash noted. He is not diaphoretic.

Nursing note and vitals reviewed.

ED Course

Procedures

No orders to display

Results for orders placed or performed during the hospital encounter of 07/07/15

CBC and Differential

Result	Value	Ref Range
WBC	9.4	4.0 - 11.0 k/uL
RBC	4.55 (L)	4.60 - 6.10 10 ⁶ /uL
HGB	13.5	13.5 - 18.0 g/dL
HCT	40.2 (L)	41.0 - 53.0 %
MCV	88.4	80.0 - 98.0 fL
MCH	29.7	27.0 - 32.0 pg
MCHC	33.6	32.0 - 36.0 g/dL
RDW	13.3	11.5 - 14.5 %
RDW (SD)	43.6	35.1 - 43.9 fL
PLT	276	130 - 400 k/uL
MPV	9.7	7.5 - 10.5 fL
NRBC,AUTO	<2.0	<2 %
ABS NRBC,AUTO	NOT APPLICABLE	<1 k/uL
% Neutrophils	78 (H)	43 - 72 %
% Lymphocytes	14 (L)	17 - 44 %
% Monocytes	6	0 - 10 %
% Eosinophils	1	0 - 5 %
% Basophils	0	0 - 3 %
% IMMATURE GRANULOCYTES	1 (H)	<1 %
Abs Neutrophils	7.29	1.7 - 8.0 k/uL
Abs Lymphocytes	1.31	0.7 - 5.0 k/uL
Abs Monocytes	0.60	0.0 - 1.1 k/uL
Abs Eosinophils	0.05	0.0 - 0.6 k/uL
Abs Basophils	0.04	0.0 - 0.2 k/uL
ABS IMMATURE GRANULOCYTES	0.06	<1 k/uL

Basic Metabolic Panel

Result	Value	Ref Range
Glucose	90	74 - 106 mg/dL
Sodium	139	136 - 145 meq/L

ED Notes (continued)

ED Provider Notes by Renwick, Elizabeth A, MD on 07/07/15 2115 (continued)

Version 1 of 1

Potassium	4.3	3.5 - 5.1 meq/L
Chloride	102	98 - 107 meq/L
CO2	27	21 - 32 meq/L
Anion Gap	10	5 - 16 meq/L
BUN	16	7 - 18 mg/dL
Creatinine	1.4 (H)	0.6 - 1.3 mg/dL
Calcium	9.2	8.5 - 10.1 mg/dL
eGFR	52 (L)	>60 mL/min/1.73 sqm

CK

Result	Value	Ref Range
CK TOTAL	331 (H)	55 - 170 U/L

Troponin

Result	Value	Ref Range
Troponin I	<0.015	<0.045 ng/mL

Urinalysis

Result	Value	Ref Range
Collect Type, Urine	CLEAN VOIDED URINE	
Color	YELLOW	
Clarity, Urine	CLEAR	
Glucose, Urine	NEGATIVE	NEGATIVE mg/dL
Bilirubin, Urine	NEGATIVE	NEGATIVE
Ketones, Urine	NEGATIVE	NEGATIVE mg/dL
SG, Urine	1.006	1.003 - 1.030
Blood, Urine	NEGATIVE	NEGATIVE
pH, Urine	6.0	4.6 - 8.0
Protein, Urine	NEGATIVE	NEGATIVE mg/dL
Urobilinogen, Urine	NORMAL	0.1 - 1.0 mg/dL
Nitrite, Urine	NEGATIVE	NEGATIVE
Leukocyte Esterase, Urine	NEGATIVE	NEGATIVE
WBC, Urine	<1	<6 [HPF]
Mucous, Urine	PRESENT	[HPF]
RBC, Urine	0	<4 [HPF]

All Medication Administration through 07/07/2015 2115

Date/Time	Order	Dose	Route	Action	Action by
07/07/2015 1858	0.9% sodium chloride bolus 1,000 mL	1,000 mL	Intraven ous	New Bag	Robinson, Julie

ED Discharge Orders

None

ED Prescriptions

None

ED Notes (continued)

ED Provider Notes by Renwick, Elizabeth A, MD on 07/07/15 2115 (continued)

Version 1 of 1

Diagnosis:

Final diagnoses:

Dehydration (Primary)

Hypertension

Follow Up Instructions:

No follow-up provider specified.

Disposition: Discharge

Departure Condition: Good

EDMDM:

Interpretation: ECG, monitor, pulse ox and labs

Labs comment: Egfr 52, cpk 331

ECG comment: Nsr no st/t changes

Monitor comment: Nsr, hypertensive

Pulse Ox comment: Normal

MDM Comments: Feels better, cramping has ceased. EKG is normal, negative troponin. Patient rehydrated. Remains hypertensive. Has urinated several times. Stable for d/c.

Results discussed in layman's terms to satisfaction. Questions answered in layman's terms. Understanding of importance of followup care as directed. If worsening of symptoms, problems, questions, return to ED. Acknowledges/agrees with disposition.

Renwick, Elizabeth A- was the Primary ED Provider for this patient.

Renwick, Elizabeth A, MD
07/07/15 2115

Electronically Signed by Renwick, Elizabeth A, MD on 07/07/15 2115

Revision History

Date/Time	User	Provider Type	Action
> 07/07/15 2115	Renwick, Elizabeth A, MD	Physician	Sign

Attribution information within the note text is not available.

ED Notes by Dowd, Elizabeth G, RN on 07/07/15 2031

Version 1 of 1

Author: Dowd, Elizabeth G, RN

Service: (none)

Author Type: Registered Nurse

Filed: 07/07/15 2031

Date of Service: 07/07/15 2030

Status: Signed

Editor: Dowd, Elizabeth G, RN (Registered Nurse)

ED Notes (continued)

ED Notes by Dowd, Elizabeth G, RN on 07/07/15 2031 (continued)

Version 1 of 1

Pt given boxed lunch and more PO fluids, UA obtained and sent to lab. Will continue to monitor. Pt denies pain at this time.

Electronically Signed by Dowd, Elizabeth G, RN on 07/07/15 2031

Revision History

Date/Time	User	Provider Type	Action
> 07/07/15 2031	Dowd, Elizabeth G, RN	Registered Nurse	Sign

Attribution information within the note text is not available.

ED Notes by Dowd, Elizabeth G, RN on 07/07/15 2013

Version 2 of 2

Author: Dowd, Elizabeth G, RN

Service: (none)

Author Type: Registered Nurse

Filed: 07/07/15 2013

Date of Service: 07/07/15 1949

Status: Addendum

Editor: Dowd, Elizabeth G, RN (Registered Nurse)

Pt given Oj, BP still increased but pt has no c/o of pain of discomfort at this time. Will continue to monitor.

Electronically Signed by Dowd, Elizabeth G, RN on 07/07/15 2013

Revision History

Date/Time	User	Provider Type	Action
> 07/07/15 2013	Dowd, Elizabeth G, RN	Registered Nurse	Addend
> 07/07/15 1950	Dowd, Elizabeth G, RN	Registered Nurse	Sign

Attribution information within the note text is not available.

ED Notes by Dowd, Elizabeth G, RN on 07/07/15 1950

Version 1 of 2

Author: Dowd, Elizabeth G, RN

Service: (none)

Author Type: Registered Nurse

Filed: 07/07/15 1950

Date of Service: 07/07/15 1949

Status: Signed

Editor: Dowd, Elizabeth G, RN (Registered Nurse)

Pt given Oj, BP still increased but pt has no c/o of pain of discomfort at this time. Will continue to monitor.

Electronically Signed by Dowd, Elizabeth G, RN on 07/07/15 1950

Revision History

Date/Time	User	Provider Type	Action
07/07/15 2013	Dowd, Elizabeth G, RN	Registered Nurse	Addend
> 07/07/15 1950	Dowd, Elizabeth G, RN	Registered Nurse	Sign

Attribution information within the note text is not available.

ED Notes by Dowd, Elizabeth G, RN on 07/07/15 1926

Version 1 of 1

Author: Dowd, Elizabeth G, RN

Service: (none)

Author Type: Registered Nurse

Filed: 07/07/15 1926

Date of Service: 07/07/15 1926

Status: Signed

Editor: Dowd, Elizabeth G, RN (Registered Nurse)

Lab confirmed they have enough to add on Ck and trop

Electronically Signed by Dowd, Elizabeth G, RN on 07/07/15 1926

Revision History

Date/Time	User	Provider Type	Action
> 07/07/15 1926	Dowd, Elizabeth G, RN	Registered Nurse	Sign

Attribution information within the note text is not available.

ED Notes by Robinson, Julie on 07/07/15 1918

Version 1 of 1

Author: Robinson, Julie

Service: (none)

Author Type: Registered Nurse

Filed: 07/07/15 1918

Date of Service: 07/07/15 1900

Status: Signed

Editor: Robinson, Julie (Registered Nurse)

Report to Dowd RN

Electronically Signed by Robinson, Julie on 07/07/15 1918

ED Notes (continued)

ED Notes by Robinson, Julie on 07/07/15 1918 (continued)

Version 1 of 1

Revision History

Date/Time	User	Provider Type	Action
> 07/07/15 1918	Robinson, Julie	Registered Nurse	Sign

Attribution information within the note text is not available.

ED Notes by Robinson, Julie on 07/07/15 1912

Version 1 of 1

Author: Robinson, Julie
Filed: 07/07/15 1912
Editor: Robinson, Julie (Registered Nurse)

Service: (none)
Date of Service: 07/07/15 1850

Author Type: Registered Nurse
Status: Signed

Pt alert and Oriented x 3. C/O cramping and dehydration. PT states that he works roofing. Skin cool and dry, resps even and non labored. HR 73. Int in place. MMM/P. No n/v. NAD noted. Pt states he has been drinking fluids.

Electronically Signed by Robinson, Julie on 07/07/15 1912

Revision History

Date/Time	User	Provider Type	Action
> 07/07/15 1912	Robinson, Julie	Registered Nurse	Sign

Attribution information within the note text is not available.

Disposition/Condition

Date and Time	Disposition	Condition	Who
07/07/15 2115	Discharge	Good	ER

Hospital Encounter Notes

Encounter Notes

No notes of this type exist for this encounter.

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Medications - Clinical Orders

NON FORMULARY MEDICATION [26642211]

Status: Active

Electronically signed by: Dowd, Elizabeth G, RN on 07/07/15 1949
Ordering user: Dowd, Elizabeth G, RN 07/07/15 1949
Frequency: ~ Until Discontinued

Authorized by: Provider, Historical, MD

0.9% sodium chloride bolus 1,000 mL [26642196]

Status: Completed

Electronically signed by: Jones, Ebony Chantil, RN on 07/07/15 1526
Ordering user: Jones, Ebony Chantil, RN 07/07/15 1526
Authorized by: Renwick, Elizabeth A, MD
Frequency: Once 07/07/15 1530 - 1 Occurrences

Ordering provider: Renwick, Elizabeth A, MD

Lab - Clinical Orders

Urinalysis [26642212]

Status: Completed

Electronically signed by: Renwick, Elizabeth A, MD on 07/08/15 0143
Mode: Ordering in Verbal with readback mode
Ordering user: Dowd, Elizabeth G, RN 07/07/15 2030
Authorized by: Renwick, Elizabeth A, MD

Communicated by: Dowd, Elizabeth G, RN
Ordering provider: Renwick, Elizabeth A, MD

Lab - Clinical Orders (continued)

Urinalysis [26642212] (continued)

Frequency: Once 07/07/15 2035 - 1 Occurrences

CK [26642203]

Electronically signed by: Renwick, Elizabeth A, MD on 07/07/15 1919

Ordering user: Renwick, Elizabeth A, MD 07/07/15 1919

Authorized by: Renwick, Elizabeth A, MD

Frequency: Once 07/07/15 1920 - 1 Occurrences

Ordering provider: Renwick, Elizabeth A, MD

Status: Completed

Troponin [26642205]

Electronically signed by: Renwick, Elizabeth A, MD on 07/07/15 1919

Ordering user: Renwick, Elizabeth A, MD 07/07/15 1919

Authorized by: Renwick, Elizabeth A, MD

Frequency: STAT 07/07/15 1920 - 1 Occurrences

Ordering provider: Renwick, Elizabeth A, MD

Status: Completed

CBC and Differential [26642198]

Electronically signed by: Jones, Ebony Chantil, RN on 07/07/15 1526

Ordering user: Jones, Ebony Chantil, RN 07/07/15 1526

Authorized by: Renwick, Elizabeth A, MD

Frequency: STAT 07/07/15 1530 - 1 Occurrences

Ordering provider: Renwick, Elizabeth A, MD

Status: Completed

Basic Metabolic Panel [26642199]

Electronically signed by: Jones, Ebony Chantil, RN on 07/07/15 1526

Ordering user: Jones, Ebony Chantil, RN 07/07/15 1526

Authorized by: Renwick, Elizabeth A, MD

Frequency: STAT 07/07/15 1530 - 1 Occurrences

Ordering provider: Renwick, Elizabeth A, MD

Status: Completed

ECG - Clinical Orders

ECG 12 lead [26642204]

Electronically signed by: Renwick, Elizabeth A, MD on 07/07/15 1919

Ordering user: Renwick, Elizabeth A, MD 07/07/15 1919

Authorized by: Renwick, Elizabeth A, MD

Frequency: Once 07/07/15 1920 - 1 Occurrences

Questions:

Symptoms/Indications Abnormal EKG

Ordering provider: Renwick, Elizabeth A, MD

Status: Completed

Nursing - Other Orders

Nursing communication - Comment - Po fluids [26642209]

Electronically signed by: Renwick, Elizabeth A, MD on 07/07/15 1933

Ordering user: Renwick, Elizabeth A, MD 07/07/15 1933

Authorized by: Renwick, Elizabeth A, MD

Frequency: Once 07/07/15 1935 - 1 Occurrences

Order comments:

Po fluids

Ordering provider: Renwick, Elizabeth A, MD

Status: Completed

Insert peripheral IV [26642197]

Electronically signed by: Jones, Ebony Chantil, RN on 07/07/15 1526

Ordering user: Jones, Ebony Chantil, RN 07/07/15 1526

Authorized by: Renwick, Elizabeth A, MD

Frequency: Once 07/07/15 1530 - 1 Occurrences

Ordering provider: Renwick, Elizabeth A, MD

Status: Completed

Clinical Lab Results

Lab, Radiology, ECG/EMG and Cardiac Results

ECG 12 lead [26642207]

Resulted: 07/09/15 0000, Result status: Final result

Resulted by: Black, John G, MD

Resulting lab: PYRAMIS

Specimen Collection

Type	Source	Collected On
		07/07/15 1925

Components

	Value	Reference Range	Flag	Lab
ECG REPORT	--			
Result:				
SINUS RHYTHM				
EARLY REPOLARIZATION				
NO SIGNIFICANT CHANGE SINCE LAST TRACING 8/31/2003.				
ECG HEART RATE	62	/min		
Result:				
ECG RR INTERVAL	953	ms		
ECG P DURATION	108	ms		
ECG QRS DURATION	88	ms		
ECG PR INTERVAL	150	ms		
ECG QT INTERVAL	405	ms		
ECG QTcB INTERVAL	411	ms		
Q-T DISPERSION	--	ms		
ECG P AXIS	72	deg		
ECG QRS AXIS	58	deg		
ECG T AXIS	59	deg		

Urinalysis [26642213]

Resulted: 07/07/15 2036, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
URINE		07/07/15 2035

Components

	Value	Reference Range	Flag	Lab
Collect Type, Urine	CLEAN VOIDED			LMC
Color	YELLOW			LMC
Clarity, Urine	CLEAR			LMC
Glucose, Urine	NEGATIVE	NEGATIVE mg/dL		LMC
Bilirubin, Urine	NEGATIVE	NEGATIVE		LMC
Ketones, Urine	NEGATIVE	NEGATIVE mg/dL		LMC
SG, Urine	1.006	1.003 - 1.030		LMC
Blood, Urine	NEGATIVE	NEGATIVE		LMC
pH, Urine	6.0	4.6 - 8.0		LMC
Protein, Urine	NEGATIVE	NEGATIVE mg/dL		LMC
Urobilinogen, Urine	NORMAL	0.1 - 1.0 mg/dL		LMC
Nitrite, Urine	NEGATIVE	NEGATIVE		LMC
Leukocyte Esterase, Urine	NEGATIVE	NEGATIVE		LMC
WBC, Urine	<1	<6 [HPF]		LMC
Mucous, Urine	PRESENT	[HPF]		LMC
RBC, Urine	0	<4 [HPF]		LMC

Troponin [26642208]

Resulted: 07/07/15 1953, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		07/07/15 1715

Components

	Value	Reference Range	Flag	Lab
Troponin I	<0.015	<0.045 ng/mL		LMC

CK [26642206] (Abnormal)

Resulted: 07/07/15 1953, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Lab: Radiology, ECG/EMG, and Cardiac Results (continued)

CK [26642206] (Abnormal) (continued)

Resulted: 07/07/15 1953, Result status: Final result

Specimen Collection

Type	Source	Collected On
SERUM		07/07/15 1715

Components

	Value	Reference Range	Flag	Lab
CK TOTAL	331	55 - 170 U/L	H	LMC

Basic Metabolic Panel [26642202] (Abnormal)

Resulted: 07/07/15 1812, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		07/07/15 1715

Components

	Value	Reference Range	Flag	Lab
Glucose	90	74 - 106 mg/dL		LMC
Sodium	139	136 - 145 meq/L		LMC
Potassium	4.3	3.5 - 5.1 meq/L		LMC
Chloride	102	98 - 107 meq/L		LMC
CO2	27	21 - 32 meq/L		LMC
Anion Gap	10	5 - 16 meq/L		LMC
BUN	16	7 - 18 mg/dL		LMC
Creatinine	1.4	0.6 - 1.3 mg/dL	H	LMC
Calcium	9.2	8.5 - 10.1 mg/dL		LMC
eGFR	52	>60 mL/min/1.73 sqm	L	LMC

Comment: (Multiply result X 1.2 if Afr. Am.)

CBC and Differential [26642201] (Abnormal)

Resulted: 07/07/15 1750, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
Blood		07/07/15 1715

Components

	Value	Reference Range	Flag	Lab
WBC	9.4	4.0 - 11.0 k/uL		LMC
RBC	4.55	4.60 - 6.10 10 ⁶ /uL	L	LMC
HGB	13.5	13.5 - 18.0 g/dL		LMC
HCT	40.2	41.0 - 53.0 %	L	LMC
MCV	88.4	80.0 - 98.0 fL		LMC
MCH	29.7	27.0 - 32.0 pg		LMC
MCHC	33.6	32.0 - 36.0 g/dL		LMC
RDW	13.3	11.5 - 14.5 %		LMC
RDW (SD)	43.6	35.1 - 43.9 fL		LMC
PLT	276	130 - 400 k/uL		LMC
MPV	9.7	7.5 - 10.5 fL		LMC
NRBC, AUTO	<2.0	<2 %		LMC
ABS NRBC, AUTO	NOT APPLICABLE	<1 k/uL		LMC
% Neutrophils	78	43 - 72 %	H	LMC
% Lymphocytes	14	17 - 44 %	L	LMC
% Monocytes	6	0 - 10 %		LMC
% Eosinophils	1	0 - 5 %		LMC
% Basophils	0	0 - 3 %		LMC
% IMMATURE GRANULOCYTES	1	<1 %	H	LMC
Abs Neutrophils	7.29	1.7 - 8.0 k/uL		LMC
Abs Lymphocytes	1.31	0.7 - 5.0 k/uL		LMC
Abs Monocytes	0.60	0.0 - 1.1 k/uL		LMC
Abs Eosinophils	0.05	0.0 - 0.6 k/uL		LMC
Abs Basophils	0.04	0.0 - 0.2 k/uL		LMC
ABS IMMATURE GRANULOCYTES	0.06	<1 k/uL		LMC

Testing Performed By

Lab, Radiology, ECG/EMG, and Cardiac Results (continued)

Testing Performed By (continued)

Lab Abbreviation	Name	Director	Address	Valid Date Range
13 - pyramls	PYRAMIS	Unknown	Unknown	08/01/12 1356 - Present
17 - LMC	LEXINGTON MEDICAL CENTER	Spalding, Martin John, MD [7409]	2720 Sunset Blvd West Columbia SC, 29169	08/29/14 1256 - Present

Medications

All Meds and Administrations

0.9% sodium chloride bolus 1,000 mL [26642196]

Status: Completed (Past End Date/Time)

Ordering Provider: Renwick, Elizabeth A, MD

Ordered On: 07/07/15 1526

Dose (Remaining/Total): 1,000 mL (0/1)

Route: Intravenous

Admin Instructions:

Starts/Ends: 07/07/15 1530 - 07/07/15 1913

Frequency: Once

Rate/Duration: 4,000 mL/hr / 15 Minutes

Note to pharmacy:

Line	Med Link Info			
Peripheral IV: 07/07/15 18 G Right Antecubital			07/07/15 1858 by Robinson, Julie	
Administration	Action	Dose / Rate / Duration	Route	Other Information
07/07/15 1913	Stopped	0 mL 0 mL/hr -	Intravenous	Given by: Dowd, Elizabeth G, RN
07/07/15 1858	New Bag	1,000 mL 4,000 mL/hr 15 Minutes	Intravenous	Given by: Robinson, Julie

Historical Medications Entered This Encounter

NON FORMULARY MEDICATION

Class: Historical Med

Patient Education

Education

No education to display

Discharge Instructions

Evans, Robert L (MR # M001058586)

Date	Status	User	User Type	Discharge Note
07/07/15 2115	Pended	Renwick, Elizabeth A, MD	Physician	Original
Note:				

Follow up with your doctor. Return or call for worsening symptoms or any concerns.

Your blood pressure was high today and needs to be rechecked and addressed by your doctor in the next 4 weeks.

Patient Education

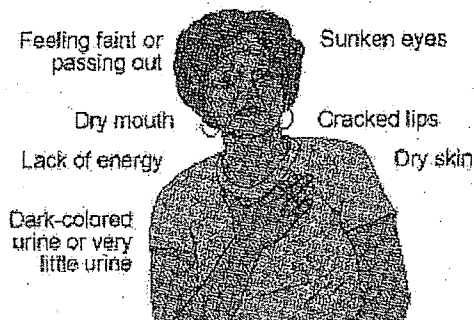
PROVIDED BY LEXINGTON

Dehydration Discharge Instructions, Adult

About this topic

Patient Education (continued)

Dehydration happens when you lose too much fluid and water from the body. Your body needs water. It also needs other elements called electrolytes. You must have the right amount of both of these for the body to be able to work normally. You lose some fluids each day. This happens through sweat, urine, bowel movements, and breathing. If the water is not replaced, you can become dehydrated. This may be a serious health problem.

Signs of Dehydration - Adult

What care is needed at home?

- Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.
- Try to drink small amounts of fluid every 15 to 30 minutes. Increase the amount as you are able to tolerate it.
- For the first 24 hours, drink clear fluids such as water, juice, or weak tea. Sports drinks like Gatorade®, Vitamin Water, and Oxywater are good too. Stay away from drinking beer, wine, and mixed drinks (alcohol).
- If you have loose bowel movements or are throwing up, try to drink more fluids if you can or when you are able.
- If you are throwing up and cannot drink fluids, suck on ice chips until your throwing up stops.
- If you are breastfeeding, keep feeding your baby.

What follow-up care is needed?

Some more tests may be needed based on your condition. Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.

What drugs may be needed?

The doctor may order drugs based on your condition. Take your drugs as ordered.

Will physical activity be limited?

You may feel weak if you are still dehydrated. It is best to rest until you fully recover.

What changes to diet are needed?

If you have a heart or kidney problem and you are dehydrated, ask your doctor about how much liquid you can take.

What can be done to prevent this health problem?

- Drink 6 to 8 glasses of liquid a day. Avoid drinks with caffeine like coffee or soda pop. These may make you pass urine more often.
- Eat foods high in water content such as fruits and vegetables.

Patient Education (continued)

- When you work out or play sports, drink water 30 minutes before starting. Drink small amounts of water during workouts and keep drinking liquids after working out.

When do I need to call the doctor?

- Signs of infection. These include a fever of 100.4°F (38°C) or higher, chills.
- Trouble keeping fluids down or you keep throwing up
- Dark yellow urine or problems passing urine
- Confusion or unclear thinking
- Feeling weak, very tired, or dizzy
- Fast heartbeat
- Trouble breathing
- You are not feeling better in 2 to 3 days or you are feeling worse

Where can I learn more?

Environmental Protection Agency

<http://www.epa.gov/naturalevents/dehydration.html>

NHS Choices

<http://www.nhs.uk/conditions/dehydration/Pages/Introduction.aspx>

Last Reviewed Date

2013-05-31

Disclaimer

This information is not specific medical advice and does not replace information you receive from your health care provider. This is only a brief summary of general information. It does NOT include all information about conditions, illnesses, injuries, tests, procedures, treatments, therapies, discharge instructions or life-style choices that may apply to you. You must talk with your health care provider for complete information about your health and treatment options. This information should not be used to decide whether or not to accept your health care provider's advice, instructions or recommendations. Only your health care provider has the knowledge and training to provide advice that is right for you.

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Patient Education

PROVIDED BY LEXI-COMP

High Blood Pressure Discharge Instructions

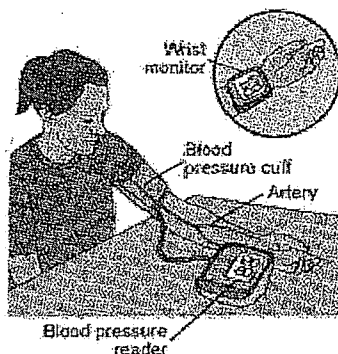
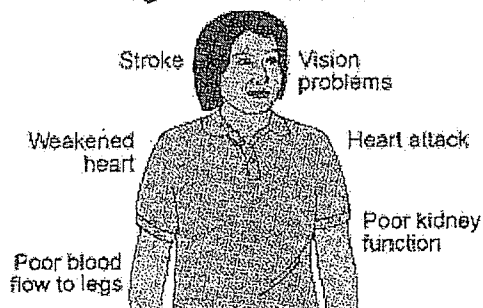
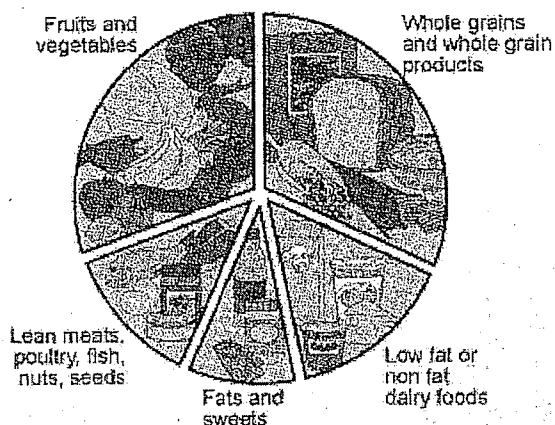
About this topic

High blood pressure happens when your heart is working harder than normal to pump blood to the body. Most people

Patient Education (continued)

have no known cause or reason for high blood pressure.

High blood pressure cannot be cured. You must control it with drugs and lifestyle changes. If you do not control it, your high blood pressure can lead to heart attack, stroke, and kidney problems.

Blood Pressure Monitoring**Problems with High Blood Pressure****DASH Diet**

What care is needed at home?

- Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.

Patient Education (continued)

- Learn to take and record your blood pressure at home.
- Avoid stress.

What follow-up care is needed?

Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.

What drugs may be needed?

The doctor may order drugs to help control your high blood pressure. Take your drugs as ordered. Do not take other prescription drugs or over-the-counter (OTC) drugs without talking to your doctor first.

Will physical activity be limited?

Talk to your doctor about the right amount of activity for you. Exercise may help you lose weight and lower your blood pressure.

What changes to diet are needed?

- Do not use salt on your food. Use herbs to improve the taste.
- Do not eat more than 2.4 grams of sodium a day. Read food labels to see how much sodium is in a food.
- Limit coffee, tea, and soda to 2 cups a day.
- Limit beer, wine, and mixed drinks (alcohol) to 1 drink a day for women and 2 drinks a day for men.
- Eat lots of fruits, veggies, and low-fat dairy products.
- Do not eat fatty foods like fried foods or chips.
- Talk with your dietitian about the diet changes you need and the number of calories you should eat each day.

What problems could happen?

- Heart attack, heart failure, or other heart problems
- Stroke
- Swelling of blood vessels
- Kidney failure
- Loss of eyesight
- Memory problems

What can be done to prevent this health problem?

- Exercise regularly.
- Keep a healthy weight.
- Stop smoking. Your doctor can refer you to a stop smoking program.

Patient Education (continued)

- Learn to control stress.

When do I need to call the doctor?

Call for emergency help or go to the ER right away if you have:

- Signs of stroke:
 - ♦ Numbness or weakness of the face, arm, or leg
 - ♦ Blurred eyesight
 - ♦ Not able to speak or know what some other person is saying to you
 - ♦ Dizziness, loss of balance, or falling
 - ♦ Very bad headache
 - ♦ Change in behavior that is not normal
- Signs of heart attack. These include chest pain or pressure, a feeling of something sitting on your chest, trouble breathing, sweating, fast heartbeat, and dizziness.

Call your doctor if you have:

- Blood pressure that is 20 points above what you normally get on either the top or bottom number
- Blood pressure that is higher than 220/120
- Very bad headache
- Confusion
- Sudden change in hearing or eyesight
- Nosebleed
- Health problem is not better or you are feeling worse

Where can I learn more?

Better Health Channel

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Hypertension_means_high_blood_pressure

National Heart Lung and Blood Institute

<http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/>

National Institute of Health – Senior Health

<http://nihseniorhealth.gov/highbloodpressure/whatishighbp/01.html>

NHS Choices

[http://www.nhs.uk/conditions/blood-pressure-\(high\)/pages/introduction.aspx](http://www.nhs.uk/conditions/blood-pressure-(high)/pages/introduction.aspx)

Last Reviewed Date

2013-03-04

Disclaimer

This information is not specific medical advice and does not replace information you receive from your health care

Generated on 10/28/2016 8:58 AM

Page 36

Patient Education (continued)

provider. This is only a brief summary of general information. It does NOT include all information about conditions, illnesses, injuries, tests, procedures, treatments, therapies, discharge instructions or life-style choices that may apply to you. You must talk with your health care provider for complete information about your health and treatment options. This information should not be used to decide whether or not to accept your health care provider's advice, instructions or recommendations. Only your health care provider has the knowledge and training to provide advice that is right for you.

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Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Most Recent After Visit Summary**LMC Emergency Department**

2720 Sunset Boulevard
West Columbia SC 29169
Phone: 803-791-2350

Robert L. Evans

MRN: M001058586

Department: LMC Emergency

Department

Date of Visit: 7/7/2015

Disclaimer

Thank you for selecting us for your healthcare needs. The examination and treatment you have received in the Emergency Department has been rendered on an emergency basis and is NOT intended to be suitable for or an effort to provide complete medical care. It is important that you follow all discharge instructions as discussed and provided by the Emergency Department staff. You may call us at (803)791-2350 or return to the Emergency Department if your problem worsens or your physician is unavailable. Lexington Medical Center's Emergency Department is available 24 hours daily.

I have received, read and understand the discharge and follow up instructions provided as part of my visit to the Lexington Medical Emergency Department.

Diagnoses this visit

Your diagnoses were Dehydration and High blood pressure.

You were seen by

You were seen by Renwick, Elizabeth A, MD.

Patient Signature: _____

Date/Time: _____

Staff Signature: _____

Date/Time: _____

Patient Education (continued)

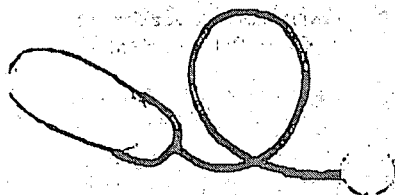
Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

Robert L Evans

Oncology

Robert L Evans does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.

Flowsheet Data

**Evans Robert**

58 Y old Male, DO

Account Number: 15278

Phone: 803-386-4558

Guarantor: Evans, Robert Insurance: Consumers Choice

Appointment Facility: Wellspring Family Medicine

07/09/2015

LaTonya N Brown FNP-BC

Current Medications**Unknown**

- lisinopril 10 mg tablet 1 tab(s) once a day
- miconazole topical 2% cream 1 app 2 times a day
- Fioricet 325 mg-50 mg-40 mg tablet 2 tab(s) every 4 hours as needed
- Septra DS 800 mg-160 mg tablet 1 tab(s) 2 times a day

Past Medical History

Hypertension
Hiv positive

Surgical History

No Surgical History documented.

Family History

Father: deceased, unknown, , family history unknown Unknown
Mother: deceased, Diabetes, diagnosed with Diabetes
Paternal Grand Father: deceased
Paternal Grand Mother: deceased
Maternal Grand Father: deceased
Maternal Grand Mother: deceased
5 brother(s) , 3 sister(s) . 1 son(s) , 1 daughter (s) .

Social History

no Smoking Status Patient is a: non smoker.
Alcohol: socially, Type: , Frequency: , Years: , Determination: .
Drug use: yes, weed.
Marital Status: married.
Children: sons: daughters: .
Occupation: roofing.
Religion: Baptist.
Exercise: yes.
Caffeine: yes, frequency: , coffee.

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

No Hospitalization History.

Reason for Appointment

1. BP Check/ elevated BP

History of Present Illness**Interim History:**

Patient states he was seen at Lexington Medication 7/6/15 for heat exhaustion. He states he work excuse for Wednesday.

Vital Signs

Ht 68, BP 185/97, Repeat BP 177/95.

Physical Examination**GENERAL:**

General Appearance: well-appearing, no acute distress. Race: african-american. Mental Status: alert and oriented. Mood/Affect: pleasant. Speech: unremarkable, clear.

SKIN:

General: warm, moist.

NECK:

General: supple.

HEART:

Rate: regular. Rhythm: regular. Heart sounds: normal S1S2.

LUNGS:

Rate: regular. Airflow: normal air movement.

ABDOMEN:

General: soft. Bowel sounds: normoactive. Tenderness: none.

Assessments

1. HTN [Hypertension] - 401.9 (Primary)

Treatment

1. HTN [Hypertension]

Increase lisinopril tablet, 20 mg, 1 tab(s), orally, once a day, 30 day(s), 30, Refills 2
Start Norvasc tablet, 5 mg, 1 tab(s), orally, once a day, 30 day(s), 30, Refills 2.

Follow Up

as scheduled

Patient: Evans, Robert P

Press Note: LaTonya N Brown FNP-BC 07/09/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Review of Systems**CARDIOLOGY:**

no Irregular Heart Beat. no Shortness of Breath.

ENDOCRINOLOGY:

no Polyuria. no Polydypsia.

RESPIRATORY:

no Allergic salute. no Swelling of the Legs.

NEUROLOGY:

no Headache. no Speech Abnormality.

Electronically signed by LaTonya Brown on 09/09/2016 at 03:38 PM EDT

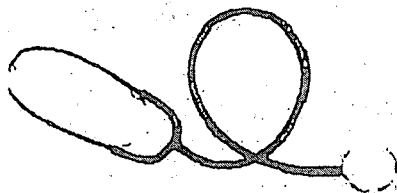
Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 292236301
Tel: 803-865-9655
Fax: 803-865-9653

Patient: Evans, Robert DO

ess Note: LaTonya N Brown FNP-BC 07/09/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)


Evans, Robert

59 Y old Male, D

Account Number

Home: 803-386-4558

Guarantor: Evans, Robert Insurance: BCB of SC Payer

Appointment Facility: Wellspring Family Medicine

03/09/2016

LaTonya N Brown FNP-BC

Current Medications**Taking**

- Norvasc 5 mg tablet 1 tablet once a day
- lisinopril 20 mg tablet 1 tab(s) once a day

Unknown

- miconazole topical 2% cream 1 app 2 times a day
- Fioricet 325 mg-50 mg-40 mg tablet 2 tab(s) every 4 hours as needed
- Septra DS 800 mg-160 mg tablet 1 tab(s) 2 times a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Hiv positive

Surgical History

Denies Past Surgical History

Family History

Father: deceased, unknown, , family history unknown Unknown
Mother: deceased, Diabetes, diagnosed with Diabetes
Paternal Grand Father: deceased
Paternal Grand Mother: deceased
Maternal Grand Father: deceased
Maternal Grand Mother: deceased
5 brother(s) , 3 sister(s) , 1 son(s) , 1 daughter(s) .

Social History

no Smoking Status Patient is a: nonsmoker.
Alcohol: socially, Type: , Frequency: , Years: , Determination: .
Drug use: yes; weed.
Marital Status: married.
Children: sons: daughters: .
Occupation: roofing.
Religion: Baptist.
Exercise: yes.
Caffeine: yes, frequency: , coffee.

Allergies

N.K.D.A.

Vital Signs

Ht 68, Wt 188, BMI 28.58, Pulse Ox 99, HR 82, BP 139/86.

Physical Examination**GENERAL:**

General Appearance: well-appearing, no acute distress. Race: african-american. Mental Status: alert and oriented. Mood/Affect: pleasant. Speech: unremarkable, clear.

SKIN:

General: warm, moist.

HEART:

Rate: regular. Rhythm: regular. Heart sounds: normal S1S2.

LUNGS:

Effort: no respiratory distress. Rate: regular. Airflow: normal air movement.

ABDOMEN:

General: soft. Bowel sounds: normoactive. Tenderness: none.

EXTREMITIES:

Edema: none.

Assessments

1. Essential (primary) hypertension - I10 (Primary)
2. Cramp and spasm - R25.2
3. Paresthesia of skin - R20.2
4. Anemia, unspecified - D64.9

Treatment**1. Essential (primary) hypertension**

Refill Norvasc tablet, 5 mg, 1 tablet, orally, once a day, 30 days, 30, Refills 3

Refill lisinopril tablet, 20 mg, 1 tab(s), orally, once a day, 30 days, 30, Refills 3

2. Cramp and spasm

Start Cyclobenzaprine Hydrochloride tablet, 5 mg, 1 tab(s), orally, 3 times a day as needed as needed for leg cramps, 10 day(s), 30, Refills 0

3. Paresthesia of skin

IMAGING: nerve conduction study

Patient: Evans, Robert DO

Phys Note: LaTonya N Brown FNP-BC 03/09/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Hospitalization/Major
Diagnostic Procedure
Denies Past Hospitalization**

Review of Systems

CARDIOLOGY

no Pallor. no Varicose veins.
no Shortness of Breath.

RESPIRATORY:

no Cold Symptoms. no Cough, wheeze,
SOB worse with exercise. no Swelling of the
Legs.

NEUROLOGY:

no Headache. no Weakness. no Speech
Abnormality.

4. Anemia, unspecified

LAB: Ferritin, Serum

Ferritin, Serum

275

30-400 - ng/mL

Washington, Neicey 3/16/2016 10:31:36 AM > , Normal labs,
left message McDonald, LaKeisha 3/17/2016 8:52:07 AM > pt
informed

5. Others

Referral To: Danny Westerkam Physical Medicine and Rehabilitation

Reason: patient with cramping and numbness in arms and legs.

Please evaluate

Follow Up

as scheduled

Electronically signed by LaTonya Brown on 09/09/2016 at 03:38 PM EDT

Sign off status: Pending

Wellspring Family Medicine

110 Atrium Way

Columbia, SC 292236301

Tel: 803-865-9655

Fax: 803-865-9653

Patient: Evans, Robert DC Progress Note: LaTonya N Brown FNP-BC 03/09/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Wellspring Family Medicine
210 Atrium Way
Columbia SC 292236301
803-865-9655

LaTonya Brown
3/9/2016

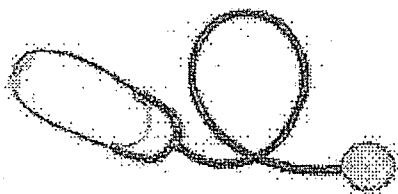
To whom it may concern,

The patient's absence is physician advised due to illness or injury. This certifies that he or she has been under our care for this problem.

Date: 3/9/2016

Name: Robert Evans

Doctor: LaTonya Brown

**Evans, Robert**

60 Y. old Male, DO

Account Number

Home: 803-386-4558

Guarantor: Evans, Robert Insurance: BcRs of SC Payer

Appointment Facility: Wellspring Family Medicine

10/26/2016

Progress Note: LaTonya N Brown FNP-BC

Current Medications**Taking**

- Genvoya 150/150/200/10 tablet 1 daily
- Norvasc 10 mg tablet 1 tablet once a day
- Zestoretic 12.5 mg-20 mg tablet 1 tab(s) once a day

Not-Taking/PRN

- co enzyme q10 100 mg 1 daily
- loratadine 10 mg tablet 1 tab(s) once a day
- azithromycin 500 mg tablet 1 tab(s) once a day
- baclofen 10 mg tablet 1 tab(s) 3 times a day
- Fioricet 325 mg-50 mg-40 mg tablet 2 tab(s) every 4 hours as needed
- Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Hiv positive

Surgical History

Denies Past Surgical History

Family History

Father: deceased, unknown, , family history unknown Unknown
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Alcohol: socially, Type: , Frequency: , Years: , Determination: .
Drug use: yes, weed.
Marital Status: married.
Children: sons: daughters: .
Occupation: roofing.
Religion: Baptist
Exercise: yes.
Caffeine: yes, frequency: , coffee.

History of Present Illness**Interim History:**

CK follow up. Has seen Lexington Rheumatology, pt states that rheumatologist stated he had carpal tunnel and muscles should heal. 10/14 back and neck pain was intense enough that he had to go to the ER, went to Baptist ER and was given fluid which helped with pain. Generalized soreness and headache that comes and goes. Feels light heart is fluttering and has occurred 3 times in the last week. Left arm with soreness that is constant with numbness and tingling. Also dull chest pain that does not radiate and is dull in nature. States that sister and uncle has diagnosis of MS. Complaining of intense night sweats that wakes him.

Shoulder/Upper arm:

c/o Upper arm pain left. c/o ROM: full but with discomfort. c/o tingling/ numbness: left arm.

Denies : trauma/injury: weakness. redness. fall:.

Vital Signs

Ht 68, Wt 206.2, BMI 31.35, Pulse Ox 98, HR 79, RR 20, BP 139/84.

Physical Examination**GENERAL:**

General Appearance: well-appearing, no acute distress. Race: african-american. Mental Status: alert and oriented. Mood/Affect: pleasant. Speech: clear.

NECK:

General: supple. Muscles: nontender and FROM.

HEART:

Rate: regular. Heart sounds: normal S1S2. Murmurs: none.

LUNGS:

Effort: no respiratory distress. Rate: regular. Auscultation: CTA bilaterally, no wheezing/rhonchi/rales. Airflow: normal air movement.

MUSCULOSKELETAL:

Cervical spines: normal range of motion.

EXTREMITIES:

Edema: none. Pulses: 2+ bilateral, radial, posterior tibialis.

Assessments

1. Essential (primary) hypertension - I10 (Primary)

Patient: Evans, Robert DOB: /

Progress Note: LaTonya N Brown FNP-BC 10/26/2016

Note generated by eClinicalWorks RPM Software (www.eClinicalWorks.com)

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Review of SystemsCONSTITUTIONAL:no Fever, no Chills, Night Sweats yes,
no Weakness, no Fatigue.CARDIOLOGY:no Shortness of Breath, no Palpitations,
no Dizziness.RESPIRATORY:no Shortness of Breath, no DOE (dyspnea
on exertion). Chest
Pain yes, occasionally, non-radiating,
dull and soreness.

2. Abnormal results of kidney function studies - R94.4
3. Nontraumatic ischemic infarction of muscle, unspecified site - M62.20
4. Palpitations - R00.2

Treatment**1. Essential (primary) hypertension**LAB: Electrolyte Panel

Sodium, Serum	142	136-144 - mmol/L
Potassium, Serum	3.7	3.5-5.2 - mmol/L
Chloride, Serum	100	97-106 - mmol/L
Carbon Dioxide, Total	24	18-29 - mmol/L

Green, Veandria 11/4/2016 1:43:08 PM > normal, pt notified

IMAGING: Renal Ultrasound

Jenkins, Lindsay 10/28/2016 09:14:43 AM > CALL PT TO
 SCHEDULE Green, Veandria 11/14/2016 11:09:38 AM > Patient
 has enlarged prostate needs to start flomax 0.4 1 po daily #30 R
 3

Referral To: Care Image
 Reason: renal u/s

2. Abnormal results of kidney function studiesLAB: Electrolyte Panel

Sodium, Serum	142	136-144 - mmol/L
Potassium, Serum	3.7	3.5-5.2 - mmol/L
Chloride, Serum	100	97-106 - mmol/L
Carbon Dioxide, Total	24	18-29 - mmol/L

Green, Veandria 11/4/2016 1:43:08 PM > normal, pt notified

LAB: Creatine Kinase, Total, Serum (cpk)Creatine

Kinase, Total, Serum 534 HH 24-204 - U/L

Green, Veandria 11/4/2016 1:43:23 PM > CPK elevated, pt notified

LAB: Creatinine, Serum

eGFR If African Am	69	>59 - mL/min/1.73
Creatinine, Serum	1.30 H	0.76-1.27 - mg/dL
eGFR If NonAfrican Am	59 L	>59 - mL/min/1.73

Green, Veandria 11/4/2016 1:46:23 PM > Patient needs to see
 nephrology due to elevated kidney number. He is scheduled for
 renal US on 11-2-16 at 1:15pm, pt notified and waiting on
 results.

IMAGING: Renal Ultrasound

Jenkins, Lindsay 10/28/2016 09:14:43 AM > CALL PT TO
 SCHEDULE Green, Veandria 11/14/2016 11:09:38 AM > Patient
 has enlarged prostate needs to start flomax 0.4 1 po daily #30 R
 3

Patient: Evans, Robert DOB: [REDACTED]

Progress Note: LaTonya N. Brown FNP-BC 10/26/2016

Note generated by EMR/PM Software (www.eClinicalWorks.com)

Referral To: Care Image
Reason: renal u/s

LabsLab: Urinalysis with Micro

Color/Clarity	yellow/clear
Leuk	neg
Nitrite	neg
Urobili	0.2
Protein	neg
pH	5.0
Blood	neg
Sp. Gr.	>=1.030
Ketone	neg
Bili	neg
Glucose	neg

Jenkins, Lindsay 10/26/2016 2:50:37 PM >

Lab: Microalbumin (In-House)

creatinine	1.0/8.8
microalbumin	30

Jenkins, Lindsay 10/26/2016 2:51:02 PM >

Lab: holter**Procedure Codes**

81001 URINALYSIS, AUTO W/SCOPE
82044 MICROALBUMIN, SEMIQUANT
93224 ECG MONITOR/REPORT, 24 HRS
99195 PHLEBOTOMY

Follow Up

as scheduled

Electronically signed by LaTonya Brown on 11/30/2016 at
10:30 AM EST

Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 292236301
Tel: 803-865-9655
Fax: 803-865-9653

Patient: Evans, Robert DOB: [REDACTED] Progress Note: LaTonya N Brown FNP-BC 10/26/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Cajun Claire Cooperative Health Centers - 1115 State Street, CAYCE SC 29033-4342

EVANS, ROBERT L

Medical Record Documents

11/27/2016 TUE 17:46 FAX

002/041

Page 1 of 40

208918

Evans, Robert

60Y old Male, DO

Home: 803-386-4558

Guarantor: Evans, Robert Insurance: Medicare

Appointment Facility: Wellspring Family Medicine

11/08/2016

Progress Note: LaTonya N Brown FNP-BC

Current Medications

Taking

o Zosyn 12.5 mg-20 mg tablet 1 tab(s)

once a day

o Norvasc 10 mg tablet 1 tablet once a day

o co-enzyme q10 100 mg 1 daily

Not-Taking/PRN

o Genivaya 150/150/200/10 tablet 1 daily

o lorazepam 1 mg tablet 1 tab(s) once a day

o azithromycin 500 mg tablet 1 tab(s) once a day

o baclofen 10 mg tablet 1 tab(s) 3 times a day

o Flexeril 325 mg-30 mg-40 mg tablet 2 tab

(s) every 4 hours as needed

o Medication list reviewed and reconciled

with the patient

Past Medical History

Hypertension

Hiv positive

Surgical History

Denies Past Surgical History

Family History

Father: deceased, unknown, family history

unknown Unknown

Mother: deceased, Diabetes, diagnosed with

Diabetes

Paternal Grand Father: deceased

Paternal Grand Mother: deceased

Maternal Grand Father: deceased

Maternal Grand Mother: deceased

5 brother(s), 3 sister(s), 1 son(s), 1 daughter

(s).

Social History

no Smoking Status Patient is: nonsmoker.

Alcohol: socially, Type: Frequency: Years: ,

Determination:

Drug use: yes, weed.

Marital Status: married.

Children: sons: daughters:

Occupation: roofing.

Religion: Baptist.

Lives: yes.

Caffeine: yes, frequency, coffee.

Reason for Appointment

1. Pu elevated kidney function

History of Present Illness

Interim History:

1/u after having renal u/s done. Muscular pain subside after taking CoQ10. Denies night sweats at this time. Patient states that he stopped taking genovaya almost 90 days ago. His night sweats are better and he is as achy.

Vital Signs

Ht 68, Wt 209.8, BMI 31.90, Pulse 98, HR 70, BP 150/96.

Physical Examination

GENERAL:

General Appearance: well-appearing, no acute distress. Race: african-american. Mental Status: alert and oriented. Mood/Affect: pleasant. Speech: clear.

NECK:

General: supple, JVD: none.

HEART:

Rate: regular. Heart sounds: normal S1S2. Murmurs: none.

LUNGS:

Effort: no respiratory distress. Rate: regular. Auscultation: CTA bilaterally, no wheezing/rhonchi/rales. Airflow: normal air movement.

ABDOMEN:

General: soft, Bowel sounds: normoactive. Tenderness: none.

EXTREMITIES:

Edema: none. Pulses: 2+ bilateral, posterior tibial, radial.

Assessments

1. Esquilak (primary) hypertension - 110 (Primary)
2. Nontraumatic ischemic infarction of muscle, unspecified site - M62.20
3. Benign prostatic hyperplasia with lower urinary tract symptoms - N40.1
4. Asymptomatic human immunodeficiency virus (HIV) infection status - Z21

Patient: Evans, Robert DOB:

Note generated by

reba Note: LaTonya N Brown FNP-BC 11/08/2016

IPM Software (www.eClinicalWorks.com)

Eau Claire Cooperative Health Centers • 1115 State Street, CAUCE SC 29031-4342

EVANS, ROBERT L

12/27/2016 TUE 17:45 FAX

12/03/041

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Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Dental Past Hospitalization

Review of Systems**CONSTITUTIONAL**

no Sleep, no Bleeding Problems,
no Energy Level, no Concerns, no Appetite,
no Illusionation, no Nutrition,
no Headaches, no Body Aches, no Fever,
no Chills, no Sweats, no Night Sweats,
no Weight Loss, no Weight Gain.

CARDIOLOGY

no Dysphoria, no Irregular Heart Beat,
no Chest Pain, no Shortness of Breath,
no Palpitations, Dizziness yes.

ENDOCRINOLOGY

no Polyuria, no Polyphagia, no Cold
Intolerance, no Heat Intolerance, no Bowel
Changes.

RESPIRATORY

no Cough, wheeze, SOB worse with
exercise.

Treatment**1. Essential (primary) hypertension**LAB: Creatine Kinase Total Serum (cpk)LAB: CD4/CD8 Ratio Profile

Jenkins, Lindsay 11/16/2016 2:03:50 PM > fu with infectious
disease doctor, his viral load has increased, pt notified

2. Nontraumatic ischemic infarction of muscle, unspecified siteLAB: Creatine Kinase Total Serum (cpk)LAB: CD4/CD8 Ratio Profile

Jenkins, Lindsay 11/16/2016 2:03:50 PM > fu with infectious
disease doctor, his viral load has increased, pt notified

3. Benign prostatic hyperplasia with lower urinary tract symptoms

Start Tamsulosin Hydrochloride capsule, 0.4 mg, 1 cap(s), orally, once
a day, 30 day(s), 30, Refills 3

LAB: Creatine Kinase Total Serum (cpk)LAB: CD4/CD8 Ratio Profile

Jenkins, Lindsay 11/16/2016 2:03:50 PM > fu with infectious
disease doctor, his viral load has increased, pt notified

4. Asymptomatic human immunodeficiency virus (HIV) infection statusLAB: Creatine Kinase Total Serum (cpk)LAB: CD4/CD8 Ratio Profile

Jenkins, Lindsay 11/16/2016 2:03:50 PM > fu with infectious
disease doctor, his viral load has increased, pt notified

Notes: need to see infectious disease reviewed, stressed fact that virus
may mutate and needs treatment.

Follow Up

as scheduled

Electronically signed by LaTonya Brown on 12/05/2016 at
11:14 AM EST

Sign off status: Pending

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 29229-6301
Tel: 803-863-9658

Patient: Evans, Robert DO

Physician: LaTonya N Brown FNP-BC 11/08/2016

Notes generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://10.10.10.50:8080/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp?encount...> 12/5/2016

Equi-Clare Cooperative Health Centers • 1115 State Street, CAYCE SC 29033-4342

EVANS, ROBERT I

12/27/2016 TUE 17:47 FAX

004/041

Page 3 of 40

Fax: 803-866-9088

Patient: Evans, Robert DOB: [REDACTED] Progress Note: LaTonya N Brown RN-BC 11/08/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Document Contains Addenda

HIV Clinic Visit *

Patient: EVANS, ROBERT L MRN: 27166 FIN: 217319
Age: 58 years Sex: Male DOB: [REDACTED]
Associated Diagnoses: HIV; Hypertension
Author: Horvath MD, Joseph

Interval History

overall well
cramps esp after heat exposure activities; sounds like lexington hospitalization for heat exhaustion recently

Review of Systems

Constitutional: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Musculoskeletal: Negative.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Medications: (Selected)PrescriptionsPrescribed

Stribild oral tablet: See Instructions, Instructions: TAKE 1 TABLET BY MOUTH ONCE DAILY, # 30 tab(s), 5 Refill(s),
Pharmacy: LONG'S DRUGS - KILBOURNE, TAKE 1 TABLET BY MOUTH ONCE DAILY

Documented MedicationsDocumented

amlodipine 5 mg oral tablet: 1 tab(s) (5 mg), po, daily, 0 Refill(s), Type: Maintenance
lisinopril 20 mg oral tablet: 1 tab(s) (20 mg), PO, Daily, # 30 tab(s), 0 Refill(s), Type: Maintenance

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Physical Examination

Vital Signs

7/13/2015 2:44 PM EDT

Temperature Oral	97.8 DegF
Peripheral Pulse Rate	85 bpm
Pulse Site	Brachial artery
Respiratory Rate	16 br/min
Systolic Blood Pressure	142 mmHg HI
Diastolic Blood Pressure	86 mmHg
Mean Arterial Pressure	105 mmHg
BP Site	Left arm

Printed by: Lang, Amanda
Printed on: 12/7/2016 10:18 AM EST

000173

Page 1 of 4
(Continued)
P. 069

General: Alert and oriented, No acute distress.

Eye: Normal conjunctiva.

HENT: Oral mucosa is moist, No pharyngeal erythema.

Neck: No lymphadenopathy.

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No edema.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

Musculoskeletal: No swelling.

Integumentary: No rash.

Neurologic: Alert, Oriented.

Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management

Results review: All Results

7/13/2015 2:44 PM EDT

7/13/2015 2:41 PM EDT

7/13/2015 2:44 PM EDT

Intake Form

Advance Directive Form

Height

Weight

BSA

Body Mass Index

Temperature Oral

Peripheral Pulse Rate

Pulse Site

Respiratory Rate

Systolic Blood Pressure

Diastolic Blood Pressure

Mean Arterial Pressure

BP Site

Allergies Verified?

Medication History Verified?

Medical History Verified?

Tobacco Use?

Advanced Directives

Chief Complaint

Patient Ethnicity

Race

Languages

7/13/2015 2:41 PM EDT

Advanced Directives

Advance Directives Form

4/16/2015 3:57 PM EDT

Prescription Management

3/20/2015 9:58 AM EDT

Outside Records

3/11/2015 4:49 PM EDT

Prescription Management

69 in

194 lb

2.07 m2

28.65 kg/m2

97.8 DegF

85 bpm

Brachial artery

16 br/min

142 mmHg HI

86 mmHg

105 mmHg

Left arm

Yes

Yes

Yes

Former smoker

No

Denies missed meds/N/V/D/rash.

No c/o's.

Not Hispanic or Latino

African American

English

No

Advance Directives Form

Addendum by Horvath MD;

Joseph on March 12, 2015

8:54:11 AM EDT

(Modified)

3/9/2015 3:58 PM EDT

Consent Forms

3/9/2015 2:10 PM EDT

Procedures Form

Venipuncture Performed By

Venipuncture # of Attempts

Venipuncture Site

Venipuncture Collection Device

Venipuncture Method

Venipuncture Comments

CHRISTINA STOKES

1

Left arm

Vacutainer

Butterfly

ORDERED BY DR JOSEPH,

HORVATH BILLED TO DR

JOSEPH HORVATH. PT

TOLERATED PROCEDURE

WELL.

Venipuncture Detail Form

3/9/2015 1:57 PM EDT

Venipuncture Detail Form

Sodium Level

Potassium Level

141 mmol/L

4.0 mmol/L

Printed by: Lang, Amanda
Printed on: 12/7/2016 10:18 AM EST

000174

Chloride Level	108 mmol/L HI
CO2 Level	24 mmol/L
AGAP	9
Glucose Level	82 mg/dL
BUN	15 mg/dL
Creatinine Level	1.2 mg/dL
eGFR	62
eGFR African American	75
Calcium Level	8.8 mg/dL
Bilirubin Total	0.3 mg/dL
Alkaline Phosphatase	78 U/L
AST/SGOT	25 U/L
ALT/SGPT	35 U/L
Protein Total	6.9
Albumin Level	3.9
CD4	365 LOW
CD4	Single Platform
CD4 Helper	26.0 % LOW
HIV Viral Load PCR	<20
HIV-1 RNA PCR Qt log 10	<1.30
Insurance Documentation	
Electromyogram	
Case Manager Progress Note	

2/17/2015 4:26 PM EST
2/17/2015 9:59 AM EST
2/13/2015 2:42 PM EST

Impression and Plan**Diagnosis**

HIV (ICD9 042).

Course: Progressing as expected.

Orders

agres to colonoscopy.

Diagnosis

Hypertension (ICD9 401.9).

followed at wellness center two notch; dose increased recently.

Professional Services

wellness center, two notch road

Signature Line

Signed and Authored by Joseph Horvath MD on 07/13/2015 03:19 PM EDT

Addendum by Fisher , Jennifer on July 14, 2015 8:51 AM EDT (Verified)

Office note faxed to LaTonya Brown, NP at 803-865-9653

Signature Line

Signed and Authored by Jennifer Fisher on 07/14/2015 08:51 AM EDT

Charted Date: July 13, 2015 2:57 PM EDT
subject / Title: HIV Clinic Visit *

Printed by: Lang , Amanda
Printed on: 12/7/2016 10:18 AM EST

Page 3 of 4
(Continued)
P. 071

PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: EVANS, ROBERT L
DICTATING PROVIDER: O'Meara, Sean MD
ATTENDING: O'Meara, Sean MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT: [REDACTED]
MED PRG: M000004106
DOB:
NURSING STATION: [REDACTED]
DATE OF DICTATION: 02/27/16
TIME OF DICTATION: 2225

General Medical Prob. HPI

General

Mode of Arrival+: AMBULATORY

Accompanied By+: NONE

Chief Complaint Gastrointestinal Complaints

Stated Complaint cramping back spitting up green stuff

Time Seen by MD 2207

Source patient

Exam Limitations no limitations

History of Present Illness

Initial Comments

Pt reports he has had right lower back pain since the end of January and has been expectorating green sputum intermittently. he denies fever or SOB or cough or any N/V/D or urinary sx's. He has HIV but reports viral load undetectable. He works as a roofer and says he worked today without difficulty. He says she has hx of crack cocaine use but none in 7 years.

Timing/Duration per HPI, 1 month

Respiratory ROS

Constitutional

Pt denies: fever.

EENTM

Pt denies: rhinorrhea, sore throat.

Respiratory

Pt denies: cough, short of breath.

Cardiovascular

Pt denies: chest pain.

Gastrointestinal

Pt denies: abdominal pain, diarrhea, nausea, vomiting.

Genitourinary

Pt denies: dysuria.

Musculoskeletal

Pt reports: back pain (Right lower back).

Run: 02/28/16-01:07 By

ED NOTE (DTP) - Additional copy

Page 1 of 6

PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: EVANS, ROBERT L
DICTATING PROVIDER: O'Meara, Sean MD
ATTENDING: O'Meara, Sean MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT#
MED. REC.# MU00004006
DOB:
NURSING STATION: DED
DATE OF DICTATION: 02/27/16
TIME OF DICTATION: 2225

Psychiatric/Neurological

Pt denies: paresthesia, weakness.

Immunological/Allergic

HIV/AIDS

PMH, Allergies, Home Meds

Past Surgical Hx:

DENIES

Past Medical Hx:

HIV; PAST +PPD TREATED - HTN

Tetanus (Within 5 Yrs): NO

Flu shot this season? No

Pneumonia shot in the past? No

Allergies

Coded Allergies:

No Known Drug Allergies (02/27/16)

PFSH

Tobacco Use+: NONE

Alcohol: No

Substance Abuse: No

General Physical Exam

Physical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FI02
02/27 2119	98.5	103	18	184/103	100			

General Appearance WD/WN, no apparent distress

Ear, Nose, Throat normal pharynx, mucous membranes moist, fissure and crusted ulceration

Run: 02/28/16-01:07 by

ED NOTE (DTP) - Additional copy

Page 2 of 6



PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: EVANS, ROBERT L
DICTATING PROVIDER: O'Meara, Sean MD
ATTENDING: O'Meara, Sean MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT: [REDACTED]
MED: [REDACTED]
DOB: [REDACTED]
NURSING STATION: D.ED
DATE OF DICTATION: 02/27/16
TIME OF DICTATION: 2225

left labial commissure.

Respiratory lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use

Cardiovascular no murmur, regular rate/rhythm

Gastrointestinal soft, non tender, no guarding, no peritoneal signs

Back normal inspection, no vertebral tenderness, Mild tenderness mid left lumbar paraspinous mm

Extremities normal range of motion, normal inspection, no calf tenderness, no pedal edema

Neurologic/Psychiatric conscious, alert, oriented x3, no motor deficits, no sensory deficits, normal mood, normal affect

Skin normal color, warm/dry

Medical decision making

MDM complexity: moderate complexity

Course:

Pt with lower back pain in right flank. Will assess for stone with CT. He reports expectorating green sputum but denies cough or SOB or fever. CXR negative. CT negative. He has had some muscle cramps intermittently and when advised of his negative results now says his primary concern is the muscle cramping in his legs. He requests some IV fluids although he says he has been drinking water with salt in it. He says he feels the salt water has caused his blood pressure to go up. I explained the IV fluids have salt in them, as well and will have same effect as PO fluids. Since he is tol PO well he is advised to continue PO fluids ad lib but decrease the salt. He has appt for f/u with PMD regarding his BP in the next couple of weeks.

Orders placed:

Orders

Procedure	Date/time	Status
CT ABDOMEN and PELVIS W/O CONT	02/27 2323	Active
UR DRUG SCREEN	02/27 2231	Complete
ADD ON TEST	02/27 2231	Active
IV Peripheral Monitor+	02/27 2222	Active
URINALYSIS	02/27 2222	Complete
COMPREHENSIVE METABOLIC PANEL	02/27 2222	Complete
CBC W/AUTO DIFF; RFLX MAN DIFF	02/27 2222	Complete
ED Urine Collection	02/27 2222	Active
CHEST PA/LAT	02/27 0030	Active

Run: 02/28/16-01:07 by

ED NOTE (DTP) - Additional copy

Page 3 of 6

PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: EVANS, ROBERT L
DICTATING PROVIDER: O'Meara, Sean MD
ATTENDING: O'Meara, Sean MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT#
MED-DRG: #EM01000106
DOE
NURSING STATION: D-ED
DATE OF DICTATION: 02/27/16
TIME OF DICTATION: 2225

Decision made to admit? No

Lab data

Test	Result	Date Time
Chemistry		
Sodium (136 - 145 mmol/L)	139	02/27 2315
Potassium (3.5 - 5.0 mmol/L)	3.5	02/27 2315
Chloride (101 - 110 mmol/L)	108	02/27 2315
Carbon Dioxide (22 - 29 mmol/L)	20 L	02/27 2315
Anion Gap (10 - 20)	15	02/27 2315
BUN (8.4 - 25.7 mg/dL)	16	02/27 2315
Creatinine (0.72 - 1.25 mg/dL)	0.9	02/27 2315
Est GFR (African Amer)	> 90.00	02/27 2315
BUN/Creatinine Ratio	17	02/27 2315
Glucose (70 - 105 mg/dL)	86	02/27 2315
Calcium (8.4 - 10.2 mg/dL)	9.2	02/27 2315
Corrected Calcium (8.4 - 10.2 mg/dL)	9.5	02/27 2315
Total Bilirubin (0.2 - 1.2 mg/dL)	0.7	02/27 2315
AST (5 - 34 IU/L)	27	02/27 2315
ALT (0 - 55 IU/L)	25	02/27 2315
Total Alk Phosphatase (40 - 150 IU/L)	65	02/27 2315
Total Protein (6.4 - 8.3 g/dL)	6.9	02/27 2315
Albumin (3.5 - 5.0 g/dL)	3.6	02/27 2315
Globulin (2.7 - 4.5 g/dL)	3.3	02/27 2315
Albumin/Globulin Ratio (1.0 - 2.5)	1.1	02/27 2315
Hematology		
WBC (4.23 - 9.07 K/UL)	7.9	02/27 2315
RBC (4.63 - 6.08 M/UL)	4.26 L	02/27 2315
Hgb (13.7 - 17.5 g/dL)	12.4 L	02/27 2315
Hct (40.1 - 51.0 %)	36.0 L	02/27 2315
MCV (79.0 - 92.2 FL)	84.5	02/27 2315
MCH (25.7 - 32.2 PG)	29.1	02/27 2315
MCHC (32.3 - 36.5 G/DL)	34.40	02/27 2315
RDW (11.6 - 14.4 %)	13.1	02/27 2315
Plt Count (163 - 337 K/MM3)	188	02/27 2315

Run: 02/28/16-01:07 by

ED NOTE (DTP) - Additional copy

Page 4 of 6



PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: EVANS, ROBERT L
DICTATING PROVIDER: O'Meara, Sean MD
ATTENDING: O'Meara, Sean MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT: [REDACTED]
MED PRG # M0000004106
DOB: [REDACTED]
NURSING STATION: D-ED
DATE OF DICTATION: 02/27/16
TIME OF DICTATION: 2225

MPV (9.4 - 12.4 FL)	9.6	02/27 2315
Gran % (34.0 - 67.9 %)	62.1	02/27 2315
Gran # (1.78 - 5.38 K/MM3)	4.9	02/27 2315
Immature Gran # (Auto) (0.01 - 0.03 K/mm3)	0.010	02/27 2315
Add Manual Diff	NO	02/27 2315
Immature Gran % (0.1 - 0.3 %)	0.1	02/27 2315
Lymphocytes % (21.8 - 53.1 %)	25.3	02/27 2315
Monocytes % (5.3 - 12.2 %)	8.6	02/27 2315
Eosinophils % (0.8 - 7.0 %)	3.5	02/27 2315
Basophils % (0.2 - 1.2 %)	0.4	02/27 2315
Nucleated RBC % (0 - 0.2 %)	0	02/27 2315
Lymphocytes # (1.32 - 3.57 K/mm3)	2.0	02/27 2315
Monocytes # (0.30 - 0.82 K/mm3)	0.7	02/27 2315
Eosinophils # (0.04 - 0.54 K/mm3)	0.3	02/27 2315
Basophils # (0.01 - 0.08 K/mm3)	0.0 L	02/27 2315
Toxicology		
Urine Opiates Screen (NEGATIVE)	NEGATIVE	02/28 0001
Ur Barbiturates Screen (NEGATIVE)	NEGATIVE	02/28 0001
Ur Tricyclics Screen (NEGATIVE)	NEGATIVE	02/28 0001
Ur Phencyclidine Scrn (NEGATIVE)	NEGATIVE	02/28 0001
Ur Amphetamines Screen (NEGATIVE UAMP)	NEGATIVE	02/28 0001
U Benzodiazepines Scrn (NEGATIVE)	NEGATIVE	02/28 0001
Urine Cocaine Screen (NEGATIVE)	NEGATIVE	02/28 0001
U Cannabinoids Screen (NEGATIVE)	POSITIVE H	02/28 0001
Urines		
Ur Collection Type	CLEAN CATCH	02/28 0001
Urine Color	YELLOW	02/28 0001
Urine Appearance	CLEAR	02/28 0001
Urine pH (5.0 - 9.0)	6.0	02/28 0001
Ur Specific Gravity (1.003 - 1.035)	1.015	02/28 0001
Urine Protein (NEGATIVE)	NEGATIVE	02/28 0001
Urine Glucose (UA) (NEGATIVE)	NEGATIVE	02/28 0001
Urine Ketones (NEGATIVE)	TRACE	02/28 0001
Urine Blood (NEGATIVE)	NEGATIVE	02/28 0001
Urine Nitrite (NEGATIVE)	NEGATIVE	02/28 0001
Urine Bilirubin (NEGATIVE)	NEGATIVE	02/28 0001

Run: 02/28/16-01:07 by

ED NOTE (DTP) - Additional copy

Page 5 of 6



PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: EVANS, ROBERT L
DICTATING PROVIDER: O'Meara, Sean MD
ATTENDING: O'Meara, Sean MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT
MED. RECORD # ME000004106
DOB/
NURSING STATION: 02/27/16
DATE OF DICTATION: 02/27/16
TIME OF DICTATION: 2225

Urine Urobilinogen (NORMAL)	NORMAL	02/28 0001
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE	02/28 0001

Radiology impressions

Recent Impressions

COMPUTERIZED TOMOGRAPHY - CT ABDOMEN and PELVIS W/O CONT 02/27 2323

*** Report Impression - Status: DRAFT (not yet signed) Entered: 02/28/2016 0012

IMPRESSION:

Negative CT scan of the abdomen.

IMPRESSION:

Negative CT scan of the pelvis.

Impression By: GARED - J. EDSSEL GARRICK, M.D.

ED Departure

Time of Disposition 0104

Clinical Impression

Primary Impression: Back pain

Secondary Impressions: Muscle cramps

Disposition *HOME OR RETURN TO SNF/ALF

Condition Stable

Patient Instructions Acute Low Back Pain (ED)

Additional Instructions

Follow up with your primary physician as planned regarding your blood pressure. Drink a balanced electrolyte solution such as Gatorade if you are perspiring heavily.

~ ~
~ ~
~ ~

~Dictating Provider Signature: O'Meara, Sean MD

E-Signed by

Electronic Signature Date: 02/28/16

Electronic Signature Time: 0107

Report Co-Signed by:

E-Signed by

Electronic Signature Date:

Electronic Signature Time:

Run: 02/28/16-01:07 by

ED NOTE (DTP) - Additional copy

Page 6 of 6

Name: EVANS, ROBERT L
Phys: ALMEIDA, Sean MD
DOE _____ Sex: M
Acct: D10000044593 Loc: D.ED
Exam Date: 02/27/2016 Status: REG ER
Radiology No:
Unit No: M000004106

EXAM#	TYPE/EXAM	RESULT
001800729	CT/CT ABDOMEN and PELVIS W/O CO	

CT SCAN OF THE ABDOMEN, CT SCAN OF THE PELVIS:

INDICATION: Flank pain.

CT SCAN OF THE ABDOMEN: Axial images were obtained through the abdomen without administration of either oral or intravenous contrast. Scans through the lung bases show no consolidated infiltrates or masses. The liver shows no focal abnormalities. Spleen is unremarkable. The adrenals, pancreas and gallbladder are normal. Kidneys appear unremarkable and show no evidence of mass, stone or obstruction. No periaortic or paracaval adenopathy is noted. No omental or mesenteric abnormalities are noted. No inflammatory changes are seen within the bowel.

IMPRESSION:

Negative CT scan of the abdomen.

CT SCAN OF THE PELVIS: Axial images were obtained through the pelvis without administration of either oral or intravenous contrast. No pelvic adenopathy or pelvic masses are noted. No free fluid is noted. No inflammatory changes are noted within the bowel.

IMPRESSION:

Negative CT scan of the pelvis.

** REPORT ELECTRONICALLY SIGNED 02/28/2016 (1243) **
Reported By: J. EDSEL GARRICK, M.D.
Signed By: GARRICK, J EDSEL

CC:

Technologist: JOHN D. TREST
Dictated Date/Time: 02/28/2016 (0011)
Transcribed Date/Time: 02/28/2016 (0015)
Transcriptionist: ELDERKD
Printed Date/Time: 09/16/2016 (1538)

PAGE 1

Signed Report Printed From PCI



Name: EVANS, ROBERT L
Phys: G. Meera, Sean MD
DOB: [REDACTED] Sex: M
Acct: D10000044593 Loc: D.ED
Exam Date: 02/27/2016 Status: REG ER
Radiology No:
Unit No: M000004106

EXAM#	TYPE/EXAM	RESULT
001800730	RAD/CHEST PA/LAT	

TWO VIEW CHEST RADIOGRAPHS, 02/27/2016

INDICATION: Cough, right flank pain.

FINDINGS: PA and lateral views of the chest are submitted.

Heart size within normal limits. Lungs are free of acute areas of consolidation, edema or effusion. No bony or soft tissue abnormality seen.

IMPRESSION:
Negative chest radiograph.

** REPORT ELECTRONICALLY SIGNED 03/05/2016 (1118) **
Reported By: FREDERICK W. DREYER, M.D.
Signed By: DREYER, FREDERICK W

CC:

Technologist: HARRY L PALMER, RT
Dictated Date/Time: 02/28/2016 (0044)
Transcribed Date/Time: 02/28/2016 (0127)
Transcriptionist: ELDERKD
Printed Date/Time: 09/16/2016 (1539)

PAGE 1

Signed Report Printed From PCI



Emergency Dept

EVANS, ROBERT L - B000339771

Result type: Emergency Dept
Result date: June 06, 2016 02:52
Result status: Transcribed
Result title: Emergency Dept
Performed by: Warren MD, Ward R on June 06, 2016 02:52
Encounter Info: B1615700607, Baptist, IPB-Inpatient, 06/05/16 - 06/08/16
Contributor system: Softmed

Emergency Dept

PATIENT: EVANS, ROBERT
MR #: 000339771
ADMITTED: 06/05/2016
ACCOUNT #: [REDACTED]

DICT: Ward R. Warren, MD
DOB: [REDACTED]
PT. LOC: ERC

DATE OF VISITATION: 06/05/2016

ACCOUNT NUMBER: [REDACTED]

ATTENDING PHYSICIAN: Ward R. Warren, MD

PRIMARY CARE PHYSICIAN: None.

CHIEF COMPLAINT: Abdominal cramping and pain.

HISTORY OF PRESENT ILLNESS: This is a 59-year-old male with a past medical history of untreated hypertension, who presents to the emergency room complaining of severe abdominal pain and cramps, which has been ongoing for the last 3 days' duration. Patient states he started a new job as a roofer, and after working half a day in the heat, began having severe abdominal cramping and pain throughout his extremities and torso. The patient stated he started drinking lots of fluids and took the rest of the off. He continued to drink fluids, thought he was better, so he went to work today, but he was able to complete only a couple of hours of work before he noticed the increasing abdominal cramping and pain again, and his urine had started to changed into a dark tea color as he described. The patient states he felt like he has had a low-grade temperature. No cough. No chest pain or shortness of breath. Mild nausea without vomiting. The patient stated he tried to drink more water and Gatorade today though "just couldn't seem to get enough to drink." The patient also stated that he had a few episodes of vomiting whenever he tried to drink too much at one time. The patient states his muscle cramps were more severe over his abdomen at times. It looked like even though he was lying still, he had continuous waves over his anterior abdominal wall. The patient also complained of pain throughout his extremities and all muscles, but no bony pain. Patient denies any headache or visual changes. The patient states he has not been able to eat for approximately 12 hours' duration. He states he has been feeling dizzy and lightheaded, especially with any standing episodes.

Printed by: Hollis, Janice F
Printed on: 06/10/2016 14:41

Page 1 of 3
(Continued)

REVIEW OF SYSTEMS: A complete review of systems was obtained and is otherwise negative except as noted above in HPI.

PAST MEDICAL HISTORY: Hypertension, which he does not treat on regular basis.

PAST SURGICAL HISTORY: Noncontributory.

MEDICATIONS: Noncompliant.

ALLERGIES: None.

FAMILY HISTORY: Hypertension and diabetes.

SOCIAL HISTORY: He does smoke. Drinks alcohol. Denies illicit drug abuse.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 145/99, pulse rate 99, respirations 22, temperature 99.0, pulse oximetry 97 percent on room air.

GENERAL: He is alert, conscious, oriented x3. No []. Mild to moderate discomfort and distress. Thin build male.

HEENT: Pupils equal, round, reactive to light. No nystagmus. No pallor. No icterus. Slight conjunctival injection. Ears clear. Nose clear. Posterior pharynx clear. Dry mucous membranes.

NECK: Supple. No masses. No tenderness. No lymphadenopathy. No JVD. Trachea is midline.

RESPIRATORY: Lung sounds clear and equal bilaterally. Regular respiratory rate and pattern. No wheeze, rhonchi, rub, or rales appreciated.

HEART: Positive S1, S2. No murmur, rub, or gallop. Slightly tachycardic at the time of evaluation, 112 beats per minute. 2+ peripheral pulses. No edema.

GASTROINTESTINAL: Soft, pliable, tender diffusely over the anterior abdominal wall, with muscle cramps that when stimulated, turn into wave-like formation of cramping. Bowel sounds slightly increased pitch, volume, tone, rate.

MUSCULOSKELETAL: Patient moves all extremities. Normal strength, power, tone equal bilaterally, but he complains of pain with any palpation over the musculature of his extremities. There is no other bony abnormality or joint swelling.

SKIN: Pink, warm, dry. Slight turgor. No rash. Capillary refill less than 2 seconds.

NEUROLOGICAL: Cranial nerves 2-12 are grossly intact. Alert, conscious, oriented x3. Normal mentation. Gait is slow but steady and normal due to pain when he ambulates throughout his muscles. It is obvious from patient's stance, he is symptomatically orthostatic if he changes positions abruptly. No focal neurological deficits. DTRs are 2+. There is no clonus. Negative Chvostek sign.

PSYCHOLOGICAL: Slightly anxious.

EMERGENCY DEPARTMENT COURSE AND MEDICAL DECISION MAKING: This is a 69-year-old male who comes in complaining of abdominal cramping. This does not appear to be intra-abdominal pathology, but rather musculature in nature on clinical exam. This is most likely secondary to severe electrolyte abnormality versus early rhabdomyolysis. Laboratory studies were drawn and sent, which showed an unremarkable CBC. Chemistry panel was actually fairly unremarkable except for a BUN of 30 and a creatinine of 1.2. Urinalysis is

unremarkable. CPK total was 2715. After 3 liters of normal saline and rehydration, he did feel somewhat better, as well as drinking p.o. fluids. At 0116, 6 hours later, his CPK total was 2157, minimal decrease. His drug screen was positive for cannabinoids. At 2:15 a.m., he does appear to be more comfortable, but he still remains with elevated CPK. As he has primary care physician that he normally follows up with and minimal changes in his CPK, I am quite concerned for him going into full rhabdomyolysis. I spoke with hospitalist, Dr. Darragh, who agreed to admit the patient for observation status and hydrate patient and recheck CPK in the morning. As long as there is some [____], patient should have no more than a 23-hour hospital stay. The patient agrees with the above treatment disposition plan.

CLINICAL IMPRESSION:

1. Acute rhabdomyolysis.
2. Anterior abdominal wall pain/cramps.
3. Generalized muscle cramps.
4. Moderate to severe dehydration.
5. Heat exhaustion.

DISPOSITION: Patient admitted to the hospitalist service under Dr. Darragh at 0215 hours on 06/06/2016. Condition at time of disposition guarded.

D: 06/06/2016 02:39 T: 06/06/2016 06:29 TID: 89287
Job #: 87115 Doc #: 20854934
cc: Ward R, Warren, MD

Completed Action List:

- * Perform by Warren MD, Ward R on June 06, 2016 02:52

Facility Info: Palmetto Health Baptist

TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;

D000585248

FIN: B1632101782

Attending Physician: Anderson MD, Christopher A

Pt. Age: 60 years

Admitting Physician: Anderson MD, Christopher A

Date of Birth

CMRN: 000755762

ED Documentation

Image 1 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Pain Evaluation

Primary Pain Location : Flank

Laterality : Right

Quality : Aching, Cramping

Self Report Pain Tool : Numeric rating scale

Anderson RN, Michelle L - 11/16/2016 14:30

Oxygen Modality-ED

Oxygen Modality : Room Air

Sellers RN, Shea A - 11/16/2016 12:18

DOCUMENT NAME:

Emergency Dept

SERVICE DATE/TIME:

11/16/2016 14:46 EST

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

Anderson MD, Christopher A (11/16/2016 14:47 EST)

ELECTRONICALLY SIGNED BY:

Anderson MD, Christopher A (11/16/2016 16:35 EST)

Chief Complaint:

Pt. c/o back pain and cramping

History of Present Illness

60-year-old male who states he has a history of elevated creatinine and has been told he has had some elevated CPK in the past he states he feels he is having this again today and wanted to get checked out for it. He states he has not done any heavy lifting or had any kinds of crush injuries. He has been followed up by his family doctor for his elevated creatinines which were noted last month in October. He has no other complaints

Review of Systems

Denies nausea, vomiting, diarrhea, constipation, fevers, chills, cough all other review of systems are negative

General: patient is awake and alert, in no apparent distress. No distress noted.

HEENT: normocephalic, atraumatic, pupils equal and reactive to light. Extraocular muscles intact. Conjunctiva without injection or exudate. Mucous membranes are moist. Tympanic membranes are clear.

Neck: neck is soft and supple without lymphadenopathy no JVD is appreciated.

Respiratory: chest is clear bilaterally, no wheezes or rales appreciated.

Cardiovascular: Normal S1-S2 heart is a regular rate and rhythm without murmur, chest wall nontender to palpation.

Abdomen: soft and nonrebound, nondistended, normal bowel sounds no rebound, no guarding, no peritoneal signs, no masses, no hepatosplenomegaly.

Skin: no rashes or lesions.

Neurologic: alert and oriented x3, cranial nerves are intact, no focal abnormality, strength normal, sensory normal, bilaterally, Glasgow Coma Scale of 15, moves all extremities without difficulty

Psych: alert and oriented x3 no suicidal or homicidal ideation normal affect.

Problem List/Past Medical History

Chronic

HIV (human immunodeficiency virus infection)

Historical

No historical problems

Social History

Alcohol

1-2 times per month

Substance Abuse

Past

Tobacco

Former smoker

Never smoker

Medications

Inpatient

NS 0.9% Bolus, 1000 mL, IV, OT

Home

amlodipine 10 mg oral tablet, 10 mg, 1 tab, PO, daily

baclofen 10 mg oral tablet, 10 mg, 1 tab, PO, 3x daily

hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet, 1 tab, PO, daily

Stribild oral tablet, 1 tab, PO, daily

Allergies

NKA

Facility Info: Palmetto Health Baptist
TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1632101782

Attending Physician: Anderson MD, Christopher A
Admitting Physician: Anderson MD, Christopher A

Pt. Age: 60 years
Date of Birth: [REDACTED]
CMRN: 000755762

ED Documentation

Physical Exam

Temperature Oral: 98.3 DegF 11/16/16 12:18:50
Peripheral Pulse Rate: 78 bpm 11/16/16 12:18:50
Respiratory Rate: 16 br/min 11/16/16 12:18:50
Pulse Ox Sat: 97 % 11/16/16 12:18:50
Oxygen Modality: Room Air 11/16/16 12:18:50
NIBP Systolic: 122 mmHg 11/16/16 12:18:50
NIBP Diastolic: 83 mmHg 11/16/16 12:18:50
NIBP Mean Calculated: 96 mmHg 11/16/16 12:18:50
NIBP Mean Monitored: 96 mmHg 11/16/16 12:16:31

Medical Decision Making

Ordered:

Sodium Chloride 0.9%, 1,000 mL, Inj, IV, OT, ***BOLUS***, STAT, Start Date: 11/16/16
14:45:00, Stop date 11/16/16 14:45:00, 999 mL/hr, mL 1,000
CBC W/Diff
Comprehensive Metabolic Profile
CPK Level
Intermittent IV
Urinalysis w/Microscopy

Lab Results

WBC Count: 4.0 11/16/16 15:42:13
RBC Count: 4.41 11/16/16 15:42:13
Hemoglobin: 13.0 Low 11/16/16 15:42:13
Hematocrit: 37.5 Low 11/16/16 15:42:13
MCV: 85.0 11/16/16 15:42:13
MCH: 29.5 11/16/16 15:42:13
MCHC: 34.7 11/16/16 15:42:13
RDW-SD: 39.1 11/16/16 15:42:13
RDW-CV: 12.6 11/16/16 15:42:13
Platelet Count: 176 11/16/16 15:42:13
MPV: 10.5 11/16/16 15:42:13
Auto Nucleated RBC's: 0.0 11/16/16 15:42:13
Auto Neutrophil: 52.1 11/16/16 15:42:14
Auto Lymph: 38.4 11/16/16 15:42:14
Auto Monocyte: 5.1 11/16/16 15:42:14
Auto Eos: 3.8 11/16/16 15:42:14
Auto Basophil: 0.3 11/16/16 15:42:14
Auto Immature Grans: 0.3 11/16/16 15:42:14
Absolute Neutrophil: 2.07 11/16/16 15:42:14
Absolute Lymph: 1.52 11/16/16 15:42:14
Absolute Monocytes: 0.20 Low 11/16/16 15:42:14
Absolute Eosinophils: 0.15 11/16/16 15:42:14
Absolute Baso: 0.01 11/16/16 15:42:14
Absolute Immature Grans: 0.01 11/16/16 15:42:14
Color: Yellow YEL 11/16/16 15:24:28
Clarity: Clear CLER 11/16/16 15:24:28
Specific Gravity, Urine: 1.014 11/16/16 15:24:28
Urine pH: 5.0 11/16/16 15:24:28
Urine Protein: NEG Negative 11/16/16 15:24:28
Urine Glucose: NEG Negative 11/16/16 15:24:28
Urine Ketone: NEG Negative 11/16/16 15:24:28

Facility Info: Palmetto Health Baptist

TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;

D000585248

FIN: B1632101782

Attending Physician: Anderson MD, Christopher A

Pt. Age: 60 years

Admitting Physician: Anderson MD, Christopher A

Date of Birth:

CMRN: 000755762

ED Documentation

Urine Bilirubin: NEG Negative 11/16/16 15:24:28
Urine Blood: NEG Negative 11/16/16 15:24:28
Urine Nitrite: NEG Negative 11/16/16 15:24:28
Urine Urobilinogen: 0.2 11/16/16 15:24:28
Leukocyte Esterase: NEG Negative 11/16/16 15:24:28
UA Chem Scr Com: See Comment 11/16/16 15:24:29
Urine EPI: Few FEW 11/16/16 15:24:30
Urine Bacteria: None 11/16/16 15:24:30
Mucus Strands: Rare RARE 11/16/16 15:24:30
Sodium: 141 11/16/16 15:59:31
Potassium: 3.8 11/16/16 15:59:31
Chloride: 103 11/16/16 15:59:31
CO2: 30 11/16/16 15:59:31
Anion Gap: 8 11/16/16 15:59:31
Glucose Level: 118 High 11/16/16 15:59:31
BUN: 16 11/16/16 15:59:31
Creatinine: 1.2 11/16/16 15:59:31
GFR Non-African American: 64 11/16/16 15:59:35
GFR African American: 74 11/16/16 15:59:34
Calcium: 9.0 11/16/16 15:59:31
Protein, Total: 7.1 11/16/16 15:59:31
Albumin: 3.9 11/16/16 15:59:31
Bilirubin, Total: 0.3 11/16/16 15:59:31
Alkaline Phos: 63 11/16/16 15:59:31
AST (SGOT): 36 11/16/16 15:59:31
ALT (SGPT): 57 11/16/16 15:59:31
CPK: 335 High 11/16/16 15:59:32

Emergency Department Course

Creatinine is now back to normal

Assessment

Muscle cramping

Disposition

Patient will be discharged to home

Patient is feeling better at this time

Patient will be given prescriptions for the following—Norco

They are instructed to follow up with their PCP or the 1801 clinic

Told to return if worse

This chart has been completed using Dragon Medical Dictation Software, and while attempts have been made to ensure accuracy certain words and phrases may not be entered as intended.

Electronically Signed & Verified on 11/16/2016 16:35
by Anderson MD, Christopher A

Facility Info: Palmetto Health Baptist
TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1632101782

Attending Physician: Anderson MD, Christopher A
Admitting Physician: Anderson MD, Christopher A

Pt. Age: 60 years
Date of Birth:
CMRN: 000755762

ED Discharge Summary

DOCUMENT NAME: Discharge Summary PHED
SERVICE DATE/TIME: 11/16/2016 17:32 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Huambo Gonzales RN, Karen D (11/16/2016 17:32 EST)
ELECTRONICALLY SIGNED BY:

Discharge Summary PHED
11/16/16 05:32 pm Performed by Huambo Gonzales RN, Karen D
Entered on 11/16/16 05:33 pm

Discharge Summary PHED

Patient Disposition Home or Self Care
Mode of Discharge Ambulatory
Assisted By Nurse
Accompanied by-ED Self
Reassessment of Chief Complaint-ED Improved
Current Pain-Yes-No No
IV/INT Discontinued Yes, Catheter Intact
Valuable-Belonging Return-ED None taken
Discharge Instructions ED Instructions Given, Patient
Verbalizes Understanding
Comments-ED Discharge pt instructed to follow up with PCP
as needed. Ambulated to lobby in NAD,
alert and oriented.

ED Patient Education

ED Patient Education Grid

Disease Process: Teach back successful, Verbalizes understanding
Follow-Up Care/Appointment: Verbalizes understanding, Teach back
successful
Reportable Symptoms: Teach back successful, Verbalizes understanding
Recognition of Symptoms: Teach back successful, Verbalizes
understanding

DOCUMENT NAME: ED Pat Edu
SERVICE DATE/TIME: 11/16/2016 16:36 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Anderson MD, Christopher A (11/16/2016 16:36 EST)
ELECTRONICALLY SIGNED BY: Anderson MD, Christopher A (11/16/2016 16:36 EST)

ED Pat Edu

Physician's Discharge Summary

Name: EVANS, ROBERT L

DOB:

Facility Info: Palmetto Health Baptist

TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;

D000585248

FIN: B1632101782

Attending Physician: Anderson MD, Christopher A

Pt. Age: 60 years

Admitting Physician: Anderson MD, Christopher A

Date of Birth:

CMRN: 000755762

ED Discharge Summary

MRN: B000339771

Visit Date: 11/16/16 12:03:00

FIN/Acct. Number: B1632101782

Current Date: 11/16/16 16:36:54

Address: 2701 GRANITE HILL ROAD CAYCE SC 29033

Phone: (803)543-0475

Primary Care Provider:

Name: Brown FNP, La Tonya N, PH10 Community Provider Phone: 8038659655

Palmetto Health would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or and part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.

Follow-Up Instructions

EVANS, ROBERT L has been given the following patient education materials:

Symptoms

Muscle Spasm

A muscle spasm is a sudden tightening of the muscle you can't control. This may be caused by strain, overworking the muscle, or injury. It can also be caused by dehydration, electrolyte imbalance, diabetes, alcohol use, and certain medicines. If it goes on long enough the muscle spasm causes pain. Common areas for muscle spasm are the legs, neck, and back.

Home care

- Heat, massage, and stretching will help relax muscle spasm.
- When the spasm is in your arm or leg, stretch the muscle passively. To do this, have someone bend or straighten the joint above or below the muscle until you feel the stretch on the sore

Facility Info: Palmetto Health Baptist
TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1632101782

Attending Physician: Anderson MD, Christopher A
Admitting Physician: Anderson MD, Christopher A

Pt. Age: 60 years
Date of Birth: [REDACTED]
CMRN: 000755762

ED Discharge Summary

muscle. You can stretch the muscle actively by moving the affected body part. This will stretch the muscle that is in spasm. For example, if the spasm is in your calf, bend the ankle so your toes point upward toward your knee. This will stretch your calf muscle.

- You may use over-the-counter pain medicine to control pain, unless another medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your healthcare provider before using these medicines.

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of the following occur:

- Fingers or toes become swollen, cold, blue, numb, or tingly
- You develop weakness in the affected arm or leg
- Pain increases and is not controlled by the above measures

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Prescriptions

EVANS, ROBERT L has been given the following prescriptions:
[acetaminophen-hydrocodone (Norco 325 mg-5 mg oral tablet)]

Patient Visit Summary

EVANS, ROBERT L has been given the following list of patient education materials, prescriptions and follow-up instructions:

Patient Education Materials:

Symptoms
MUSCLE SPASM

Prescriptions:

acetaminophen-hydrocodone (Norco 325 mg-5 mg oral tablet); 1 tab, by MOUTH, every 4 hours, , , 0,

Facility Info: Palmetto Health Baptist
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: EVANS, ROBERT L.

MRN: R011494786; B000339771;
D000585248
FIN: B1632101782

Attending Physician: Anderson MD, Christopher A
Admitting Physician: Anderson MD, Christopher A

Pt. Age: 60 years

Date of Birth

CMRN: 000755762

ED Discharge Summary

Home Meds:

Follow-Up Instructions:

Read and follow instructions provided.

Take medications as directed.

Return to the ER for new or worse problems.

Follow Up With:

Where:

When:

Follow Up with primary care
provider

Within 2 to 4 days

Comments:

I, EVANS, ROBERT L, have received the Physician's Discharge Summary, my patient education materials, and have verbalized understanding:

Patient Signature

Date

Provider Signature

Date

MRN: B000339771

FIN: B1632101782

Facility Info: PALMETTO HEALTH BAPTIST
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1700103942

Attending Physician: Hassinger MD, James P
Admitting Physician: Hassinger MD, James P

Pt. Age: 60 years

Date of Birth:

CMRN: 000755762

ED Documentation

ED Tracking Group: B Tracking Group

Primary Care Physician: Tonya Brown, MD Wellnes Center Two Notch Road

ED Triage Nurse: Driggers RN, Leslie A

Driggers RN, Leslie A - 01/01/2017 11:06

Oxygen Modality-ED

Oxygen Modality: Room Air

Driggers RN, Leslie A - 01/01/2017 11:13

DOCUMENT NAME: Emergency Dept
SERVICE DATE/TIME: 1/1/2017 11:26 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Hassinger MD, James P (1/1/2017 11:28 EST)
ELECTRONICALLY SIGNED BY: Hassinger MD, James P (1/1/2017 13:21 EST)

Chief Complaint

Pt c/o generalized body aches, states hx of elevated CPK in past. States "I just need a couple of bags of fluid". Pt states he does roofing & doesn't drink enough.

History of Present Illness

60-year-old male with a prior history of HIV and rhabdomyolysis presents with generalized aching muscles, especially in his chest wall. He tells me he has had an elevated CPK in the past and is worried that his happened again. He is been doing some yardwork over the last few days and feels that he has stressed his muscles. He has had nausea but no vomiting. He has not had diaphoresis or dyspnea.

Review of Systems

12 point ROS negative except as mentioned in the HPI

Physical Exam

Temperature Oral: 98.2 DegF 01/01/17 11:13:51
Peripheral Pulse Rate: 77 bpm 01/01/17 11:13:51
Respiratory Rate: 18 br/min 01/01/17 11:13:51
Pulse Ox Sat: 99 % 01/01/17 11:13:51
Oxygen Modality: Room Air 01/01/17 11:13:51
NIBP Systolic: 198 mmHg 01/01/17 11:13:51
NIBP Diastolic: 93 mmHg 01/01/17 11:13:51
NIBP Mean Calculated: 128 mmHg 01/01/17 11:13:51

General: patient is awake and alert, is acting appropriate for age in no apparent distress. Resting comfortably in exam bed. No increased work of breathing. Nontoxic in appearance. No distress noted.

HEENT: normocephalic, atraumatic, pupils equal and reactive to light. Extraocular muscles intact. Conjunctiva without injection or exudate. Mucous membranes are moist. Neck: neck is soft and supple without lymphadenopathy no JVD is appreciated.

Respiratory: chest is clear to auscultation bilaterally, no wheezes or rales appreciated. Cardiovascular: heart is a regular rate and rhythm without murmur, chest wall nontender to palpation.

Abdomen: abdomen is soft and nontender, nondistended, no rebound, no guarding, no peritoneal signs.

Integument: no rashes or lesions.

Problem List/Past Medical History

Chronic

HIV (human immunodeficiency virus infection)

Historical

No historical problems.

Social History

Alcohol

1-2 times per month

Substance Abuse

Past

Tobacco

Former smoker
Never smoker

Family History

None reported

Medications

Inpatient

NS 0.9% Bolus, 1000 mL, IV, OT

Home

amlodipine 10 mg oral tablet, 10 mg, 1 tab, PO, daily

baclofen 10 mg oral tablet, 10 mg, 1 tab, PO, 3xdaily

hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet, 1 tab, PO, daily

Stribild oral tablet, 1 tab, PO, daily

Allergies

NKA

Facility Info: PALMETTO HEALTH BAPTIST
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1700103942

Attending Physician: Hassinger MD, James P

Admitting Physician: Hassinger MD, James P

Pt. Age: 60 years

Date of Birth: 01/01/1957

CMRN: 000755762

ED Documentation

Neurologic: cranial nerves, strength, sensation grossly intact. Gait is normal. Speech is normal.

Musculoskeletal: Extremities without deformity or tenderness.

Medical Decision Making

Ordered:

Sodium Chloride 0.9%, 1,000 mL, Inj, IV, OT, ***BOLUS OVER***, NOW, Start Date: 01/01/17 11:25:00, Stop date: 01/01/17 11:25:00, 999 mL/hr, mL 1,000

Basic Metabolic Panel

CBC W/Diff

CKMB Level

CPK Level

CR Chest 1 View Portable

EK EKG 12 Lead

Intermittent IV

Troponin

I'll screen for evidence of recurrent rhabdomyolysis. Because the pain is in his chest, although I think is unlikely, I will also screen for evidence of acute coronary syndrome, pneumonia, pneumothorax

Lab Results

WBC Count: 4.9 01/01/17 12:02:03

RBC Count: 4.54 01/01/17 12:02:03

Hemoglobin: 13.4 Low 01/01/17 12:02:03

Hematocrit: 38.2 Low 01/01/17 12:02:03

MCV: 84.1 01/01/17 12:02:03

MCH: 29.5 01/01/17 12:02:03

MCHC: 35.1 01/01/17 12:02:03

RDW-SD: 44.0 High 01/01/17 12:02:03

RDW-CV: 14.2 01/01/17 12:02:03

Platelet Count: 231 01/01/17 12:02:03

MPV: 10.1 01/01/17 12:02:03

Auto Nucleated RBC's: 0.0 01/01/17 12:02:03

Auto Neutrophil: 37.0 01/01/17 12:02:04

Auto Lymph: 43.1 01/01/17 12:02:04

Auto Monocyte: 7.9 01/01/17 12:02:04

Auto Eos: 11.0 High 01/01/17 12:02:04

Auto Basophil: 0.6 01/01/17 12:02:04

Auto Immature Grans: 0.4 01/01/17 12:02:04

Absolute Neutrophil: 1.82 01/01/17 12:02:04

Absolute Lymph: 2.12 01/01/17 12:02:04

Absolute Monocytes: 0.39 01/01/17 12:02:04

Absolute Eosinophils: 0.54 01/01/17 12:02:04

Absolute Baso: 0.03 01/01/17 12:02:04

Absolute Immature Grans: 0.02 01/01/17 12:02:04

Sodium: 141 01/01/17 12:18:32

Potassium: 4.1 01/01/17 12:18:32

Chloride: 105 01/01/17 12:18:32

CO2: 30 01/01/17 12:18:32

Anion Gap: 6 01/01/17 12:18:32

Glucose Level: 90 01/01/17 12:18:32

BUN: 18 01/01/17 12:18:32

Creatinine: 1.1 01/01/17 12:18:32

Facility Info: PALMETTO HEALTH BAPTIST
TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Name: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1700103942

Attending Physician: Hassinger MD, James P

Pt. Age: 60

Admitting Physician: Hassinger MD, James P

Date of Birth: 01/01/1957

CMRN: 000755762

ED Documentation

GFR Non-African American: 71 01/01/17 12:18:37
GFR African American: 82 01/01/17 12:18:36
Calcium: 9.1 01/01/17 12:18:32
Troponin I: <0.02 01/01/17 12:18:35
CPK: 455 High 01/01/17 12:18:34
CKMB Mass Fract: 1.9 01/01/17 12:18:33

Diagnostic Results

EKG showed sinus rhythm with no acute ST or T changes.
Chest x-ray unremarkable

Emergency Department Course

I gave the patient a liter of normal saline. I've instructed him to drink plenty of fluids and follow-up with his primary care doctor for recheck of his blood pressure as well as his kidney function and CPK. He tells me that he missed his dose of lisinopril this morning, so I encouraged him to take it regularly without missing doses. I've given him careful return precautions. He agrees with course and plan

Assessment

Acute myalgias with mild CPK elevation
Chronic hypertension

Disposition

Discharge to home

Electronically Signed & Verified on 01/01/2017 13:21
by Hassinger MD, James P

ED Discharge Summary

DOCUMENT NAME: Discharge Summary PHED
SERVICE DATE/TIME: 1/1/2017 14:05 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Pascual RN, Michelle P (1/1/2017 14:05 EST)
ELECTRONICALLY SIGNED BY:

Discharge Summary PHED
01/01/17 14:05 EST Performed by Pascual RN, Michelle P
Entered on 01/01/17 14:07 EST

Discharge Summary PHED

Patient Disposition	Home or Self Care
Mode of Discharge	Ambulatory
Accompanied by-ED	Self
Reassessment of Chief Complaint-ED	Improved
Current Pain-Yes-No	No
IV/INT Discontinued	Yes, Catheter Intact
Valuable-Belonging Return-ED	None taken
Discharge Instructions ED	Instructions Given, Patient

Facility Info: PALMETTO HEALTH BAPTIST
TAYLOR AT MARION
COLUMBIA, SC 29220-

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1700103942

Attending Physician: Hassinger MD, James P
Admitting Physician: Hassinger MD, James P

Pt. Age: 60 years
Date of Birth:
CMRN: 000755762

ED Discharge Summary

Comments-ED Discharge Verbalizes Understanding
Pt given verbal and written discharge instructions on homecare, meds, and to follow up with PCP within 1 to 2 days. Pt verbalizes understanding. Pt left ED in NAD and without injury.

ED Patient Education

ED Patient Education Grid

Disease Process: Verbalizes understanding
Activity Precautions: Verbalizes understanding
Diet Restrictions: Verbalizes understanding
Medication Instructions: Verbalizes understanding
Follow-Up Care/Appointment: Verbalizes understanding
Reportable Symptoms: Verbalizes understanding
Recognition of Symptoms: Verbalizes understanding

Vital Signs/Respiratory

Vital Signs RTF

Vital Signs

Temperature Oral: 98.2 DegF
01/01/2017 11:06
Peripheral Pulse: 77 bpm
01/01/2017 11:06
Respiratory Rate: 18 br/min
01/01/2017 11:06
Blood Pressure: 198/93 mmHg
01/01/2017 11:06

Pain Management RTF

No qualifying data available

Temperature Oral 98.1 DegF
Peripheral Pulse Rate 73 bpm
Respiratory Rate 18 br/min
NIBP Systolic 168 mmHg
NIBP Diastolic 102 mmHg
NIBP Mean Calculated 124 mmHg
Pulse Ox Sat 100 %
Oxygen Modality Room Air
Respiratory Pattern Regular, Unlabored, Chest rise and fall

DOCUMENT NAME: ED Pat Edu
SERVICE DATE/TIME: 1/1/2017 13:21 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Hassinger MD, James P (1/1/2017 13:21 EST)
ELECTRONICALLY SIGNED BY: Hassinger MD, James P (1/1/2017 13:21 EST)

Facility Info: PALMETTO HEALTH BAPTIST
TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1709900127

Attending Physician: Horvath MD, Joseph A

Pt. Age: 60 years

Admitting Physician: Horvath MD, Joseph A

Date of Birth

CMRN: 000755762

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
MR-17-0011913	4/9/2017 10:08 EDT	MR Ext Lower W/O+W/ Contrast Left	Horvath MD, Joseph A	Auth (Verified)

Findings:

There are bilateral hydroceles.

IMPRESSION:

1. No findings of rhabdomyolysis.
2. Bilateral hydroceles right larger than left.
3. Remote left adductor longus strain.

*** Final ***

Trans On: 04/10/2017 12:08 by: JL

Read by: Aitchison MD, Paul M

Released By: Aitchison MD, Paul M

Released on: 04/11/2017 09:42

Technologist: Shellem, Richard G

Technical Comments

Administered per implementation of contrast protocol:

Type: Gadavist

Volume administered ml(s): 9

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
MR-17-0011914	4/9/2017 10:08 EDT	MR Ext Lower W/O+W/ Contrast Right	Horvath MD, Joseph A	Auth (Verified)

Reason For Exam

(MR Ext Lower W/O+W/ Contrast Right) =m62.82 Rhabdomyolysis/r74.8

Findings:

MRI RIGHT LOWER EXTREMITY/THIGH WITHOUT AND WITH GADOLINIUM

CLINICAL DATA: HIV positive with elevated CPK. Evaluate for rhabdomyolysis.

TECHNIQUE: Multiplanar, multisequence imaging was performed through the right thigh.

FINDINGS: Marrow signal intensity within the bilateral femora is within normal limits. There is no muscle edema to indicate rhabdomyolysis. There is atrophy of the left adductor longus related to a remote muscle injury. The quadriceps and hamstring musculature are within normal limits.

There is no pelvic mass or inflammation. There are bilateral hydroceles.

Facility Info: PALMETTO HEALTH BAPTIST
TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Info: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1709900127

Attending Physician: Horvath MD, Joseph A

Admitting Physician: Horvath MD, Joseph A

Pt. Age: 60 years

Date of Birth:

CMRN: 000755762

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
MR-17-0011914	4/9/2017 10:08 EDT	MR Ext Lower W/O+W/ Contrast Right	Horvath MD, Joseph A	Auth (Verified)

Findings:

IMPRESSION:

1. No evidence of rhabdomyolysis.
2. Bilateral hydroceles.
3. Remote left adductor longus muscle strain.

*** Final ***

Trans On: 04/10/2017 12:12 by: BH

Read by: Aitchison MD, Paul M

Released By: Aitchison MD, Paul M

Released on: 04/11/2017 09:42

Technologist: Shellem, Richard G

Technical Comments

Administered per implementation of contrast protocol:

Type: Gadavist

Volume administered ml(s): 9

Facility Info: PALMETTO HEALTH BAPTIST
TAYLOR AT MARION
COLUMBIA, SC 29220

Patient Name: EVANS, ROBERT L

MRN: R011494786; B000339771;
D000585248
FIN: B1709900127

Attending Physician: Horvath MD, Joseph A
Admitting Physician: Horvath MD, Joseph A

Pt. Age: 60 years

Date of Birth: [REDACTED]

CMRN: 000755762

Laboratory Results

POC

Collected Date/Time

4/9/2017 08:11 EDT

Procedure	Result	Reference Range	Units
POC Creatinine	1.1	[0.6-1.3]	mg/dL
POC GFR Non-African American	73	[>=60]	mL/min/1.73 sq meter
POC GFR African American	84	[>=60]	mL/min/1.73 sq meter
POC Spec Description	Venous Spec		

Social History

Alcohol

Detail: 1-2 times per month (Last Update: 6/6/2016 16:32 EDT by Gopalan RN, Jyothy)

Substance Abuse

Detail: Past (Last Update: 6/6/2016 16:33 EDT by Gopalan RN, Jyothy)

Tobacco

Detail: Never smoker (Last Update: 6/6/2016 16:32 EDT by Gopalan RN, Jyothy)

Detail: Former smoker (Last Update: 6/6/2016 16:32 EDT by Gopalan RN, Jyothy)

EVANS, ROBERT L

To IN-HOUSE RESULTS (FOR INTERNAL USE ONLY, SC, 00000)

Requisition #: 1767237CE10781 Collection Date: Time:	Primary Insurance: DI
Ordering Provider: DEAN A. FLOYD, MD NPI: 1386605285	Bill Type: Third Party
Responsible Party: EVANS, ROBERT Phone: (803) 939-0174	Primary Insurance: BCBS-SC (PPO) Insurance #: ZCF320380925350 Group #: 612100215 Relation: Self DC Address: PO BOX 100300, COLUMBIA, SC, 29202-3300
	Secondary Insurance: Insurance #: Group #: Relation: DOB: Address:

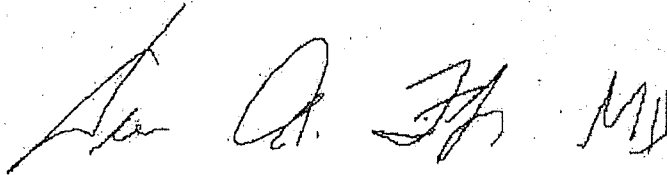
Profiles/Tests

Order generated: 06/21/2017 08:43 AM

Orders included: 1

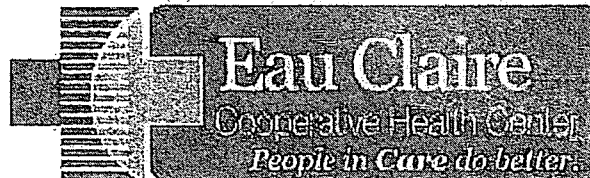
Diabetes mellitus screening | ICD-10: Z13.1: Encounter for screening for diabetes mellitus
• HEMOGLOBIN A1C, FINGERSTICK | BILL: Third Party

Electronically Signed by: DEAN A. FLOYD, MD



End of Requisition

Letters



Brookland-Cayce Medical Practice
1115 State Street CH04327D
CAYCE, SC 29033-4342
Phone: (803) 939-0174, Fax: (803) 217-0282

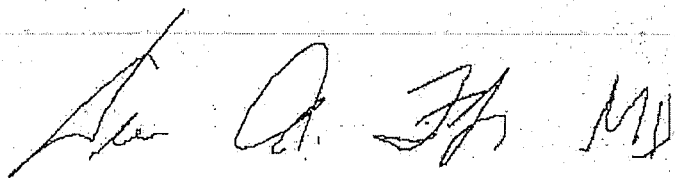
Date: 05/18/2017

Dear Robert Evans,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: DEAN A. FLOYD, MD



EVANS, ROBERT L

Patient Care Summary for Robert L Evans

Most Recent Encounter

05/18/2017 Dean A Floyd: 1115 State Street, Ch04327d, Cayce, SC 29033-4342, Ph. tel:+1-803-9390174

Reason for Visit

Essential hypertension
side pain

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Essential hypertension

2. Strain of abdominal muscle

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Reminders

Appointments	Follow up	on or around 08/18/2017	Provider Dean A Floyd, MD
Lab	None recorded.		
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	None recorded.		

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
amlodipine 10 mg tablet		
baclofen 10 mg tablet		
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet		
metoprolol tartrate 25 mg tablet		
tamsulosin 0.4 mg capsule		
Triumeq 600 mg-50 mg-300 mg tablet		

Medications Administered

None recorded.

Vitals

Height Weight BMI Blood Pressure Pulse 000202 Temperature Respiration Rate P. 098

EVANS, ROBERT L

5 ft 9 in 210 lbs 6 oz 31.1 148/87 62 bpm regular 98 F° oral 19

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

Name	Status	Onset Date	Source
Essential Hypertension	Active	04/21/2009	
High Risk Sexual Behavior	Active	04/21/2009	
Patient Noncompliance - General	Active	07/20/2010	
History of Clinical Finding in Subject	Active	07/20/2010	
Psychogenic Headache	Active	07/26/2010	
Human Immunodeficiency Virus Infection	Active		

Procedures

None recorded.

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

Smoking Status Never Smoker

Past Encounters

05/18/2017

Essential Hypertension; Strain of Abdominal Muscle

Dean A. Floyd, MD: 1115 State Street, Ch04327d, Cayce, SC 29033-4342, Ph. (803) 939-0174

05/10/2017

Essential Hypertension; Cramp

Dean A. Floyd, MD: 1115 State Street, Ch04327d, Cayce, SC 29033-4342, Ph. (803) 939-0174

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:		Race:	Black or African American
Preferred language:	English	Marital status:	Married
Contact:			

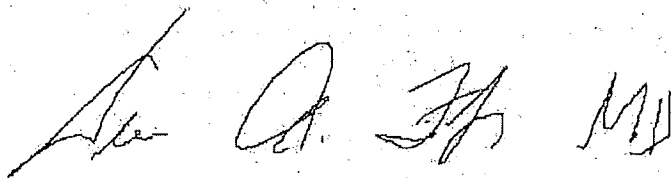
EVANS, ROBERT L ([redacted])
Charles E. Johnson, P.A.
Attorney At Law
1332 Main Street
Suite 65
Columbia, SC 29033

RE: Robert Evans, DOB: [redacted]

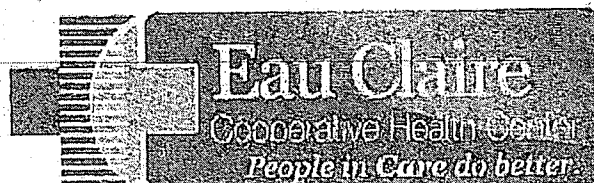
Dear Attorney Johnson:

Enclosed is a copy of the above captioned gentleman's visit to this office on March 28, 2017. After talking with him and reviewing his hospital record, no discrete moment can be determined when he suffered an injury. He had a heat related illness which appeared to have resulted from a cauldron of chronic medical condition(HIV), medications and repeated heat exposure. How each contributed to his heat illness cannot be determined. It is the opinion of this examiner though that working on the roof top contributed to his acute illness.

Sincerely,



Electronically Signed by: DEAN A. FLOYD, MD



Brookland-Cayce Medical Practice

EVANS, ROBERT L

Name EVANS, ROBERT (60yo, M) ID# 208918 Appt. Date/Time 05/18/2017 09:20AM
DOB Service Dept. Brookland-Cayce Medical Practice
Provider DEAN A. FLOYD, MD
Insurance Med Primary: B00000/BB01
Insurance: 0
Policy/Group #: 612-00215
Med Contracts: SC VOC REHAB RICHLAND AREA OFFICE
Insurance #: 251044036
Prescription: CMX - Member is eligible. details.

Chief Complaint

Followup: Essential hypertension

side pain

Patient's Care Team

None recorded.

Patient's Pharmacies

PUBLIX PHARMACY #0067 (ERX): 2800 ROSEWOOD DR, COLUMBIA SC 29205, Ph (803) 799-0801, Fax (803) 708-7074

Vitals

05/18/2017 10:04 am

Ht: 5 ft 9 in (175.26 cm)

Wt: 210 lbs 6 oz (95.42 kg)

BMI: 31.1

T: 98 F° oral (36.67 C)

BP: 148/87 sitting L arm

Pulse: 62 bpm regular

RR: 19

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

amLODIPine 10 mg tablet

04/24/17 filled

baclofen 10 mg tablet

06/03/16 filled

lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet

04/24/17 filled

metoprolol tartrate 25 mg tablet

04/24/17 filled

tamsulosin 0.4 mg capsule

01/17/17 filled

Triumeq 600 mg-50 mg-300 mg tablet

04/27/17 filled

Vaccines

None recorded.

Problems

Reviewed Problems

- Human Immunodeficiency virus infection
- High risk sexual behavior - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Patient noncompliance - general - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA
- History of clinical finding in subject - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA

- Essential hypertension - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Psychogenic headache - Onset: 07/26/2010 - PHYSICIAN: SRI ARORA

Family History

Reviewed Family History

EVANS, ROBERT L

Social History

Reviewed Social History
Smoking Status: Never smoker

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Documents for Discussion

N/A

Screening

None recorded.

HPI

60 year old Black man who was watching TV 2 days ago and developed acute left side pain. The pain went away briefly and return "strong" and has remained. It is even worse this morning. He has no trouble with his urination. There was no color change to his urine. Specifically no blood was noted. He is having no bowel issues. He has no fever or chills. He has seen no skin changes suggestive of shingles.

He also wants to review his blood work from last week. The CMP was normal. The CPK was high at 425. He reports that he does have generalized muscle weakness. He also gave an interesting family history of having a younger sister who was very recently diagnosed with multiple sclerosis and he has an uncle, nephew and first cousin with MS. He is on HAART therapy and research will be done to see if this has any effect on the situation. His blood pressure is also being followed today.

ROS

Patient reports fatigue but reports no fever, no significant weight gain, and no significant weight loss. Eyes: no icterus. He reports muscle weakness but reports no muscle aches and no muscle spasms. He reports weakness. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, and no palpitations. He reports not feeling congested in the chest, no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, no dyspepsia, no GERD, and no constipation. He reports no incontinence, no difficulty urinating, no hematuria, no increased frequency, no nocturia, and no pain during urination (dysuria). He reports no jaundice and no rashes.

Physical Exam

Patient is a 60-year-old male.

Constitutional: General Appearance: healthy-appearing, well-developed, and overweight. Level of Distress: NAD. Ambulation: ambulating normally.

Eyes: Lids and Conjunctivae: non-injected. Sclerae: non-icteric.

Neck: Neck: supple. Lymph Nodes: no cervical LAD.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.

Cardiovascular: Heart Auscultation: normal S1 and S2, no murmurs or gallops, and RRR. Neck vessels: no carotid bruits.

Abdomen: Inspection and Palpation: no masses, rebound tenderness, or CVA tenderness and soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable; ~~there is exquisite tenderness along the left abdominal oblique muscle.~~

Musculoskeletal: Extremities: no edema.

Skin: Inspection and palpation: the palmar lesions have improved slightly.

Procedure Documentation

None recorded.

Assessment / Plan

1. Strain of abdominal muscle - left abdominal oblique muscle strain; he is asked to avoid to lifting and doing any physically strenuous activity and apply heat

S39.011A: Strain of muscle, fascia and tendon of abdomen, initial encounter
• ABDOMINAL STRAIN: REHAB EXERCISES

2. Essential hypertension - his medication will not change; he is asked to reduce his sodium and weight

I10: Essential (primary) hypertension
• HIGH BLOOD PRESSURE EDUCATION - Handout: HIGH BLOOD PRESSURE AND YOU

EVANS, ROBERT L

- HIGH BLOOD PRESSURE: CARE INSTRUCTIONS
- LEARNING ABOUT HIGH BLOOD PRESSURE

3. Increased creatine kinase level - unfortunately this was not fractionated; the concern is whether he may have a primary muscle disease. This will be repeated and fractionated on his next visit.
R74.8: Abnormal levels of other serum enzymes

4. Human immunodeficiency virus infection - noted; HAART may be contributed to some his abnormalities including his heart injury and now CPK
B20: Human immunodeficiency virus [HIV] disease
• ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS): CARE INSTRUCTIONS

Return to Office

- DEAN A. FLOYD, MD for Follow Up at Brookland-Cayce Medical Practice on 08/15/2017 at 08:40 AM

Encounter Sign-Off

Encounter signed-off by DEAN A. FLOYD, MD, 05/18/2017.

Encounter performed and documented by DEAN A. FLOYD, MD

Encounter reviewed & signed by DEAN A. FLOYD, MD on 05/18/2017 at 4:33pm

Encounter Date: 03/28/2017

Patient

Name: EVANS, ROBERT (60yo, M) ID# 208918 Appt. Date/Time: 03/28/2017 02:40PM
DOB: Service Dept.: Brookland-Cayce Medical Practice
Provider: DEAN A. FLOYD, MD
Insurance: Med Primary: BCBS-SC (PPO)
Insurance #: ZCF320380925350
Policy/Group #: 612100215
Med Contracts: SC/MC/DEHAR RICHLAND AREA OFFICE
Insurance:
Prescription: check now

Chief Complaint

Bilateral *back pain
Followup: Essential hypertension

patient states he is having pains all over that is causing him to not be able to work

Patient's Care Team

None recorded.

Patient's Pharmacies

PUBLIX PHARMACY #0067 (ERX): 2800 ROSEWOOD DR, COLUMBIA SC 29205, Ph (803) 799-0801, Fax (803) 708-7074

Vitals

03/28/2017 03:31 pm

Ht: 5 ft 9 in (175.26 cm)

Wt: 215 lbs (97.52 kg)

BMI: 31.7

T: 98.4 F° oral (36.89 C)

BP: 151/88 sitting L arm
150/99 sitting R arm

Pulse: 67 bpm regular

RR: 20

Pain Scale: 8

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

amLODIPine 10 mg tablet

03/25/17 filled

baclofen 10 mg tablet

06/03/16 filled

metoprolol tartrate 25 mg tablet

03/25/17 filled

EVANS, ROBERT L

Patient is a 60-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal.

Cardiovascular: Heart Auscultation: normal S1 and S2 and RRR and no murmurs. Neck vessels: no carotid bruits.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: normal movement of all extremities. Extremities: no edema.

Neurologic: Gait and Station: normal gait. Coordination and Cerebellum: no tremor.

Skin: Inspection and palpation: no rash.

Back: Thoracolumbar Appearance: normal curvature.

Procedure Documentation

None recorded.

Assessment / Plan

1. **Heat exhaustion** - status post; with a history of rhabdomyolysis: he is warned that he is at high risk to recurrence of heat injuries because he has a history, HIV disease, HAART and because of his age
T67.5XXS: Heat exhaustion, unspecified, sequela
• HEAT EXHAUSTION: CARE INSTRUCTIONS

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by DEAN A. FLOYD, MD, 04/05/2017.

Encounter performed and documented by DEAN A. FLOYD, MD

Encounter reviewed & signed by DEAN A. FLOYD, MD on 04/05/2017 at 11:16am

Encounter Date: 03/01/2017

Patient

Name	EVANS, ROBERT (60yo, M) ID# 208918	Appt. Date/Time	03/01/2017 01:40PM
DOB		Service Dept.	Brookland-Cayce Medical Practice
Provider	DEAN A. FLOYD, MD		
Insurance	Med Primary: FORD, SC/PPA Insurance # Policy/Group #: 612100215 Prescription: check now		

Chief Complaint

*hospital/er follow up
Followup: Essential hypertension

patient states having muscle pain when doing manual labor; also states that he feels like one of his scrotums isn't in the correct location has pain on rt side when urinating.

Patient's Care Team

None recorded.

Patient's Pharmacies

PUBLIX PHARMACY #0067 (ERX): 2800 ROSEWOOD DR, COLUMBIA SC 29205, Ph (803) 799-0801, Fax (803) 708-7074

Vitals

Ht: 5 ft 9 in (175.26 cm)
03/01/2017 02:34 pm

Wt: 208 lbs (94.35 kg)
03/01/2017 02:35 pm

BMI: 30.7 03/01/2017 02:35 pm

T: 98.3 F° oral (36.83 C)
03/01/2017 02:35 pm

BP: 134/87-sitting L-arm
03/01/2017 02:35 pm

Pulse: 79 bpm-regular
03/01/2017 02:35 pm

RR: 18 03/01/2017 02:35 pm

EVANS, ROBERT L

Reviewed Allergies

NKDA

Medications

Reviewed Medications

amLODIPine 10 mg tablet 02/23/17 filled

azithromycin 500 mg tablet 07/05/16 filled

baclofen 10 mg tablet 06/03/16 filled

Genvoya 150 mg-150 mg-200 mg-10 mg tablet 12/22/16 filled

HYDROcodone 5 mg-acetaminophen 325 mg tablet 11/16/16 filled

lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet 02/23/17 filled
SIG:1 QD 1 QD

metoprolol tartrate 25 mg tablet 02/23/17 filled

Stribild 150 mg-150 mg-200 mg-300 mg tablet 05/05/16 filled

Suprep Bowel Prep Kit 17.5 gram-3.13 gram-1.6 gram oral solution 07/15/16 filled

tamsulosin 0.4 mg capsule 01/17/17 filled

Triumeq 600 mg-50 mg-300 mg tablet 02/02/17 filled

Tylenol Extra Strength 500 mg tablet 07/26/10 filled

SIG:2 QID 2 QID

Internal Note: PHYSICIAN: ARORA, SRI, start 07/26/2010

Vaccines

None recorded.

Problems

Reviewed Problems

- Human Immunodeficiency virus infection
- High risk sexual behavior - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Patient noncompliance - general - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA
- History of clinical finding in subject - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA
- Essential hypertension - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Psychogenic headache - Onset: 07/26/2010 - PHYSICIAN: SRI ARORA

Family History

Reviewed Family History

Social History

Reviewed Social History

Smoking Status: Never smoker

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Documents for Discussion

N/A

Screening

EVANS, ROBERT L

Name

Score

Notes

PHQ-2/PHQ-9

0 (out of 6 for the PHQ-2)

HPI

60 year old Black man who was exercising last week doing sit ups and jumping jacks when he developed some discomfort in the right groin. After which he could not find his right testicles.

ROS

Patient reports **scrotal**: pain but reports no incontinence, no difficulty urinating, no hematuria, no increased frequency, no nocturia, and no penile discharge.

Physical Exam

Patient is a 60-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Male GU: Penis: no lesions or discharge. Scrotum: **hydrocele**. Testes: **the testicle can be identified at the superior aspect the the right scrotal**.

Procedure Documentation

None recorded.

Assessment / Plan

Care Management

- Discussed the patient's barriers to care and barriers to meeting healthcare goals.
- Provided and discussed information about new prescriptions.
- Assessed the patient's understanding of prescribed medications.
- Identified and discussed barriers to medication adherence.

1. Hernia hydrocele complex

N43.3: Hydrocele, unspecified

- UROLOGY REFERRAL - Schedule Within: provider's discretion

2. Essential hypertension - adequately controlled currently

I10: Essential (primary) hypertension

- HIGH BLOOD PRESSURE: CARE INSTRUCTIONS
- LEARNING ABOUT HIGH BLOOD PRESSURE

Return to Office

- DEAN A. FLOYD, MD for Follow Up at Brookland-Cayce Medical Practice on 03/28/2017 at 02:40 PM

Encounter Sign-Off

Encounter signed-off by DEAN A. FLOYD, MD, 03/05/2017.

Encounter performed and documented by DEAN A. FLOYD, MD

Encounter reviewed & signed by DEAN A. FLOYD, MD on 03/05/2017 at 9:59pm

Encounter Date: 12/15/2016

Patient

Name

EVANS, ROBERT (60yo, M) ID# 208918

Appt. Date/Time

12/15/2016 02:00PM

DOB

Service Dept.

Brookland-Cayce Medical Practice

Provider

DEAN A. FLOYD, MD

Insurance

Med Primary: BCBS-SC (PPO)

Insurance #

Policy/Group #: 612100215

Prescription: check now

Chief Complaint

Followup: Essential hypertension

Patient's Care Team

None recorded.

Patient's Pharmacies

None recorded.

EVANS, ROBERT L

Vitals

12/15/2016 01:50 pm

Ht: 5 ft 9 in (175.26 cm)

Wt: 214 lbs 4 oz (97.18 kg)

BMI: 31.6

T: 98.6 F° oral (37 C)

BP: 140/86 sitting L arm

Pulse: 62 bpm regular

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

amLODIPine 10 mg tablet	10/01/16 filled
azithromycin 500 mg tablet	07/05/16 filled
baclofen 10 mg tablet	06/03/16 filled
Genvoya 150 mg-150 mg-200 mg-10 mg tablet	11/23/16 filled
HYDROcodone 5 mg-acetaminophen 325 mg tablet	11/16/16 filled
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet SIG:1 QD 1 QD	11/22/16 filled
Stribild 150 mg-150 mg-200 mg-300 mg tablet	05/05/16 filled
Suprep Bowel Prep Kit 17.5 gram-3.13 gram-1.6 gram oral solution	07/15/16 filled
tamsulosin 0.4 mg capsule	12/04/16 filled
Tylenol Extra Strength 500 mg tablet SIG:2 QID 2 QID	07/26/10 filled

Internal Note: PHYSICIAN: ARORA, SRI, start 07/26/2010

Vaccines

None recorded.

Problems

Reviewed Problems

- Human immunodeficiency virus infection
- High risk sexual behavior - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Patient noncompliance - general - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA
- History of clinical finding in subject - Onset: 07/20/2010 - PHYSICIAN: SRI ARORA
- Essential hypertension - Onset: 04/21/2009 - PHYSICIAN: SRI ARORA
- Psychogenic headache - Onset: 07/26/2010 - PHYSICIAN: SRI ARORA

Family History

Reviewed Family History

Social History

Reviewed Social History

Smoking Status: Never smoker

Surgical History

None recorded.

Past Medical History

None recorded.

EVANS, ROBERT L
Documents for Discussion

N/A

Screening

None recorded.

HPI

60 year old Black man who has HIV infection returns to BCM after a 6 year hiatus. He has a history of severe hypertension which he reports is under control now. He needs a PCP and returns after being hospitalized for rhabdomyolysis of the left leg requiring fasciotomy. He is doing much better now and this has been resolved. He has no active complaints today except he would like to be tested for diabetes.

ROS

Patient reports no fatigue, no fever, no night sweats, and no significant weight loss. He reports no vision change. He reports no chest pain, no shortness of breath when walking, no shortness of breath when lying down, and no palpitations. He reports no cough, no wheezing, and no shortness of breath. He reports no GERD and no constipation. He reports no difficulty urinating, no increased frequency, and no nocturia. He reports no arthralgias/joint pain and no swelling in the extremities. He reports no rashes.

Physical Exam

Patient is a 60-year-old male.

Constitutional: General Appearance: healthy-appearing, well-developed, and **overweight**. Level of Distress: NAD. Ambulation: ambulating normally.

Neck: Neck: supple. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.

Musculoskeletal: Extremities: no edema.

Skin: Inspection and palpation: no rash.

Procedure Documentation

None recorded.

Assessment / Plan

1. **Ischemic infarction of muscle** - his records area being requested
M62.20: Nontraumatic ischemic infarction of muscle, unspecified site
2. **Essential hypertension** - adequately controlled currently
I10: Essential (primary) hypertension
 - HIGH BLOOD PRESSURE: CARE INSTRUCTIONS
 - LEARNING ABOUT HIGH BLOOD PRESSURE
3. **Asymptomatic human immunodeficiency virus infection** - he will continue USC infectious disease
Z21: Asymptomatic human immunodeficiency virus [HIV] infection status
4. **Diabetes mellitus screening** - his a1c indicates that he does not have diabetes
Z13.1: Encounter for screening for diabetes mellitus
 - HEMOGLOBIN A1C, FINGERSTICK

HEMOGLOBIN A1C, FINGERSTICK

- Result:
 - HBA1C: 5.6%

Return to Office

- DEAN A. FLOYD, MD for Follow Up at Brookland-Cayce Medical Practice on 03/28/2017 at 02:40 PM

Encounter Sign-Off

Encounter signed-off by DEAN A. FLOYD, MD, 01/08/2017.

Encounter performed and documented by DEAN A. FLOYD, MD

Encounter reviewed & signed by DEAN A. FLOYD, MD on 01/08/2017 at 9:39pm

Lab Results

COMPREHENSIVE METABOLIC PANEL 22900 57 05/11/2017 (#2629700, Final,
05/10/2017 3:05pm)

EVANS, ROBERT L (id)

Ordering Provider	DEAN A. FLOYD, MD	Performing Lab	AMICUS HEALTH, LLC 1700 ALTA VISTA DR STE 100 COLUMBIA SC 29223
Specimen/Accession ID	171300396	Specimen Source	Serum
Specimen Coll. Date	05/10/2017 15:05	Result Status	Final
Specimen Rec. Date	05/10/2017 15:05	Report Status	
Specimen Reported Date	05/11/2017 11:27		

Report	Result	Ref. Range	Units	⚠	Status	Lab
NA*	137	136-145	mEq/L		Final	Harvest
K*	4.4	3.5-5.1	mEq/l		Final	Harvest
CL*	106	95-105	mEq/L	High	Final	Harvest
CA*	9.1	8.5-10.4	mg/dl		Final	Harvest
BUN*	12	7-25	mg/dl		Final	Harvest
CREAT*	1.1	0.7-1.3	mg/dl		Final	Harvest
EGFR*	68.10	>60.00	ml/min		Final	Harvest
Normal GFR: >60ml/min Moderately decreased GFR: 30-59ml/min Severely decreased GFR: 15-29ml/min Kidney failure: <15ml/min According to the National Kidney foundation, National Institute of Diabetes and Disease of the Kidney, and American Society of Nephrology.						
AFRICAN AMERICAN EGFR*	82.40	>60.00	ml/min		Final	Harvest
ECO2*	25.00	21.00-32.00	mmol/l		Final	Harvest
GLU*	91	74-100	mg/dL		Final	Harvest
ALB*	3.9	3.4-5.0	g/dL		Final	Harvest
TP*	7.3	6.4-8.2	g/dL		Final	Harvest
ALP*	56	20-125	U/L		Final	Harvest
ALT*	35	9-46	U/L		Final	Harvest
AST*	28	10-35	U/L		Final	Harvest
TBIL*	0.4	0.2-1.0	mg/dL		Final	Harvest
AG*	10.40	8.30-18.70	mEq/L		Final	Harvest
BUN/CREAT*	10.91	9.00-23.00			Final	Harvest
TOTAL GLOBULIN*	3.40	1.50-4.50	mg/dl		Final	Harvest

CK, TOTAL 23250 67 05/11/2017 (#2629668, Final, 05/10/2017 3:05pm)

Ordering Provider	DEAN A. FLOYD, MD	Performing Lab	AMICUS HEALTH, LLC 1700 ALTA VISTA DR STE 100
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COLUMBIA NEPHROLOGY

121 Park Central Drive
Columbia, SC 29203
(803) 252-9907, FAX (803) 252-9906

Patient: Robert Evans
Age/DOB: [redacted]
Chart: 322940
Encounter Date: Jan 4 2017 2:00PM

Reason For Visit

The patient is a 60-year-old African-American male with past medical history of HIV since the year 2000 hypertension for last few years, who was sent for initial nephrology evaluation for acute kidney injury. As per the patient, he has been on many medications for HIV however for over last 1 year he has been on Genovoya and his viral load is undetectable. The patient was also diagnosed hypertension many years ago and has been on lisinopril and hydrochlorothiazide. Over last 1 year patient's clinical course has been complicated by multiple episodes of muscle aches and pains with low-grade CPK elevation and multiple episodes of acute kidney injury necessitating ER visits and admissions. Patient's last creatinine was 1.3 in October of 2016 which prompted this Consult. As per the patient, his CPK is always around 400-1000 however it was around 2700 few months back. The patient did have an episode of acute kidney injury with creatinine peaking at 2.6 which was thought to be secondary to dehydration.

As per the patient, he was seen at Baptist ER on Sunday for muscle aches and pains and creatinine was normal at 1.1. The patient used to do heavy exercise however he has not been doing any heavy exercises for last 1 year. He works as a roofer. Denies taking over the counter herbs or pills or creatine powder. He takes NSAIDs occasionally. Denies any history of cystic renal disease, nephrolithiasis or urinary tract infections. Currently patient denies any diarrhea, nausea, vomiting, muscle aches or pains.

Active Problems

Problems

1. Acute kidney injury (584.9) (N17.9)
2. HTN (hypertension) (401.9) (I10)
3. Rhabdomyolysis (728.88) (M62.82)
4. Visit for laboratory test (V72.60) (Z01.89)

Current Meds

- ii CoQ-10 10 MG CAPS; Take one tab po daily;
Therapy: (Recorded: 04 Jan 2017) to Recorded
- ii Genovoya 150-150-200-10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH
DAILY;
Therapy: (Recorded: 04 Jan 2017) to Recorded

Discussion/Summary

Acute kidney injury - what appears to be secondary to multiple episodes of volume depletion in setting of lisinopril and hydrochlorothiazide use and low levels of CPK elevation. At this time, I have asked the patient to let me know who is his prescriber for HAART and I will try to talk to them as all of the 4HAART medications have the side effect of rhabdomyolysis and CPK elevation. Given that the patient works as a roofer and is prone to volume depletion, at this time I will stop his lisinopril hydrochlorothiazide and start him on Norvasc and metoprolol. Today will repeat a basic metabolic panel, urinalysis, urine protein creatinine ratio. Will check a CPK and a magnesium level. Will also get a renal ultrasound to assess for any stones.

Patient: Robert E. [REDACTED]

Chart: 322940 Encounter: Jan. 4 2017 2:00PM

Hypertension- blood pressure 122/90 today. Changes as above.

Will try to get records from Baptist Hospital regarding his hospitalization.

Follow up on the above labs.

The patient will let us know who is his HIV physician and I will try to talk to them about medication changes. Follow up in 2 months or sooner if needed.

Addendum:

I spoke with Dr. Horvath's (ID physician-803-545-5385) office and left a message to call me back. He called back and he will try to switch his medications if possible and will also get EMG. I appreciate his assistance.

Addendum:

His CPK was very close to normal. I have called Dr. Horvath's office to let them know so that his HAART medications needs no changing unless indicated otherwise.

Assessment

Assessed

1. Never a smoker
2. Acute kidney injury (584.9) (N17.9)
3. Rhabdomyolysis (728.88) (M62.82)
4. HTN (hypertension) (401.9) (I10)

Plan

Health Maintenance

1. Tobacco Use Screening; Status: Complete; Done: 04Jan2017

HTN (hypertension)

2. Start: Amlodipine Besylate 10 MG Oral Tablet (Norvasc); TAKE 1 TABLET DAILY AS DIRECTED
3. Start: Metoprolol Tartrate 25 MG Oral Tablet; TAKE 1/2 TAB BID/DAY

Rhabdomyolysis

4. CREATINE KINASE, TOTAL; Status: Active; Requested for: 04Jan2017;
5. Magnesium (In House); Status: Active; Requested for: 04Jan2017;
6. Protein/ Creat Ratio (In House); Status: Active; Requested for: 04Jan2017;
7. Renal Function Panel (In House); Status: Active; Requested for: 04Jan2017;
8. Renal Ultrasound (Performed in U/S); Status: Active; Requested for: 04Jan2017;
9. Urinalysis Complete (In House); Status: Active; Requested for: 04Jan2017;
10. Follow-up visit in 2 months Outpatient Adult follow-up Status: Complete Done: 04Jan2017

Visit for laboratory test

11. Urine Dipstick (In House); Status: Active; Requested for: 04Jan2017;
12. Urine Dipstick (In House); Status: Canceled;

Unlinked

13. Stop: Lisinopril-Hydrochlorothiazide 10-12.5 MG Oral Tablet

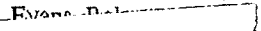
Signatures

Electronically signed by : Manish Kadian, M.D.; Jan 9 2017 1:31PM EST

(Author)

Columbia Nephrology Associates

121 Park Central Drive
Columbia, SC 29203
(803) 252-9907

Patient: Age/Sex/DOI 

EMRN: 322940

OMRN: 322940

Home: (803) 386-4558

Work:

Results

Lab Accession # 170105082017

Ordering Provider: Kadian, Manish

Performing Location:

Collected: 1/4/2017 2:28:00PM

Resulted: 1/4/2017 2:28:00PM

Verified By: Kadian, Manish

Auto Verify: N

CREATINE KINASE, TOTAL

Stage: Final

Quest Accession #: AL198896B

Testing performed at: AT, Quest Diagnostics-Atlanta, 1777 Montreal Circle, Tucker, GA, 30084-6802, Laboratory Director: William Miller

Quest Collection Date/Time: 20170104142800

Quest Results Received Date/Time: 20170106015300

Quest Reported Date/Time: 20170106082500

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
CREATINE KINASE, TOTAL	271	u/l	H 44-196

Columbia Nephrology Associates

121 Park Central Drive
Columbia, SC 29203
(803) 252-9907

Patient: Dennis, Robert

Age/Sex/DOB: _____

EMRN: 322940

OMRN: 322940

Home: (803) 386-4558

Work: _____

Results

Lab Accession # 170104802017
Ordering Provider: Kadian, Manish
Performing Location:

Collected: 1/4/2017 1:50:00PM
Resulted: 1/4/2017 1:50:00PM
Verified By: Kadian, Manish
Auto Verify: N

Protein/ Creat Ratio (In House)

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
Total Protein Urine	6.8	mg/dl	6.0-24.0
Total Protein/ Creat Ratio	45	mg/g creat	20-160
Urine Creatinine Quant	150.02	mg/dl	20.00-370.00

Columbia Nephrology Associates

121 Park Central Drive
Columbia, SC 29203
(803) 252-9907

Patient: Evans, Robert

Age/Sex/DOB:

EMRN: 322940

OMRN: 322940

Home: (803) 386-4558

Work:

Results

Lab Accession # 170104802017
Ordering Provider: Kadian, Manish
Performing Location:

Collected: 1/4/2017 1:50:00PM
Resulted: 1/4/2017 1:50:00PM
Verified By: Kadian, Manish
Auto Verify: N

Urinalysis Complete (In House)

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
Urine Color	Yellow			Straw-Yellow
Urine Clarity	Clear			Clear
Urine Glucose	Negative			Negative
Urine Bilirubin	Negative			Negative
Urine Ketones	Negative			Negative
Urine Specific Gravity	1.015			1.010 - 1.030
Urine Blood	Negative			Negative
Urine pH	5.0			5.0-8.0
Urine Protein	Negative			Negative
Urine Urobilinogen	0.2 E.U./dL			0.0-1.0
Urine Nitrite	Negative			Negative
Urine Leukocyte Esterase	Negative			Negative
Hyaline Casts	None	/LPF		None
WBC	0-5	/HPF	A	none
RBC	None	/HPF		None
Squamous Epithelial Cells	None	/HPF		None
Bacteria	None	/HPF		None
Comment 1	Mucous Strands Present	/HPF		None

Columbia Nephrology Associates

121 Park Central Drive
Columbia, SC 29203
(803) 252-9907

Patient: Evans, Robert

Age/Sex/DOB:

EMRN: 322940

OMRN: 322940

Home: (803) 386-4558

Work:

Results

Lab Accession # 170105072017
Ordering Provider: Kadian, Manish
Performing Location:

Collected: 1/4/2017 2:28:00AM
Resulted: 1/4/2017 2:28:00AM
Verified By: Kadian, Manish
Auto Verify: N

Renal Function Panel (In House)

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
Glucose	84	mg/dl	74-106
BUN	11	mg/dl	7-18
Creatinine Serum	1.09	mg/dl	0.70-1.30
eGFR Non-African	69	mL/min/1.7	
Reference Range > or = 60			
eGFR African American	84	mL/min/1.7	
Reference Range > or = 60			
BUN/Creat Ratio	10	(calc)	6-22
Sodium	142	mmol/L	136-145
Potassium	4.2	mmol/L	3.5-5.1
Chloride	104	mmol/L	98-107
Carbon Dioxide	28	mmol/L	21-32
Calcium	9.0	mg/dl	8.5-10.1
Phosphorus	3.3	mg/dl	2.5-4.9
Albumin	3.9	g/dl	3.4-5.0

Columbia Nephrology Associates

121 Park Central Drive
Columbia, SC 29203
(803) 252-9907

Patient

Age/Sex/DOB

EMRN: 322940

OMRN: 322940

Home: (803) 386-4558

Work:

Results

Lab Accession # 170105072017
Ordering Provider: Kadian, Manish
Performing Location:

Collected: 1/4/2017 2:28:00AM
Resulted: 1/4/2017 2:28:00AM
Verified By: Kadian, Manish
Auto Verify: N

Magnesium (In House)

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
Magnesium	1.9	mg/dl	1.8-2.4

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1608009
Carrier File #:
Carrier Code #:
Employer FEIN #: 67-1026818

Claimant's Name: Robert L. Evans SS: [redacted] Employer's Name: Aqua Seal Manufacturing & Roofing
Address: [redacted] Address: 1114 Walter Price Street
City: Cayce State: SC Zip: 29033
Home Phone: Work Phone:
Preparer's Name: Cheryl Corley Preparer's Phone #: 803 936-0420

Date of Injury: 06/03/2016
month day year

A. Total Wages Paid

- Check Applicable Method:
☐ Report of earnings of injured employee based on four completed quarters.
☒ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).
- List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	3-31-2016	\$ 10,287.12
2nd	6-30-2016	\$ 6,851.41
3rd		\$
4th		\$
		Total Paid 2. \$ 17,138.53

- List total value of other allowances of any character made in lieu of wages during four quarters above. 3. \$
- Add lines 2 and 3. TOTAL WAGES PAID: 4. \$
- List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 22

B. Average Weekly Wage

- To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
AVERAGE WEEKLY WAGE: 6. \$ 779.02

C. Compensation Rate

- The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. \$ 519.37
- The compensation rate is as follows (choose one):
☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
☒ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$ 519.37

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC Form # 20
Rev. Date 3/97

20

STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

_____, M.D. (Print Name)
Taylor at Marion, Columbia, SC 29220 • Telephone # 296-5010
S.C. # _____ DEA # _____ NPI # _____
Patient Name Evans Robert
Address _____ Date 6/8/16
B
Patient may return to work
next Monday 6/13/16 per
Dr. Edwards
RHP RN
☐ unless checked, label with drug name Refill _____ times (No refill unless indicated)
7501000B _____, M.D. _____, M.D.
DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

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S.C. SECOND INJURY FUND QUESTIONNAIRE

For the purposes of fulfilling the requirements of S.C. Code Ann. Section 42-9-400, your employer needs to know if, to the best of your knowledge, you have ever had any of the following conditions:

YES	NO		YES	NO	
☐	☒	1) Epilepsy	☐	☒	(16) Chronic osteomyelitis
☐	☒	2) Diabetes	☐	☒	(17) Ankylosis of joints
☐	☒	3) Cardiac disease	☐	☒	(18) Hyperinsulinism
☐	☒	4) Arthritis	☐	☒	(19) Muscular dystrophy
☐	☒	5) Amputated foot, leg, arm or hand	☐	☒	(20) Arteriosclerosis
☐	☒	6) Loss of sight of one or both eyes or partial loss of uncorrected vision of more than seventy-five percent bilateral	☐	☒	(21) Thrombophlebitis
☐	☒	7) Residual disability from Poliomyelitis	☐	☒	(22) Varicose Veins
☐	☒	8) Cerebral palsy	☐	☒	(23) Heavy metal poisoning
☐	☒	9) Multiple sclerosis	☐	☒	(24) Ionizing radiation injury
☐	☒	10) Parkinson's disease	☐	☒	(25) Compressed air sequelae
☐	☒	11) Cerebral vascular accident	☐	☒	(26) Ruptured disc
☐	☒	12) Tuberculosis	☐	☒	(27) Hodgkins disease
☐	☒	13) Silicosis	☐	☒	(28) Brain damage
☐	☒	14) Psychoneurotic disability following treatment in a recognized medical or mental institution	☐	☒	(29) Deafness
☐	☒	15) Hemophilia	☐	☒	(30) Cancer
			☐	☒	(31) Sickle-cell anemia
			☐	☒	(32) Pulmonary disease
			☐	☒	(33) Mental retardation
			☐	☐	(34) Have you suffered from any other pre-existing disease, condition or impairment which is permanent in nature? (If yes, please explain on back of form.)

ACKNOWLEDGEMENT AND RECORDS RELEASE

I understand this questionnaire is for the purposes of enabling my employer to fulfill the requirements of the South Carolina Second Injury Fund, and it is in no way connected to the Company's decision to hire me. The information provided is not to be used by the Company as a basis of denying me placement within the Company or promotion, to discriminate against me in any way. The information provided is true to the best of my information and belief. In the event of a future work related accident, my employer is authorized to request and review medical records relating to any of the conditions described herein as well as any records maintained by any government agency, my employer, or treatment facility with respect to any personal injuries I have received.

Signed: Robert L. Ewing Date: 07-02-08
(Employee's Signature)

Iness: [Signature]
(Witness Signature)

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

RECEIVED
OCT 02 2018
SC Court of Appeals

Appellate Case No. 2018-000922

Robert L. Evans, Employee Appellant,

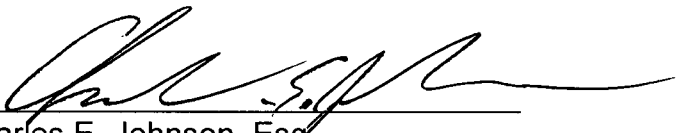
v.

Aqua Seal Manufacturing & Roofing,
and Builders Mutual Insurance Company, ... Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that, pursuant to Rule 210(g), SCACR, the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

October 2, 2018


Charles E. Johnson, Esq.
Post Office Box 12426
Columbia, South Carolina 29211
(803) 256-1964
(803) 254-9123
Bar #: 6474
Attorney for Appellant