THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE APPELLATE PANEL OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. File No. 1408826

Gennette Sowell,

Employee,
Respondent,

v.

Piggly Wiggly,

Employer,

and

Auto Owners Insurance Inc.,

Carrier,
Appellants.

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SC Court of Appeals

RECORD ON APPEAL
VOL. I

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INDEX TO RECORD ON APPEAL

VOLUME I

I. ORDERS **PAGE**

Single Commissioner Order dated 5/16/2017 1

Appellate Panel Order dated 10/17/2017 56

II. PLEADINGS

Form 50 dated 9/26/2014 110

Form 50 dated 7/17/2014 116

Amended Form 50 dated 11/11/2014 123

Form 51 dated 12/11/2014 132

Form 70 dated 4/16/2015 135

Form 70 dated 2/5/2016 136

Form 70 dated 6/9/2016 137

Claimant's Form 58 and APA submissions dated 3/8/2016 and amended 4/15/2016 138

Defendants' Form 58 and APA submissions dated 4/15/2016 and supplemented 4/20/2016 and 6/13/2016 401-500

VOLUME II

II. PLEADINGS (continued)

Defendants' Form 58 and APA submissions dated 4/15/2016 and supplemented 4/20/2016 and 6/13/2016 501-717

III. TRANSCRIPTS

Single Commissioner Hearing Transcript dated 6/22/2016 718

Single Commissioner Hearing Transcript dated 7/21/2016 847

VOLUME III

III. TRANSCRIPTS (continued)

Testimony

Deposition of Dr. Gordon Early....987
Deposition of Dr. Luz Yolanda Mendez....1087

IV. OTHER MATERIALS OR DOCUMENTS

Hearing Notice for 3/23/2016 dated 2/11/2016....1131

Claimant's Letter to the Commissioner dated 3/11/2016....1132

Hearing Notice for 4/25/2016 dated 3/15/2016....1134

Hearing Notice for 6/22/2016 dated 4/27/2016....1135

Claimant's Letter to the Commission dated 4/27/2016....1136

Hearing Notice for 7/21/2016 dated 6/22/2016....1139

Order Instructions of Commissioner James dated 10/20/2016....1140

V. CERTIFICATE OF APPELLANT....1150

Claimant's Letter to the Commissioner dated 3/11/2016 1132

Hearing Notice for 4/25/2016 dated 3/15/2016 1134

Hearing Notice for 6/22/2016 dated 4/27/2016 1135

Claimant's Letter to the Commission dated 4/27/2016 1136

Hearing Notice for 7/21/2016 dated 6/22/2016 1139

Order Instructions of Commissioner James dated 10/20/2016 1140

V. CERTIFICATE OF APPELLANT 1150

ORDER AND AWARD

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1408826

Gennette Sowell,

Employee/Claimant,

v.

Piggly Wiggly,

Employer,

and

Owners Insurance Company,

Carrier,

Defendant(s).

HEARING:	Date: June 22, 2016 Location: Columbia, South Carolina
	Date: July 21, 2016 Location: Columbia, South Carolina
APPEARANCES:	Claimant represented by Preston F. McDaniel, Esquire Gerald Malloy, Esquire
	Defendant(s) represented by Kenya C. Miller, Attorney
PURPOSE OF HEARING:	This matter came before the Commissioner on a Form 50 and 51
COMMISSIONER:	Melody L. James
FILED:	May 16, 2017

STIPULATIONS

The parties at the time of hearing stipulated to jurisdiction and venue and that the Commission File with the exception of self-serving declarations and unstipulated medicals was made a part of the Record.

At the time of the Hearing, after discussion, the parties also resolved the compensation rate and stipulated to an average weekly wage based on combined income of $696.13 with a resulting compensation rate of $464.11.

STATEMENT OF THE CASE

At the time of the hearing, the parties pursuant to the Administrative Procedures Act and the Rules and Regulations of this Commission made reports and records from the following part of the hearing Record:

Carolina Physicians Group, Dr. Rochelle D. Hammett, MD; Dr. Angelo deDios, pulmonology; Chesterfield General Hospital; Dr. Orville Dyce, Hartsville ENT/Black Creek Medical Consultants; Dr. Gordon Early, MD, MPH, Board Certified Medical Toxicology, Board Certified Occupational Medicine, Adjunct Professor and Fellow of the American College of Occupational and Environmental Medicine, MPH in Epidemiology; Dr. Yolanda Mendez, MD, Medical Group, Carolina Physicians Group, Dr. Hammett, Dr. Vaughn, Dr. Ansani, Dr. Karanjeet and Dr. Davis; Dr. Francis Dayrit, Carolina Pines Regional Medical Center/Sleep Diagnostic Center; and Exhibits: Claimant's Application for Supplemental Security Income; Initial

Disability Claim; Claimant's 2014 and 2015 tax records; DHEC records; and OSHA records. In addition to the records submitted pursuant to the Administrative Procedures Act and the Exhibits, the depositions of Dr. Gordon Early, MD and Dr. Luz Yolanda Mendez, MD were submitted into the Record. By agreement, pp. 370-394 were removed as having been accidentally submitted after the agreement that these Records would not be submitted.

After this matter was reset for hearing several times to allow for the Defendants to take the depositions of Dr. Mendez and Dr. Gordon Early, this matter resulted in two hearings at which testimony was taken from various witnesses including testimony from the Claimant, Ms. Gennette Sowell, Ms. Amy Edwards, Ms. Gennette James, Ms. Flora Bell Ishmell, Ms. Marie Still, Ms. Mary Cynthia Quick, Dr. Robert Bennett, Ph.D. and rebuttal testimony from Ms. Gennette Sowell and Mr. Oliver Herrington.

In the Claimant's claim for benefits, the Claimant pled settlement to benefits based on injury by accident, repetitive trauma and/or occupational disease and at the hearing, the Claimant took the position that the Claimant suffers from, as diagnosed by her physicians, occupational asthma; that her occupational asthma resulted from her exposure on the job; and that her condition is best described as an occupational disease and/or as repetitive inhalation trauma injuries due to repeated inhalations on the job. The Defendants deny that the Claimant

has sustained either injury by accident, occupational disease and/or repetitive trauma inhalation injury and have raised affirmative defenses in reference to notice and the Statute of Limitations in reference to all three bases of a claim for benefits.

Based upon a review of the testimony and evidence, Ms. Gennette Sowell had worked as the deli manager for over ten years prior to the Spring of 2011. In the deli department which is next to the meat department, the deli is charged with the responsibility of food production for sale to the public including the preparation of raw fruits, vegetables and meat, fish and poultry products; cooking and preparing those products including the cooking of meat, chicken, fish (seafood) and pork for sale to the public; the sale of the finished cooked prepared products to the public; and the cleanup and disposable of all raw and prepared products prior to, during and after the preparation and sale process. Ms. Sowell and the deli staff used both oils and other cooking products and all types of spices and liquids in the cooking and preparation of the food products for sale and in the cleanup of all cooking utensils and all food preparation equipment which constantly throughout each day numerous cleaning, degreasing and sanitation products necessary to properly wash, cleanup, de-sanitize and sterilize all of the equipment used in the preparation, cooking and sale of the deli items.

Prior to the Spring of 2011, there is no evidence of any

problem on behalf of Ms. Sowell with either asthma, chronic bronchitis, allergies or any other type of respiratory or allergic or immune-type system problem. In the Spring of 2011, several months before June of 2011 when Ms. Sowell was admitted to Chesterfield General Hospital, the deli department developed an extreme problem involving constant and repetitive backup of the sewage drains into the deli department wherein throughout the day the sewage and waste water would backup through the drains resulting in inches deep waste disposal water containing all the cooked and uncooked products along with the various chemicals and cleaning products that had been used in the preparation, cooking and cleanup of the deli. The deli staff was required almost constantly on a daily basis to clean up this waste water so they could safely sell the products to the public. After describing the raw vegetables and meats which were cooked and then prepared for sale to the public which Ms. Sowell described as including chicken, beef, pork, seafood, bacon, ham, sausage, salmon and then other products and vegetables such as green beans, collard greens, lima beans, rice and grits, Ms. Sowell described the situation that developed with the daily backup of the sewer and waste water containing the cleaning products and all types of fungus, mold, bacteria and waste products from both cooked and uncooked vegetable and meat, fish and poultry products as follows:

"All the food that went down the drain was coming back

up in the floor. All the grease was coming back up in the floor. It had a very nasty stink to it. The grease would run all over the floor. As big as the deli was, it would cover the whole back floor and everything, and we had to - - we had only one drain that we could sweep it in, which was a drain that was not supposed to be swept in, but to keep it clean and to be able to serve food there, we had to sweep it in that drain to keep the floor from being you know, all messed up, which in fact at that time, if the Health Department would have came in, he would have shut them down. Actually, we should have been shut down through all this stuff there was down there, but trying to keep everybody working and keep your job going, we did the best that we could.

Question: Alright. And you would clean it up, I mean, every day?

Answer: Yea.

Question: When you would come in in the morning, what would happen?

Answer: The water would already be on the floor in the morning time...

Answer: Backed up some food particles and stuff ...

Question: Waste?

Answer: It was a lot of everything. If it was water, we probably could deal with it, but it was a lot of goop, grease, food particles." (Tr. p. 32, l. 3 - p. 33, l. 20.)

After testifying that she had never had any health problems and was in good health except for a slight problem with high blood pressure prior to this and having never been treated for chronic bronchitis or any type of asthma or any type of allergies

or for any type of respiratory problems by June, 2011 at the time she was admitted to Chesterfield Hospital on June 3rd her throat was constantly scratchy until she had gotten to where she could hardly breathe. She tried taking Mucinex and some other medications to see if she could clear her breathing but it became so bad that she had to go to the emergency room on June 3rd. The records from Dr. Rochelle Hammett and Chesterfield General Hospital confirm Ms. Sowell's testimony that she was admitted with acute severe bronchitis on June 3rd; that she was given multiple medications; and an IV to bring her pulmonary condition under control. She was discharged home to follow-up with her primary care physician and she then returned to work. On June 11th, less than eight days later, she had to return to the hospital and on this occasion was admitted having failed outpatient therapy and was admitted with a diagnosis of bronchitis and bronchospasm. This time she was treated with intravenous steroids, antibiotics and frequent Albuterol and Atrovent unit dose nebulization treatments. After discharge, she was to return to see her primary care physician after which she began treatment with Dr. Rochelle Hammett. From that point forward, the medical records establish an ever-increasing level and frequency of care with Dr. Hammett from June, 2011 through January, 2014.

Between 2011 and 2014, the records of Dr. Hammett record that ever-increasing level of treatment including first

medications, including antibiotics, and then steroids and increasing to inhaled inhalers such as Flovent, and then shots and steroids; and then nebulizer treatments and then a home nebulizer machine and eventually trips from her doctor to the emergency room and the hospital.

Between June of 2011 and December of 2013, the medical records establish numerous different and conflicting diagnoses for Ms. Sowell's condition including being diagnosed on sequential visits with Dr. Hammett with: acute bronchitis, resolving bronchitis, recurrent bronchitis, heart palpitations and rhinitis, recurrent bronchitis with mediastinal or perihilar lymphadenopathy, acute bronchitis on top of chronic bronchitis, status asthmaticus asthma versus sarcoidosis (differential), hospitalization for wheezing and cough, (2012), congested cough, rhinitis, asthma versus sarcoidosis, obstructive/restrictive lung disease or combination of both, asthma with acute bronchitis, acute sinusitis and chronic obstructive pulmonary disease - severe asthma.

According to the testimony of Ms. Sowell which is confirmed by the medical records, the first doctor to use the term asthma was the emergency room doctor in December of 2011 at which time he told her that she was suffering from an exacerbation of asthma and that she should avoid exposure to chemicals because that could exacerbate her asthmatic symptoms. Following that,

however, Dr. Rochelle Hammett continued to interchange the diagnoses and continued to change the diagnoses and then in December of 2012, she referred Ms. Sowell to Dr. Dayrit who in his notes entertained the diagnosis of occupational asthma versus hypersensitivity pneumonitis but then he left practice shortly thereafter in March, 2013 and in his last note continued a diagnosis of just asthma. According to Ms. Sowell, Dr. Dayrit told her that he thought she had asthma. According to Ms. Sowell, throughout 2013, because of a continuing relationship between her condition getting worse when she was at work, Dr. Rochelle Hammett began to think more and more that her condition may be being exacerbated by her work. Finally, in November of 2013, Dr. Hammett determined that Ms. Sowell's condition was being caused by her work environment and in November told her that she needed to get out of her work environment.

Ms. Sowell testified that in November she discussed this with Ms. Quick and that she had told Dr. Hammett and Ms. Quick at that time that she wanted to try to make it through December so that it would not put additional pressure on the store and the deli staff.

The records of Dr. deDios and Dr. Hammett in January, 2014 and the testimony of Ms. Sowell confirms that after she got

though Christmas on January 7th, 2014 Dr. deDios took her out of work.

Ms. Sowell testified that in January when she was referred by Dr. Hammett to Dr. deDios, her treating pulmonologist. Dr. deDios told her at that time that, "I'm going to take you out of work and if it is related to your job, your condition should improve." When she returned several weeks later, her condition had improved somewhat from a symptomatic standpoint and Dr. deDios advised her that in his opinion, this confirmed her condition was being caused by her job.

The records of Dr. deDios confirm this wherein in his treatment note of February 4th, 2014, under "Assessment" and after a diagnosis of asthma, Dr. deDios records,

> "patient is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making her worse."

Dr. deDios subsequently changed that to a diagnosis specifically of occupational asthma.

In reference to how her condition changed after June, 2011 and as of January, 2014, Ms. Sowell testified that in 2012 and 2013, she continued to have an ever-increasing heightened level of care but no matter what she did, her condition continued to worsen and worsen and worsen. She and Dr. Hammett throughout 2013 in particular, more and more determined that not only was

her condition being exacerbated but that the cause of her problems were associated with her work environment. During 2013, according to her testimony, she began to notice that when she would come into work in the mornings and particularly when they were cleaning the deli and meat departments with the chemicals used to clean those departments, she would become short of breath. She also noticed that whenever she would be around frying foods that it would exacerbate her condition and she noticed more and more as the day went along and the more and more she was exposed to the normal working conditions during this time that her condition would get worse and worse.

The first time that she was told by a doctor that her condition was being, not only exacerbated or her symptoms were being exacerbated by her work, but that her work was actually causing her condition was in November of 2013 in her discussion with Dr. Hammett. She immediately reported this to Ms. Quick and Ms. Quick confirmed that the first time to her knowledge that Ms. Sowell brought to her attention that her work was actually causing her problems, was in November of 2013. (7/21/16 Tr. p.24, ll. 6-23). Ms. Quick was notified in 2014 of a work-related condition after Dr. deDios informed Ms. Sowell in February according to his records that in his opinion, her condition was work-related. Immediately after that, Ms. Sowell inquired as to whether or not she could file a workers' compensation claim and Ms. Quick filed a 12-A on March 25, 2014.

According to her testimony, Ms. Sowell's condition deteriorated during the course of her employment, particularly in 2013 even with the high level of treatment to where she became more and more fatigued, could not do the pushing, pulling, lifting and the other physical requirements of her job including just simply having no stamina to complete a full day of just managing the deli and doing any of the other work required tasks. During this time all of the employees were pitching in to assist her in doing the physical part of her job in reference to the preparing and production of the food items for sale to the public and as to the cleaning. She testified that she began wearing a mask after being advised that that would help by avoiding the strong chemicals but that the dust mask that she was using, to the knowledge of her employer, began to work less and less and eventually in the Fall of 2013 it was not working at all.

In addition to her work at the deli, Ms. Sowell ran a side catering business but up until she left Piggly Wiggly in 2014, she would purchase all of the cooked meats for that business from her store. Because of her condition and the deterioration of her condition in 2012 and 2013, her daughter took over the actual operation of that side catering business and Ms. Sowell actually had to hire one of her other relatives (who testified) to do all of the normal activities of daily living including cleaning, dusting, vacuuming and other activities around the house because exposure to any types of chemicals or dust would cause an

exacerbation of her condition; as well as, even a one-time exposure to simply carrying out the garbage or being exposed to any type of a dusty environment. She would do none of the cooking for the catering and actually had a separate kitchen area outside in another building where her daughter, if there was any frying or cooking of food that needed to be done, would do that frying and cooking. Ms. Sowell had to avoid that completely because it would cause an exacerbation. These exacerbations got worse to the extent, according to the medical records as of the time that she left work on January 6, 2014, and were to such a point that Dr. deDios had to give her an EpiPen to prevent a life-threatening situation which could occur if she was exposed to any of the items as mentioned in reference to her exposures at work or to these minor exposures to any types of chemicals and/or cooking processes, oils, smoke or fumes as described in the testimony.

As confirmed by the other witnesses, in November of 2013 when she was first told that she probably needed to go out of work, her condition was so bad that she could hardly walk. She was helped with all of her work activities by her fellow employees. At work, she avoided contact with any of the chemicals or any of the cleaning and when she would simply walk to the back room, she would become very short of breath and when she would walk out to her car after work, she would have to sit for five minutes to catch her breath.

She testified in reference to her current condition that the catering business is completely run by her daughter and if there is any food preparation, and particularly if there is any type of frying, that it has to be done in a separate facility outside of the house where they have the kitchen. Her daughter mows the grass at her home and she will many times leave when she is mowing the grass and her sister does all of her housework and cleaning. If her sister is using any type of chemicals, Ms. Sowell will leave the house or she will go into a completely other area of the house until the cleaning is finished. Her sister does all of the housework including all of the vacuuming. If she gets around any type of raw meat, fish or poultry products, she will become extremely short of breath and have a reaction. For example, when she still goes to the grocery store, usually at Piggly Wiggly, and tries to buy products for the catering business, she avoids the meat department because when she gets around the meats, she begins to have an attack. If she is around someone with strong perfume or some type of chemicals in the air such as an air freshener, she will have an attack and begins to cough and loses her breath. She has no stamina. Her sister and her daughter regularly take out the trash but on occasions when she will take it out and when she gets near the odor of the trash in the trash drum, she has reactions and tries to avoid even that.

Ms. Sowell testified that she loved her job and would love

nothing more than to be able to go back to doing the work at Piggly Wiggly. She testified that she has a ninth grade education, dropped out in the tenth and that based on her knowledge of her condition that there was no job that she could do eight hours a day, five days a week although she would love to. She testified that Ms. Quick had advised her that she could not come back to work unless she was 100% and that none of her doctors were agreeable to release her to go back to work. She testified that she had a disability policy through work and that Piggly Wiggly and Ms. Quick assisted her in getting through the process and obtaining her disability. At no time after she left Piggly Wiggly has Piggly Wiggly ever offered her a job in any capacity and they have never procured her a job nor have they ever assigned anyone to assist her in obtaining a job. Also they knew that she was applying for Social Security disability and never challenged her disability in reference to her disability policy.

On cross-examination, she reaffirmed that no physician had ever told her that she needed to quit work, find another job and/or leave the work she was doing as the deli manager prior to November of 2013. She reaffirmed that in November of 2013 at the November 21st visit that she and Dr. Hammett discussed the "possibility" that her job was actually causing her asthma and that she needed to come out of work to see if that was in fact the cause. She asked to wait until after Christmas and this is

confirmed by Dr. Hammett's January 9th, 2014 note which states, "She's ready to be taken out of work". (APA P. 3). The medical records and the testimony of the Claimant, confirmed again on cross-examination that in January, 2014, she returned to Dr. deDios and Dr. Hammett and was taken out of work. After being out of work, her condition did in fact improve and at that time, the doctors advised her that her job was at least causing the exacerbation of her asthma with which she had been diagnosed at that point.

During cross-examination she confirmed that it was only after January, 2014 when her doctors confirmed that in their opinion her work was at least causing her asthma exacerbations and when she applied for Social Security disability and was discussing this, did she come to understand that she could possibly apply for workers' compensation. She did not know that Ms. Quick, who was aware of her condition and aware of it possibly being work-related, was the one that should have assisted her in filing for workers' compensation. Only after the suggestion was made to her which she believed came from a Social Security disability representative who advised her that this was work-related according to the doctors, did she seek out an attorney and apply for workers' compensation.

She also confirmed during cross-examination she basically no

longer drives because of the fear of having an attack because on one occasion while driving she had passed out; that she avoids restaurants because of the smell and fear of an attack; that she goes to church and on occasion will go out to the kitchen where her daughter does the cooking but does that rarely; that she may cook an egg or something minor like that such as fix a sandwich but she does not cook with spices or get around any type of frying.

Ms. Edwards, the Claimant's daughter, testified that she now runs the catering business and for years that the only thing her mother has done in the catering business and does at this time is to take orders and go to the grocery store. She confirmed her mother's testimony as to her condition in that even being around raw meats and the smell of raw meats causes her to have a reaction. She avoids smells and that any type of smell even minor such as exposure to household cleaners, strong odors or smells of any type such as perfumes, etc. will result in a reaction. She was with her mother the day that this hearing was scheduled for the Hartsville City Hall wherein they use automatic air fresheners which resulted in a reaction requiring her mother to go outside and take medications, that she could hardly breathe and could not catch her breath just due to this exposure to this automatic air freshener in the air. At any time in reference to

the catering business, her mother does not even carry the fried chicken or vegetables due to fatigue but more importantly due to the possibility of a reaction of being around the fried chicken, for example. She tries to avoid crowds. She also confirmed that all of the meats, and for example the fried chicken used in catering, prior to 2013 were being purchased by her mother through Piggly Wiggly and it was only after she became involved that they began to prepare much of the food in the separate kitchen outside and away from her mother's home. Her aunt does all of the clean-up of her mother's home, for the catering business and in and around the separate kitchen. She re-affirmed her mother's testimony in reference to that she or her aunt drives most of the time and only occasionally does her mother drive and then only to the grocery store.

Her other daughter, Ms. Gennette James, testified that she does most of the driving for her mother if she is driving any type of distance and that her sister and her aunt do any of the other driving. She reaffirmed the Claimant's testimony concerning avoiding restaurants and that exposure to even minor smells and odors would cause a reaction. She gave as an example, one occasion where her mother took the trash to the dumpster and after that she could hardly breathe and had to take medication. She also testified, that any exposure to strong perfumes or perfumes in a store causes an attack and as an example, when they would go to the mall that she would have to avoid going by Bath

and Bodyworks. She also confirmed that she avoids trying to be around any type of fried chicken and fried foods and that the very nature of any such smell as that would cause a reaction. She also confirmed that just walking for any distance whatsoever would cause her mother to become extremely short of breath.

Ms. Mary Quick testified on behalf of the Employer and confirmed that she was a store manager and that Ms. Sowell was the deli manager and described Ms. Sowell's job and the general operation of the deli in reference to the foods that were prepared for sale to the public.

More importantly, she confirmed that in 2011, they developed a problem with the drains clogging and they were continually getting clogged at that time and that they would have to call a plumber and that they would again clog and that this happened time and time again. She testified that the employees would clean up the water; that to her knowledge it was never several inches deep but that there would be a pool of water that would mainly be around the drains and it would still be there in the mornings even after they had mopped and pushed the water to another open drain. Again, she testified that this happened over and over and over again and that they spent a pile of money on plumbers and they finally had a plumber come in from Sumter and

that to her knowledge they finally found out that it had something to do with the line in the back being broken requiring him to dig up the cement and change out pipes and stuff.

In 2012 and 2013 she testified that she did not remember any specific references to Ms. Sowell's condition being due to work or any discussions of that nature but that in January of 2014, Ms. Sowell did come to her and advised her that her doctors were taking her out of work. To her knowledge, the first time workers' compensation was mentioned was when she came to her in March and requested her to fill out a workers' compensation form at which time she advised Ms. Sowell did not know how to do that since she did not know the date of accident. She completed the form 12-A on March 25, 2014. She confirmed that Ms. Sowell was a good deli manager and good employee.

On cross-examination Ms. Quick confirmed that she did have a discussion with Ms. Sowell in the hospital in June of 2011 and advised her that they had gotten the drains fixed. She confirmed that after January, 2014 that she did in fact assist Ms. Sowell in applying for short-term and long-term disability and therefore knew that she was claiming that she was disabled. She admitted that Ms. Sowell would bring and had brought work excuses to her after June, 2011 and through January, 2014 but remembered no discussion specifically about the cause of her being out of work. She admitted on cross-examination, however that she knew in January of 2014 that she was being taken out of work due to her

lungs and she then admitted that throughout 2012, 2013 and prior to January of 2014 that she was having a hard time catching her breath and that this was the significant problem that she was having. Ms. Quick then finally admitted that she knew Ms. Sowell was having a breathing problem. She also confirmed that in January, 2014, the doctor was taking her out of work due to her lungs; that she wanted her to be out of work for at least three months at that time and that they were trying to figure out what was going on. She then confirmed on further cross-examination that in fact she had had a discussion in November, 2013 with Ms. Sowell wherein they discussed that the doctors wanted her to go out of work and she then agreed that it was in that specific discussion in November that Ms. Sowell advised her and that they discussed the fact that she was going to try to make it through the Christmas holidays and then Ms. Sowell would go out of work pursuant to the instructions of her doctor. Ms. Quick specifically confirmed that Ms. Sowell had asked her doctors if she could wait until January so she could get through the Christmas holidays to help the store. Again, she confirmed that the reason Ms. Sowell was going out in January was the doctors wanted to take her out of work so that they could figure out what was going on with her lungs. She reaffirmed her testimony that between 2011 and November, 2013 that she had absolutely no information given to her by Ms. Sowell nor anyone, such as a fellow employee, that she was aware of that Ms. Sowell's problems

may be coming from her work environment and/or the chemicals that were used in the course of her employment.

On further cross-examination, she agreed that the waste water at the time that it became a problem in the Spring of 2011 would contain raw and cooked vegetables, raw and cooked chicken, meats and fish and all of the assorted cooking oils, grease, flour and all of the spices and condiments that are required to prepare the food products for sale in addition to all of the cleaning chemicals and chemicals used to try to stop the backup. She also confirmed during cross-examination that she was the store manager and spent most of her time at the front and that it was the deli manager's job to oversee the deli and that her observations as to the amount of waste water on the floor was directly related to and limited to the occasions when she would walk back to the area. She also confirmed that it was her belief and recollection that it was not until around 2012 that the problem with the drain was finally fixed. She also confirmed that she did remember that she had been given a period of 14-days on at least one occasion to get the situation with the drains corrected but that the Health Department had never pulled their A-rating. She denied that Ms. Sowell's fellow employees were coming to her reporting that they were having to help Ms. Sowell

more and more and/or were concerned over her condition or that it was deteriorating. Ms. Quick further confirmed that Ms. Sowell was in good health prior to 2011 and that it was after the drain problem developed in early 2011 and her hospitalization in June of 2011, that Ms. Sowell began to bring repeated work excuses and was having to go to doctors. As Ms. Quick put it, it was after 2011 that, "to my recollection, yea, that's when she started getting sicker, yes."

Dr. Robert Bennett, Ph.D. testified that he was a forensic toxicologist and not a medical doctor and testified that he had given testimony in all courts in reference to toxicological issues, mainly involving criminal related cases and pharmaceutical related cases involving DUI and drugs and that he had done a good bit of work in the area of DNA. He affirmed that he had done probably about a half dozen cases involving food poisoning and/or mold infiltration or other type bacterial infections. He then confirmed that he was not a medical doctor nor had any background or experience in occupational medicine. Over objection that he was not a medical doctor and that the issues before the Commission were and the questions being asked were concerning medical causation, Dr. Bennett was allowed to testify as to the toxicological affects and from a toxicological standpoint as to the MSDS sheets, the chemicals and the other triggering/causative agents involved. He went over the various chemicals that he knew to be involved and expressed the opinions

that these chemicals do vaporize; that they are generally used by the public in general as well as being used in an industrial setting and testified that it is possible that the chemicals could irritate the lungs and result in the causation of a chemical irritant-type asthma. He testified in reference to several of the chemicals and specifically the compound "Mr. Muscle" that it should not be mixed or used with ammonia, bleach or other chlorinated compounds but that from reading the records provided to him that it was apparently used in combination with such compounds. He noted also that several of the MSDS sheet products being used were in concentrated form and that these were clearly supposed to be diluted.

Importantly, he confirmed during examination cross-examination that based on his review of the records, Ms. Sowell was suffering from adult onset asthma and he specifically agreed that at her age of 60 and in reference to adult onset asthma, there is usually a triggering factor that causes the asthma to become symptomatic. He affirmed that one of those causes could be exposures to chemicals at Piggly Wiggly. He affirmed that he is familiar with occupational asthma in the settings and occupations of meat cutter, farm workers and food productions workers and that there is an extensive list of occupations published by the National Institute of Health in reference to occupational asthma and the types of occupations wherein you can most likely develop that condition from your job. He confirmed

that a lot of those occupations involve and the development of occupational asthma are in reference to raw vegetables, meats and fish and that all of those were in use in the deli area and that the blood and various fluids from the cooked and byproducts and all of the rotting and mold and other fungi were in the waste water that went down into the drains which were backing up and that the backup of waste water would include all of the chemicals used for cleanup and to stop the backup. He also agreed that based on his review of the records that while you are not supposed to mix bleach and Mr. Muscle, that was in fact being done. He agreed that the chemicals and other items discussed in reference to the work environment could be corrosive to the lungs and could cause health problems from inhalation and absorption including asthma. He testified that whether or not these chemicals would cause, for example, the asthma which Ms. Sowell has, would be directly related to dosage and that a person working in and around on a daily basis, those chemicals and byproducts and the raw and cooked vegetables and meats and the chemicals used to unclog the drains would have a higher exposure and that the question of whether or not her asthma stemmed from her exposure would be directly related to the dosage from her exposure. He stated the opinion that if you could actually see the fumes that that would indicate a high concentration of fumes that a person should avoid. It was his opinion, as a toxicologist, that his main concern was the bleach to which she

was exposed and that her exposure to bleach potentially, "could exacerbate her asthmatic condition".

Ms. Gennette Sowell was called in rebuttal and testified that she and Ms. Quick in November, 2013 talked about the fact that her doctor, Dr. Hammett, thought that the store was making her sick and that they had an extensive discussion about how after the discussion with her doctor at that time that in retrospect she had noticed that when she would enter the building and she would get around certain things that her condition would get worse. For example, with buffing or cleaning the floors or cleaning the kitchen. She stated definitively to Ms. Quick that her doctors were taking her out of work or wanted her to go out of work, (which they agreed she would do after the Christmas holidays) to try to find out what was going on and causing her lung/breathing problems but again they discussed that Dr. Hammett had specifically said that she was, "thinking," that it was the store that was making her sick. She then confirmed that when she took Ms. Quick the out of work statement from Dr. deDios, her treating pulmonologist, that she advised Ms. Quick that he had said that he thought the store was making her sick. She confirmed that she has never had a wood-burning stove; that she bought all the meat products, particularly the cooked products out of the Piggly Wiggly before she went out of work. She also confirmed that Ms. Quick rarely came back to the deli department and that the water would regularly get up onto their shoes and

she would describe it as somewhere between 1" to 1.5" deep. She also reaffirmed that prior to November of 2013 that no doctor at any time had ever told her that it was not okay for her to continue working at Piggly Wiggly or that she needed to come out of that work.

Mr. Oliver Herrington, a fellow employee, was called on rebuttal and described the severe backup problem with the drains in the deli and kitchen area in the Spring of 2011. He did maintenance for the store and when the drains were backing up, he would try to unclog the drains and they would call the plumber and then it would back up again. They were constantly cleaning up and calling the plumber. He confirmed that Ms. Sowell began to get sicker and sicker, that everyone knew it and that he had had several discussions with Ms. Quick about the fact that Ms. Sowell was getting sicker and sicker. He also confirmed that everyone knew that Ms. Sowell was trying to avoid the chemicals; that he tried to prevent her from being around those after this whole thing started; and that in 2012 and 2013 everyone knew that she was wearing a mask to try to avoid exposure to the chemicals and would try to avoid being around those when those were being used. He specifically had several conversations with Ms. Quick in reference to Ms. Sowell, her condition and the fact that she was getting worse. In reference to Ms. Quick's testimony wherein she denied that anyone talked to her about Ms. Sowell; that she really did not know about Ms. Sowell's condition getting worse;

and the fact that Ms. Sowell was wearing a mask at work, Mr. Herrington testified as follow:

> " ... now, when she - when she started wearing that mask over her face, I know it was getting kind of worse. Ok. So, it - only she wore it and you and I wore it, but it didn't bother me. Now, it might have bothering me, but I really didn't know it. But at her age, she couldn't stand it and then I would go back up there to the front. I told Ms. Quick, I said "I don't - I think you should send her to the house and let her get her breathing okay," and then she would come back and work like three or four days, half - like half. She would work like a half a day. She started getting sick again. But you got all of that fumes back there and then you're trying to cook and whatever, it won't hold, and that's what I ...
>
> Now, I told her, I said "now, Ms. Gennette's sick, Ms. Quick, but you need to go back there and talk to her or either tell her what to do or whatever or go to the doctor or whatever." Now, what she talked to Ms. Gennette about, I really don't know. But anyway, I told her to go back there and talk to Ms. Gennette to see her." (7/21/16 Tr. p. 132, ll. 2-17; l. 21 - p. 133, l.2).

In addition to the testimony and evidence, the Claimant's treating physician, Dr. Rochelle Hammett, in September of 2014, stated that Ms. Sowell was and had been under her care for what had been diagnosed ultimately as occupational asthma. She makes it clear in that report that she had noticed during treatment that while Ms. Sowell was not working that her symptoms would improve and that when she would return to employment that she would return to her office for an exacerbation. That report confirms that subsequent to January of 2014 and after Ms. Sowell had gone out of work and due to her treatment and her experience from 2011 through 2014 and after consultation with the

pulmonologist, Dr. deDios, that she had only then made the medical diagnosis of occupational asthma. The report of September, 2014 is the first definitive diagnosis of occupational asthma stemming from her work environment by Dr. Hammett. She also stated the opinion that she had taken Ms. Sowell out of work in January of 2014 and that she continued out of work at that time. Dr. Yolanda Mendez who took over as Ms. Gennette Sowell's family doctor, after Dr. Hammett left the practice, expressed the opinion both in her deposition and in a report that Ms. Sowell was disabled from gainful employment in a full-time occupation due particularly to her occupational asthma and that her condition was permanent.

Dr. Angelo deDios, Ms. Sowell's treating pulmonologist, based on his knowledge of the development of the severe drainage backup problem in 2011; her hospitalization in June of 2011 and a review of those and his medical records, including the fact that prior to June of 2011 she had lived in the same house for 25 years; had no exposure to cats, dogs or birds; that there was no problem known in her home with mold; and that she had absolutely no past history of treatment for asthma, allergies and/or bronchitis or any other pulmonary, cardiac, renal, neurological or gastrointestinal disease; that she did not smoke nor had she ever been a smoker; and that based on his treatment of her, it was his diagnosis and opinion that she was suffering from occupational asthma and/or asthma that was triggered and caused

to become symptomatic by her repeated exposure in her job beginning with the period of extreme repeated daily and unusual and extraordinary exposure during the two to three month period prior to June of 2011. It was his opinion that her continued and repeated exposure to these offending agents in her job thereafter continually triggered her condition causing an ever-increasing hypersensitivity and severity of the condition. A review of his medical records and notes following his visit and at the time of his visit on January 7, 2014, confirms that it was his opinion that her work environment was making her asthma worse. In his visit on February 4th, 2014, he confirmed that after being out of work several weeks that the patient's condition was significantly improved after being out of work; that her asthma was better and that, "clearly, her work environment was making her worse". His diagnosis of occupational asthma first appears in an addendum to his reports of October 17, 2014 wherein he diagnosed Ms. Sowell with work-related asthma, specifically work-exacerbated asthma.

Dr. Gordon Early, board certified in medical toxicology, occupational medicine and a Fellow of the American College of Occupational and Environmental Medicine and a Masters of Public Health in Epidemiology, stated the opinion to a reasonable degree

of medical certainty that, in his opinion, Ms. Sowell developed occupational asthma due to her exposures in Piggly Wiggly which were triggered in 2010 and 2011 by the continual repeated sewage/waste water drainage backups and continuing there afterwards and was due specifically to the exposure to all of the chemicals and the raw, processed, cooked and decaying organic materials to which she was exposed between 2011 and 2014 when she left work. Dr. Early reaffirmed those opinions in his deposition as set out in the Findings of Fact.

Both the testimony of Ms. Sowell and the medical records establish that at this time and ever since 2014 just to be able to maintain her current condition as described herein, she is taking or is having injected at least 14 different types of medication including inhalers, rescue inhalers, nebulizers, asthmatic medications and all types steroids. She is having injections of Xolair which has to be flown in every other week and in addition Dr. Dayrit, her asthma and allergy specialist, gives her two other injections every week. Again, this level of medical care is needed just to be able to maintain her current condition, limited as it is.

Wherefore based upon a review of the testimony and evidence submitted, it is the finding of this Commissioner that the Claimant has established by a preponderance of the evidence that she suffers from occupational asthma which is directly due to her repetitive trauma exposure in the workplace culminating with her

last exposure in the workplace on or about January 6, 2014. The Claimant is totally disabled and in the opinion of her doctors and under the findings of this Commissioner her condition is permanent and she is entitled to an Award for total and permanent disability from January 6, 2014 and continuing at the weekly compensation rate of $464.11 for a period of 500 weeks. The Claimant is entitled to all causally related medical care beginning as of January 6, 2014 and thereafter for treatment of her occupational asthma and all associated medical problems related thereto for the remainder of her life. Wherefore, I have made the followings of salient fact:

FINDINGS OF FACT

1. The Claimant has pled an injury by accident, repetitive injury, and/or an occupational disease due to exposure to chemicals and other inhaled properties at work.

2. There is no indication in the Record that there was an acute incident although there was a period of repeated severe levels of exposure as setout below.

3. The Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment.

4. The Claimant was ultimately diagnosed with work related asthma/occupational asthma.

5. The Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up. This was ultimately determined to be due to a pipe being broken and stopping up. After this problem occurred repeatedly overnight, and at other times throughout the day, the Claimant and her co-workers would come into the deli in the morning to standing water. The co-worker(s) would then clean up the sewage water and put various chemicals into the drains to try and unclog them. (This is pursuant to all testimony, including the store manager (Ms. Quick), the Claimant, and a fellow employee whose duties included maintenance (Mr. Harrington), who put many of the chemicals in the drains.) (while there is disagreement as to the amount of waste water involved, the record is clear that there was a substantial amount of standing waste water.)

6. The conditions of the drains were evaluated repeatedly by plumbers, who would snake the drain. The date of the final discovery of the cause of the backup is not in the Record, but the store manager (Ms. Quick) believed that it might have been fixed permanently sometime in 2012. (July Transcript at 33)

7. During the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant went to the

hospital on June 11, 2011, and was admitted. The diagnosis was bronchitis. (C93)

8. After her hospitalization, the Claimant saw Dr. Vaughn for a couple of visits, and then became a patient of Dr. Hammett.

9. Throughout the course of Dr. Hammett's records as set out in the Statement of the Case and below her diagnosis varied. On December 6, 2011, she states that the Claimant has acute chronic bronchitis. (C70) See also Findings below 10-.

10. The Claimant was sent to the hospital on December 22, 2011 by Dr. Hammett and during her admission there, a chemical exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. (C175) December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus (C68) and Acute Asthma Exacerbation (C175).

11. Even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition. Within a few days of her release from the hospital (December 27, 2011), her records state that she carries a diagnosis of asthma, "but may actually have sarcoidosis which is in the differential.". (C64; D258). She indicated that there was a pulmonary referral.

12. On February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis." (C53; D263)

13. On March 6, 2012 the Claimant sees Dr. Dyce for her allergies for the first time. (C203). There is no mention of a work relationship in that record.

14. Later, Dr. Hammett's records indicate chronic bronchitis on August 8, 2012 (C43), and COPD exacerbation on September 9, 2012. (C40)

15. The Claimant presents again to the hospital on November 12, 2012, and indicates to the provider that she thinks that at work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking. (D233). She does indicate that she is bothered greatly by the fumes at work.

16. However, the records of Dr. Hammett still do not appear to contain a consistent diagnosis or definitive cause. On November 19, 2012, Dr. Hammett's records contain a diagnosis of COPD. (C32).

17. For the first time she sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012. (D306). He notes that she has worked in the same deli for twelve (12) years and she has had breathing problems for about two years with no similar symptoms prior to her current problem. Since

developing her breathing problems she has had, "frequent diagnosis of bronchitis." She has never had asthma or allergies in the past prior to this problem and without any significant exposures to smoke or animals at home but then does mention the chemicals at work. (D304). A differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "appears" that she has sensitivity to some chemicals at work. He also states that he does not know what she was exposed to or for how long. (D306).

18. On January 3, 2013, Dr. Dayrit's notes indicate that the Claimant is on steroids and had returned to work and has not had any exacerbations of her symptoms since returning to work. (D309). In his last visit on February 23, 2013 before closing his office he notes she was having problems again and had been off steroids for about two weeks. As part of the history he recorded that "at home" she had no pets or any issues with water leaks, or fungus, or other such infestations. His ending diagnosis was asthma. (D318).

19. On March 19, 2013, Dr. Hammett states that she has a history of chronic asthma exacerbation that was determined to be work related and it was suggested that she remove herself from the job, which she has not done yet. (C29; D268). It is unclear where the diagnosis in this statement is generated from. She is not stating that it is her diagnosis and as indicated above, her

diagnosis had varied. Her subsequent notes actually including her hand written note of March 19th and through and including her note of January 9, 2014 has a diagnosis of asthma, unspecified type. (C6)). As discussed above, Dr. Dayrit listed this as a differential diagnosis, and stated that he did not know what chemicals she was exposed to and for how long which December 19, 2012 had been sent to Dr. Hammett. (D304). As noted in her handwritten note recorded at the time of her visit with Ms. Sowell on March 19th does not mention this and records only a diagnosis of asthma. It is also noted that the typed report was only dictated on March 25th (C29) and that all of Dr. Dayrit's records (36 pages) were faxed to someone on March 20th. (D304-319).

20. Also, the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant. The difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony. (June Transcript at 50).

21. The Claimant testified that Dr. Dayrit closed his practice in March.

22. The Claimant was eventually referred to Dr. deDios (pulmonologist). The first visit appears to occur on May 22, 2013. (D269). (A questionnaire of Dr. deDios indicates the date as April 8, 2013 (C169); the May 22, 2013 note indicates it she

is a "new consult." (D269) Whether the first visit is in April or May of 2013 is not critical in this determination.) The first note states that he thinks Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic. (D271).

23. The Claimant testified that she was advised in November of 2013 by her doctor (Hammett) that she felt that it was job related, and that she needed to come out of work and to see if that was what "it was". (June Transcript at 59, 62, 77). The Claimant testified that she advised her supervisor of this. (June Transcript at 59; July Transcript at 115, 116). Although, her supervisor (Ms. Quick) indicates that work was not mentioned, her testimony is consistent that the Claimant did tell her that she needed to be out of work in order to scrape her lungs and find out what was causing her problems. (June Transcript at 24).

24. The Claimant testified that this was the first time that she was advised that work could be the cause of her condition, or a component of her condition. (June Transcript at 77, 78). Her testimony was credible.

25. On December 12, 2013, the Claimant filed for Social Security Disability noting her income from Piggly Wiggly. (D359). Consistent with her testimony that she did not know that her condition was definitively caused by her work, the Claimant indicated to the Social Security offices that she had not filed for nor intended to file for workers' compensation. (D363).

26. On January 7, 2014 Dr. deDios' records reflect that her work environment makes her asthma worse, and that she likely has adult onset asthma for which she is very symptomatic. (C23; C165; D274).

27. On January 9, 2014, Dr. Hammett indicates that the Claimant's diagnosis is asthma unspecified type. (C6).

28. On February 4, 2014, Dr. deDios reflects that the Claimant stated that her asthma has been better since she has been on medical leave (C158), and that clearly her work environment was making it worse. He recorded, "Pt is significantly improved since being off work. Her asthma has been better. Clearly her environment was making worse." (C161; D281).

29. The Claimant went to her supervisor (Ms. Quick) in March of 2014 and notified her that the doctors had determined that her condition was work-related.

30. The First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014. (D396).

31. After the First Report of injury was filled out by the Claimant's supervisor, the Disability Claim Form -- Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment.

(D395).

32. On April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great." (D285).

33. The Form 50 was filed on July 22, 2014.

34. Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the Claimant was permanently disabled. (D368). She indicated that the condition was due to injury or sickness arising out of the employment. (D369). The diagnosis was "Occupational Asthma." (D369).

35. At some point Dr. Hammett authored a statement to "whom it may concern." In that letter she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist. (C2). However, there is no date, so it is unclear when she had that opinion. She responded on September 29, 2014 that her opinions were stated to a reasonable degree of reasonable medical certainty. (C2).

36. In an Addendum Note, October 17, 2014 (C143) and his November 4, 2014 note (C127) and subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma).

37. The Claimant did give proper notice with regards to a

repetitive injury claim. The Claimant may have suspected that the chemicals were not good for her condition, but did not know the cause of her condition until after being out of work. She was advised in November that Dr. Hammett believed that there was a causal relationship to her work; Dr. deDios indicated to the Claimant that he was "on board" with the diagnosis if after being out of work, she was better. (June Transcript at 62). This is confirmed by his reports of January 7 and February 4th. (C165, 161).

38. An analysis under the King v. International Knife decision is appropriate. In King, the Claimant testified that his arm ached because he swung a hammer every day. The Claimant (Ms. Sowell) may have known that the chemicals at work caused her irritation, but she did not know that these were the cause of her condition. As indicated above, the diagnosis continued to vary. The Claimant did have disability (medical treatment and missed work) prior, but had not yet discovered the causation of her condition.

39. The earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013. She advised the employer of this. Even if her supervisor is correct that work was not

mentioned, the Claimant still did not know of the definite causation until after being out of work for months. Dr. Hammett and Dr. deDios essentially told the Claimant that being out of work would be part of that determination. (Claimant's June testimony at 59, 62, 77). The earliest date would be February 4th, and the 12A was completed on March 23rd.

40. The notice for an occupational disease claim would also be based on the same facts. The Claimant was advised definitively that she had work-related asthma or occupational asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23, 2014.

41. The Claimant filed her claim on July 22, 2014 within the statute of limitations.

42. As to causation, the Claimant has met her burden. The Claimant's treating pulmonologist, Dr. deDios, opines to a degree of reasonable medical certainty that the triggering factor for the Claimant's adult onset asthma was her daily and repeated and unusual and extraordinary exposure at work. (C169c). He also opines that her continual and repeated exposure in her job at the Deli after her asthma was triggered exacerbated and made her condition worse. (C169d). Dr. Hammett confirms that the

Claimant's diagnosis, with the help of her pulmonologist, is Occupational Asthma. (C2). Her opinions are stated to a reasonable degree of medical certainty. (C1). The Claimant's family physician as of 2015 is Dr. Mendez; Dr. Mendez agrees to the diagnosis of occupational asthma. (Deposition of Dr. Mendez 41-42).

43. The Claimant was also seen by Dr. Early on December 17, 2015 (C219). Dr. Early is board certified in Occupational Medicine and Medical Toxicology and general preventative medicine and has a Masters in Public Health in epidemiology. (C220 and Deposition of Dr. Early at 10). Dr. Early identifies three asthmagens to which the Claimant incurred exposure specifically related to clean up and to unclogging the drains [bleach; (sodium hypochlorite), surfactant specific amines in Pine Sol (ethoxylates); and monoethanolamine in Mr. Muscle]. (C220). His opinion is that the exposure at Piggly Wiggly in 2010 and 2011 was the cause of her Occupational Asthma. His opinions are stated to a reasonable degree of medical certainty. (C220). Dr. Early maintained his opinions in his May 18, 2016 deposition that the repeated exposure at work caused the Claimant's asthma.

44. The Defendant's expert, Robert Bennett, pharmacist, forensic scientist, and forensic toxicologist, testified at the hearing. Dr. Bennett is not a medical doctor, but expressed

opinions from a toxicology standpoint. Dr. Bennett's opinion is that it is more likely that Claimant's asthma was caused by her genetics rather than the chemicals at work. (July Transcript at 105). When asked whether his opinion is that working with the chemicals could cause asthma, he stated that it is possible as a couple of the products do vaporize. (July Transcript at 56-57). He indicated that in his opinion her asthma was leaning more towards a predisposition to asthma. (July Transcript at 65). Dr. Bennett indicated that she could be predisposed to asthma and that something makes the symptoms worse; he identified a number of possibilities including chemicals at work. (July Transcript at 82-83). His testimony is that bleach would produce vapors and is a known asthmagen. (July Transcript at 87). He agreed that there are a number of components in the water in the deli, including Mr. Muscle and bleach. (July Transcript at 97-98). Dr. Bennett indicated that health problems from inhalation or absorption are all dose related. (July Transcript at 100). He stated that the amount of exposure would be a factor and that the dose is critical. (July Transcript at 106).

45. The preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma.

46. The Claimant had a repeated exposure that resulted in a condition from that repetitive exposure. The evidence establishes clearly that her asthma stems from her repetitive

occupational exposure. Ms. Sowell worked as a deli manager for Piggly Wiggly in the same location for approximately ten (10) years before June of 2011 and was not treated for any allergy, asthmatic, or pulmonary related problems. It is agreed that several months before June, 2011, the deli department developed a severe problem with the drains backing up sometimes multiple times per day and multiple times per week resulting in the floor being covered in sewage and drainage water from the deli department. This water contained raw and cooked vegetables and meat, fish (seafood) and poultry byproducts, chemicals used for cleaning and chemicals used to try to unclog the drains. Because of this almost constant problem the water contained significant quantities of chemicals used to try to unclog the drains. Three of those chemicals contain specific asthmagens in addition to molds, fungus and bacteria which are also known asthmagens. The problem with the drains was not corrected until sometime in 2012. Then between 2012 and January, 2014, Ms. Sowell was repetitively exposed on a daily basis to the raw and cooked vegetables and meat, fish and poultry byproducts, the cooking oils and greases, the waste water from preparing the food products and from cleaning those and the equipment. The medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011. The medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree

of exposure that would be needed to cause or exacerbate her problems. Therefore, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014. The development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife 395 S.C. 437, 718 S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011).

47. While it is the finding of this Commissioner and this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease. Her occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged. In this case, on a daily basis, the Claimant was exposed to cooked and uncooked vegetables, meat, poultry, pork and fish (seafood) products and constantly exposed to cleaning and degreasing chemicals required in the food production process of the deli where she worked. Exposure to these on a constant and continual basis is peculiar to the food production industry and is a direct

result of the continual exposure to the normal working conditions of that trade process and occupation. As established by the evidence, the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma. The mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used which it is established by the evidence triggered her occupational asthma. She was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled. As noted above, while her occupational asthma condition would qualify as an occupational disease, I believe under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury. There was a period of time in which there was extreme exposure and actually an additional and increased exposure to the de-clogging chemicals during this time and it was due to this extreme exposure which was unusual and extraordinary to the normal and usual exposures in the workplace that her condition was triggered or caused to become symptomatic

necessitating medical care. After that period of extreme and repetitive exposure, her exposure to the normal and usual working conditions in the workplace continued to exacerbate her desensitized condition and resulted in her disability.

48. Temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability. As noted in my other findings, Dr. Hammett took Ms. Sowell out of work on January 6, 2014 and she has never returned to work. Dr. Hammett stated on September 29, 2014 that she continued to be disabled from gainful employment then Dr. Yolanda Mendez who took over Ms. Sowell's care after Dr. Hammett left the practice stated on February 4, 2016 that as previously expressed that Ms. Sowell was totally and permanently disabled. (C221). Dr. deDios had also issued a statement on February 23, 2016 that Ms. Sowell's condition was permanent and that she was totally and permanently disabled from gainful employment (C104a) and in her deposition, Dr. Mendez on May 27, 2016 specifically stated that Ms. Sowell was at maximum medical improvement and therefore as of that date, the Claimant definitely had reached maximum medical improvement, while based on Dr. Hammett's opinion, she was at maximum medical improvement at least by September 29, 2014.

49. The Claimant is at maximum medical improvement. (Dr. Mendez deposition at 29).

50. The Claimant is permanently and totally disabled. Dr. Mendez (family physician) indicates that she would be able to perform sedentary work, (Deposition of Dr. Mendez at 27 and 33) but Dr. Mendez' opinion is that the Claimant must have an "absolutely clean environment". Although not a vocational expert, Dr. Mendez also stated that based on her symptoms, she does not know who would employ Ms. Sowell. (Deposition of Dr. Mendez at 35 and 38). Dr. Early testified that he would defer to her treating physicians as whether she would work. He testified she "possibly: could return to work if she had no irritant exposure, allowed seated work only, no lifting over 10 pounds and could use a nebulizer machine at work. (Deposition 71). As indicated, Dr. deDios is and has been the Claimant's treating physician and is a specialist and expert in pulmonology. Therefore, with regards to the Claimant's lung condition, his opinion is given greater weight. Dr. deDios' opinion is that the Claimant is permanently and totally disabled. (C104a).

51. All causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants. The Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the

treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. I find that all of this medical treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally related future medical care specifically to include all such medical care as will effect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce. Section 42-15-60(c).

CONCLUSIONS OF LAW

As provided in S.C. Code §42-17-40 the following Conclusions of Law are made and applied in this decision:

1. As to the Occupational disease claim-Defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital

(S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease-Definitions §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposures and massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident); I have also taken into particular consideration Grayson v. Gulf Oil, supra wherein the Claimant worked from 1965 until January 1984. In 1982 and 1983 there was massive loss of 300,000 gallons of petroleum due to loss by vaporization from storage tanks and which resulted in a massive exposure to gasoline and petroleum fumes by Claimant and then after that due to relatively minor exposures. Her immune system had been triggered/sensitized by the previous extreme period of exposure and then the minor exposures continued to trigger and exacerbate her condition leading to her disability.

3. In reference to the repetitive trauma Award made, I have taken into consideration the cases of Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (SC App. 2011) and Holmes v. National Services Industries, Inc., 395 S.C. 305, 717 S.E.2d 751 (2011), (Sarcoidosis caused by repetitive exposure to work environment); Rhame v. Charleston County School District, supra; King v. International Knife, supra.

4. Notice of Accident/repetitive trauma/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999); Holmes v. National Service Industries, Inc., supra; Rhame v. Charleston County School District, supra; King v. International Knife, supra; Murphy v. Owens-Corning, supra.

5. Claimant's entitlement to weekly compensation for total disability and for total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91.

6. Claimant's entitlement to lifetime medical care as provided in S.C. Code §42-15-60. Risinger v. Knight Textiles 353 S.C. 69, 577 S.E.2d 222 (SC App 2002); Munn v. Nucor Steel Div. of Nucor Corp. 336 S.C. 28, 518 S.E.2d 289 (SC App 1999).

7. Jurisdiction, venue and average weekly wage and compensation as stipulated by the Parties.

ORDER AND AWARD

THEREFORE, IT IS ORDERED and the Claimant is hereby awarded an Award for total and permanent disability due to her repetitive trauma injury as found to be compensable and she is entitled under the Award to the payment of weekly compensation payments beginning on January 6, 2014 and weekly thereafterwards at the compensation rate of $464.11 for a period of 500-weeks of compensation. The Claimant has requested that the payment of the Award made by this Commission be paid in a lump sum and I find that payment to be in the best interest of the Claimant and not contrary to the defendants. Therefore, the Commission shall calculate the residual lump sum value of the Award at the time of submission of such calculation with all weeks of compensation that have accrued as of that date to be paid uncommuted and to which shall be added all remaining weeks of compensation due under the 500-week Award as commuted pursuant to the Regulations of the Commission.

It Is Further Ordered that having been awarded total and permanent disability for her occupational asthma, the Claimant is entitled to any and all medical treatment causally related to her occupational asthma which will provide relief or effect a cure of the Claimant's disabling symptoms and which is reasonable and necessary medical care for the remainder of her life as set out in S.C. Code §42-15-60. The provision of medical care shall begin with the determination of total disability on January 6, 2014. For the provision of further medical care, the Claimant is placed under the care of her currently treating physicians specifically to include Dr. Yolanda Mendez of the Medical Group; Dr. Angelo deDios, MD, pulmonologist of the Medical Group; and Dr. Orville Dyce of Hartsville ENT/Black Creek Medical Consultants, and such other medical providers as they deem appropriate to fully and completely treat the Claimant's disabling symptoms and conditions causally related to the Claimant's work-related repetitive trauma condition of occupational asthma. Such medical care shall specifically include all medical care as specifically referred to in the records of these medical doctors and specifically including all care provided by Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce on and after January 7, 2014 and specifically to include all medications, injections, inhalers, nebulizing units and all medical care that has been provided and/or is being provided after January 7, 2014 and continuing at this time as is reflected

in their medical records on and after January 6, 2014.

No hearing costs are assessed at this time.

AND IT IS SO ORDERED.

Melody L. James

Commissioner Melody L. James

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.

May 16, 2017

By: Tamara Morris, Administrative Assistant to Commissioner James

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1408826

Gennette Sowell,

EMPLOYEE,
CLAIMANT/RESPONDENT,

v.

Piggly Wiggly,

EMPLOYER,

AND

Auto Owners Insurance, Inc.,

CARRIER,
DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina on August 22, 2017 per notices timely and properly served on all parties of interest

Appellate Panel Decision and Order filed

October 17, 2017.

APPERANCES:

Claimant/Respondent represented by Preston F. McDaniel, Esquire of Columbia, South Carolina.

Defendants/Appellants represented by Christian Bell, Attorney of Columbia, South Carolina.

This matter came before the Hearing Commissioner for hearing on the basis of Claimant's Form 50 Request for Hearing with hearings held on June 22, 2016 and July 21, 2016. The Commissioner issued her Decision on May 16, 2017 in which the Hearing Commissioner made the following Findings of Fact, Conclusions of Law, and entered the following Award:

FINDINGS OF FACT

1. The Claimant has pled an injury by accident, repetitive injury, and/or an occupational disease due to exposure to chemicals and other inhaled properties at work.

2. There is no indication in the Record that there was an acute incident although there was a period of repeated severe levels of exposure as setout below.

3. The Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment.

4. The Claimant was ultimately diagnosed with work related asthma/occupational asthma.

5. The Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up. This was ultimately determined to be due to a pipe being broken and stopping up. After this problem occurred repeatedly overnight, and at other times throughout the day, the Claimant and her co-workers would come into the deli in the morning to standing

water. The co-worker(s) would then clean up the sewage water and put various chemicals into the drains to try and unclog them. (This is pursuant to all testimony, including the store manager (Ms. Quick), the Claimant, and a fellow employee whose duties included maintenance (Mr. Harrington), who put many of the chemicals in the drains.) (while there is disagreement as to the amount of waste water involved, the record is clear that there was a substantial amount of standing waste water.)

6. The conditions of the drains were evaluated repeatedly by plumbers, who would snake the drain. The date of the final discovery of the cause of the backup is not in the Record, but the store manager (Ms. Quick) believed that it might have been fixed permanently sometime in 2012. (July Transcript at 33)

7. During the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant went to the hospital on June 11, 2011, and was admitted. The diagnosis was bronchitis. (C93)

8. After her hospitalization, the Claimant saw Dr. Vaughn for a couple of visits, and then became a patient of Dr. Hammett.

9. Throughout the course of Dr. Hammett's records as set out in the Statement of the Case and below her diagnosis varied. On December 6, 2011, she states that the Claimant has acute chronic bronchitis. (C70) See also Findings below 10-.

10. The Claimant was sent to the hospital on December 22,

2011 by Dr. Hammett and during her admission there, a chemical exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. (C175) December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus (c68) and Acute Asthma Exacerbation (C175).

11. Even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition. Within a few days of her release from the hospital (December 27, 2011), her records state that she carries a diagnosis of asthma, "but may actually have sarcoidosis which is in the differential.". (C64; D258). She indicated that there was a pulmonary referral.

12. On February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis." (C53; D263)

13. On March 6, 2012, the Claimant sees Dr. Dyce for her allergies for the first time. (C203). There is no mention of a work relationship in that record.

14. Later, Dr. Hammett's records indicate chronic bronchitis on August 8, 2012 (C43), and COPD exacerbation on September 9, 2012. (C40)

15. The Claimant presents again to the hospital on November

12, 2012, and indicates to the provider that she thinks that at work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking. (D233). She does indicate that she is bothered greatly by the fumes at work.

16. However, the records of Dr. Hammett still do not appear to contain a consistent diagnosis or definitive cause. On November 19, 2012, Dr. Hammett's records contain a diagnosis of COPD. (C32).

17. For the first time she sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012. (D306). He notes that she has worked in the same deli for twelve (12) years and she has had breathing problems for about two years with no similar symptoms prior to her current problem. Since developing her breathing problems she has had, "frequent diagnosis of bronchitis." She has never had asthma or allergies in the past prior to this problem and without any significant exposures to smoke or animals at home but then does mention the chemicals at work. (D304). A differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "appears" that she has sensitivity to some chemicals at work. He also states that he

does not know what she was exposed to or for how long. (D306).

18. On January 3, 2013, Dr. Dayrit's notes indicate that the Claimant is on steroids and had returned to work and has not had any exacerbations of her symptoms since returning to work. (D309). In his last visit on February 23, 2013 before closing his office he notes she was having problems again and had been off steroids for about two weeks. As part of the history he recorded that "at home" she had no pets or any issues with water leaks, or fungus, or other such infestations. His ending diagnosis was asthma. (D318).

19. On March 19, 2013, Dr. Hammett states that she has a history of chronic asthma exacerbation that was determined to be work related and it was suggested that she remove herself from the job, which she has not done yet. (C29; D268). It is unclear where the diagnosis in this statement is generated from. She is not stating that it is her diagnosis and as indicated above, her diagnosis had varied. Her subsequent notes actually including her hand written note of March 19th and through and including her note of January 9, 2014 has a diagnosis of asthma, unspecified type. (C6)). As discussed above, Dr. Dayrit listed this as a differential diagnosis, and stated that he did not know what chemicals she was exposed to and for how long which December 19, 2012 had been sent to Dr. Hammett. (D304). As noted in her handwritten note recorded at the time of her visit with Ms.

Sowell on March 19th do not mention this and records only a diagnosis of asthma. It is also noted that the typed report was only dictated on March 25th (C29) and that all of Dr. Dayrit's records (36 pages) were faxed to someone on March 20th. (D304-319).

20. Also, the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant.

21. The Claimant testified that Dr. Dayrit closed his practice in March. The difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony. (June Transcript at 50).

22. The Claimant was eventually referred to Dr. deDios (pulmonologist). The first visit appears to occur on May 22, 2013. (D269). (A questionnaire of Dr. deDios indicates the date as April 8, 2013 (C169); the May 22, 2013 note indicates it she is a "new consult." (D269) Whether the first visit is in April or May of 2013 is not critical in this determination.) The first note states that he thinks Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic. (D271).

23. The Claimant testified that she was advised in November of 2013 by her doctor (Hammett) that she felt that it was job related, and that she needed to come out of work and to see if

that was what "it was". (June Transcript at 59, 62, 77). The Claimant testified that she advised her supervisor of this. (June Transcript at 59; July Transcript at 115, 116). Although, her supervisor (Ms. Quick) indicates that work was not mentioned, her testimony is consistent that the Claimant did tell her that she needed to be out of work in order to scrape her lungs and find out what was causing her problems. (June Transcript at 24).

24. The Claimant testified that this was the first time that she was advised that work could be the cause of her condition, or a component of her condition. (June Transcript at 77, 78). Her testimony was credible.

25. On December 12, 2013, the Claimant filed for Social Security Disability noting her income from Piggly Wiggly. (D359). Consistent with her testimony that she did not know that her condition was definitively caused by her work, the Claimant indicated to the Social Security offices that she had not filed for nor intended to file for workers' compensation. (D363).

26. On January 7, 2014 Dr. deDios' records reflect that her work environment makes her asthma worse, and that she likely has adult onset asthma for which she is very symptomatic. (C23; C165; D274).

27. On January 9, 2014, Dr. Hammett indicates that the Claimant's diagnosis is asthma unspecified type. (C6).

28. On February 4, 2014, Dr. deDios reflects that the

Claimant stated that her asthma has been better since she has been on medical leave (C158), and that clearly her work environment was making it worse. He recorded, "Pt is significantly improved since being off work. Her asthma has been better. Clearly her environment was making worse." (C161; D281).

29. The Claimant went to her supervisor (Ms. Quick) in March of 2014 and notified her that the doctors had determined that her condition was work-related.

30. The First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014. (D396).

31. After the First Report of injury was filled out by the Claimant's supervisor, the Disability Claim Form -- Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment. (D395).

32. On April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great." (D285).

33. The Form 50 was filed on July 22, 2014.

34. Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the

Claimant was permanently disabled. (D368). She indicated that the condition was due to injury or sickness arising out of the employment. (D369). The diagnosis was "Occupational Asthma." (D369).

35. At some point, Dr. Hammett authored a statement to "whom it may concern." In that letter, she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist. (C2). However, there is no date, so it is unclear when she had that opinion. She responded on September 29, 2014 that her opinions were stated to a reasonable degree of reasonable medical certainty. (C2).

36. In an Addendum Note, October 17, 2014 (C143) and his November 4, 2014 note (C127) and subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma).

37. The Claimant did give proper notice with regards to a repetitive injury claim. The Claimant may have suspected that the chemicals were not good for her condition, but did not know the cause of her condition until after being out of work. She was advised in November that Dr. Hammett believed that there was a causal relationship to her work; Dr. deDios indicated to the Claimant that he was "on board" with the diagnosis if after being out of work, she was better. (June Transcript at 62). This is

confirmed by his reports of January 7 and February 4th. (C165, 161).

38. An analysis under the King v. International Knife decision is appropriate. In King, the Claimant testified that his arm ached because he swung a hammer every day. The Claimant (Ms. Sowell) may have known that the chemicals at work caused her irritation, but she did not know that these were the cause of her condition. As indicated above, the diagnosis continued to vary. The Claimant did have disability (medical treatment and missed work) prior, but had not yet discovered the causation of her condition.

39. The earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013. She advised the employer of this. Even if her supervisor is correct that work was not mentioned, the Claimant still did not know of the definite causation until after being out of work for months. Dr. Hammett and Dr. deDios essentially told the Claimant that being out of work would be part of that determination. (Claimant's June testimony at 59, 62, 77). The earliest date would be February 4th and the 12A was completed on March 23rd.

40. The notice for an occupational disease claim would also be based on the same facts. The Claimant was advised definitively that she had work-related asthma or occupational

asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23, 2014.

41. The Claimant filed her claim on July 22, 2014 within the statute of limitations.

42. As to causation, the Claimant has met her burden. The Claimant's treating pulmonologist, Dr. deDios, opines to a degree of reasonable medical certainty that the triggering factor for the Claimant's adult onset asthma was her daily and repeated and unusual and extraordinary exposure at work. (C169c). He also opines that her continual and repeated exposure in her job at the Deli after her asthma was triggered exacerbated and made her condition worse. (C169d). Dr. Hammett confirms that the Claimant's diagnosis, with the help of her pulmonologist, is Occupational Asthma. (C2). Her opinions are stated to a reasonable degree of medical certainty. (C1). The Claimant's family physician as of 2015 is Dr. Mendez; Dr. Mendez agrees to the diagnosis of occupational asthma. (Deposition of Dr. Mendez 41-42).

43. The Claimant was also seen by Dr. Early on December 17, 2015 (C219). Dr. Early is board certified in Occupational Medicine and Medical Toxicology and general preventative medicine and has a Masters in Public Health in epidemiology. (C220 and Deposition of Dr. Early at 10). Dr. Early identifies three

asthmagens to which the Claimant incurred exposure specifically related to clean up and to unclogging the drains [bleach; (sodium hypochlorite), surfactant specific amines in Pine Sol (ethoxylates); and monoethanolamine in Mr. Muscle]. (C220). His opinion is that the exposure at Piggly Wiggly in 2010 and 2011 was the cause of her Occupational Asthma. His opinions are stated to a reasonable degree of medical certainty. (C220). Dr. Early maintained his opinions in his May 18, 2016 deposition that the repeated exposure at work caused the Claimant's asthma.

44. The Defendant's expert, Robert Bennett, pharmacist, forensic scientist, and forensic toxicologist, testified at the hearing. Dr. Bennett is not a medical doctor but expressed opinions from a toxicology standpoint. Dr. Bennett's opinion is that it is more likely that Claimant's asthma was caused by her genetics rather than the chemicals at work. (July Transcript at 105). When asked whether his opinion is that working with the chemicals could cause asthma, he stated that it is possible as a couple of the products do vaporize. (July Transcript at 56-57). He indicated that in his opinion her asthma was leaning more towards a predisposition to asthma. (July Transcript at 65). Dr. Bennett indicated that she could be predisposed to asthma and that something makes the symptoms worse; he identified a number of possibilities including chemicals at work. (July Transcript at 82-83). His testimony is that bleach would produce vapors and

is a known asthmagen. (July Transcript at 87). He agreed that there are a number of components in the water in the deli, including Mr. Muscle and bleach. (July Transcript at 97-98). Dr. Bennett indicated that health problems from inhalation or absorption are all dose related. (July Transcript at 100). He stated that the amount of exposure would be a factor and that the dose is critical. (July Transcript at 106).

45. The preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma.

46. The Claimant had a repeated exposure that resulted in a condition from that repetitive exposure. The evidence establishes clearly that her asthma stems from her repetitive occupational exposure. Ms. Sowell worked as a deli manager for Piggly Wiggly in the same location for approximately ten (10) years before June of 2011 and was not treated for any allergy, asthmatic, or pulmonary related problems. It is agreed that several months before June, 2011, the deli department developed a severe problem with the drains backing up sometimes multiple times per day and multiple times per week resulting in the floor being covered in sewage and drainage water from the deli department. This water contained raw and cooked vegetables and meat, fish (seafood) and poultry byproducts, chemicals used for cleaning and chemicals used to try to unclog the drains. Because

of this almost constant problem the water contained significant quantities of chemicals used to try to unclog the drains. Three of those chemicals contain specific asthmagens in addition to molds, fungus and bacteria which are also known asthmagens. The problem with the drains was not corrected until sometime in 2012. Then between 2012 and January, 2014, Ms. Sowell was repetitively exposed on a daily basis to the raw and cooked vegetables and meat, fish and poultry byproducts, the cooking oils and greases, the waste water from preparing the food products and from cleaning those and the equipment. The medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011. The medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree of exposure that would be needed to cause or exacerbate her problems. Therefore, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014. The development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife 395 S.C. 437, 718

S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011).

47. While it is the finding of this Commissioner and this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease. Her occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged. In this case, on a daily basis, the Claimant was exposed to cooked and uncooked vegetables, meat, poultry, pork and fish (seafood) products and constantly exposed to cleaning and degreasing chemicals required in the food production process of the deli where she worked. Exposure to these on a constant and continual basis is peculiar to the food production industry and is a direct result of the continual exposure to the normal working conditions of that trade process and occupation. As established by the evidence, the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma. The mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens

causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used which it is established by the evidence triggered her occupational asthma. She was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled. As noted above, while her occupational asthma condition would qualify as an occupational disease, I believe under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury. There was a period of time in which there was extreme exposure and actually an additional and increased exposure to the de-clogging chemicals during this time and it was due to this extreme exposure which was unusual and extraordinary to the normal and usual exposures in the workplace that her condition was triggered or caused to become symptomatic necessitating medical care. After that period of extreme and repetitive exposure, her exposure to the normal and usual working conditions in the workplace continued to exacerbate her desensitized condition and resulted in her disability.

48. Temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability. As

noted in my other findings, Dr. Hammett took Ms. Sowell out of work on January 6, 2014 and she has never returned to work. Dr. Hammett stated on September 29, 2014 that she continued to be disabled from gainful employment then Dr. Yolanda Mendez who took over Ms. Sowell's care after Dr. Hammett left the practice stated on February 4, 2016 that as previously expressed that Ms. Sowell was totally and permanently disabled. (C221). Dr. deDios had also issued a statement on February 23, 2016 that Ms. Sowell's condition was permanent and that she was totally and permanently disabled from gainful employment (C104a) and in her deposition, Dr. Mendez on May 27, 2016 specifically stated that Ms. Sowell was at maximum medical improvement and therefore as of that date, the Claimant definitely had reached maximum medical improvement, while based on Dr. Hammett's opinion, she was at maximum medical improvement at least by September 29, 2014.

49. The Claimant is at maximum medical improvement. (Dr. Mendez deposition at 29).

50. The Claimant is permanently and totally disabled. Dr. Mendez (family physician) indicates that she would be able to perform sedentary work, (Deposition of Dr. Mendez at 27 and 33) but Dr. Mendez' opinion is that the Claimant must have an "absolutely clean environment". Although not a vocational expert, Dr. Mendez also stated that based on her symptoms, she does not know who would employ Ms. Sowell. (Deposition of Dr.

Mendez at 35 and 38). Dr. Early testified that he would defer to her treating physicians as whether she would work. He testified she "possibly: could return to work if she had no irritant exposure, allowed seated work only, no lifting over 10 pounds and could use a nebulizer machine at work. (Deposition 71). As indicated, Dr. deDios is and has been the Claimant's treating physician and is a specialist and expert in pulmonology. Therefore, with regards to the Claimant's lung condition, his opinion is given greater weight. Dr. deDios' opinion is that the Claimant is permanently and totally disabled. (C104a).

51. All causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants. The Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. I find that all of this medical

treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally related future medical care specifically to include all such medical care as will affect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce. Section 42-15-60(c).

CONCLUSIONS OF LAW

As provided in S.C. Code §42-17-40 the following Conclusions of Law are made and applied in this decision:

1. As to the Occupational disease claim-Defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital (S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease-Definitions §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months

of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposures and massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident); I have also taken into particular consideration Grayson v. Gulf Oil, supra wherein the Claimant worked from 1965 until January 1984. In 1982 and 1983 there was massive loss of 300,000 gallons of petroleum due to loss by vaporization from storage tanks and which resulted in a massive exposure to gasoline and petroleum fumes by Claimant and then after that due to relatively minor exposures. Her immune system had been triggered/sensitized by the previous extreme period of exposure and then the minor exposures continued to trigger and exacerbate her condition leading to her disability.

3. In reference to the repetitive trauma Award made, I have taken into consideration the cases of Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (SC App. 2011) and Holmes v. National Services Industries, Inc., 395 S.C. 305, 717 S.E.2d 751 (2011), (Sarcoidosis caused by repetitive exposure to work environment); Rhame v. Charleston County School District, supra; King v. International Knife, supra.

4. Notice of Accident/repetitive trauma/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999); Holmes v. National Service Industries, Inc., supra; Rhame v. Charleston County School District, supra; King v. International Knife, supra; Murphy v. Owens-Corning, supra.

5. Claimant's entitlement to weekly compensation for total disability and for total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91.

6. Claimant's entitlement to lifetime medical care as provided in S.C. Code §42-15-60, 353 S.C. 69, 577 S.E.2d 222 (SC App 2002); Munn v. Nucor Steel Div. of Nucor Corp., 336 S.C. 28, 518 S.E.2d 289 (SC App 1999).

7. Jurisdiction, venue and average weekly wage and compensation as stipulated by the Parties.

ORDER AND AWARD

THEREFORE, IT IS ORDERED and the Claimant is hereby awarded an Award for total and permanent disability due to her repetitive trauma injury as found to be compensable and she is entitled under the Award to the payment of weekly compensation payments beginning on January 6, 2014 and weekly thereafterwards at the compensation rate of $464.11 for a period of 500-weeks of compensation. The Claimant has requested that the payment of the Award made by this Commission be paid in a lump sum and I find that payment to be in the best interest of the Claimant and not contrary to the defendants. Therefore, the Commission shall calculate the residual lump sum value of the Award at the time of submission of such calculation with all weeks of compensation that have accrued as of that date to be paid uncommuted and to which shall be added all remaining weeks of compensation due under the 500-week Award as commuted pursuant to the Regulations of the Commission.

It Is Further Ordered that having been awarded total and permanent disability for her occupational asthma, the Claimant is entitled to any and all medical treatment causally related to her occupational asthma which will provide relief or effect a cure of the Claimant's disabling symptoms and which is reasonable and necessary medical care for the remainder of her life as set out in S.C. Code §42-15-60. The provision of medical care shall

begin with the determination of total disability on January 6, 2014. For the provision of further medical care, the Claimant is placed under the care of her currently treating physicians specifically to include Dr. Yolanda Mendez of the Medical Group; Dr. Angelo deDios, MD, pulmonologist of the Medical Group; and Dr. Orville Dyce of Hartsville ENT/Black Creek Medical Consultants, and such other medical providers as they deem appropriate to fully and completely treat the Claimant's disabling symptoms and conditions causally related to the Claimant's work-related repetitive trauma condition of occupational asthma. Such medical care shall specifically include all medical care as specifically referred to in the records of these medical doctors and specifically including all care provided by Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce on and after January 7, 2014 and specifically to include all medications, injections, inhalers, nebulizing units and all medical care that has been provided and/or is being provided after January 7, 2014 and continuing at this time as is reflected in their medical records on and after January 6, 2014.

GROUNDS FOR REVIEW

By way of an Application for Review the Employer/Carrier as Appellants have raised the following grounds for review:

1. Did the Single Commissioner err in finding as a matter of fact that the there is no indication in the Record that there was an acute incident in this case?

2. Did the Single Commissioner err in finding as a matter of fact that the Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment?

3. Did the Single Commissioner err in finding as a matter of fact that the Claimant was ultimately diagnosed with work related asthma/occupational asthma?

4. Did the Single Commissioner err in finding as a matter of fact that the Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up?

5. Did the Single Commissioner err in finding as a matter of fact that the Claimant and her co-workers would come into the deli in the morning to standing water and that the coworker(s) would then clean up the sewage water and put various chemicals into the drains to try and unclog them?

6. Did the Single Commissioner err in finding as a matter of fact that during the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant was admitted to the hospital on June 11, 2011, at which time the Claimant was diagnosis was bronchitis?

7. Did the Single Commissioner err in finding as a matter of fact that the Claimant was sent to the hospital on December 22, 2011 by Dr. Hammett and during her admission there, a chemical exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus and Acute Asthma Exacerbation?

8. Did the Single Commissioner err in finding as a matter of fact that even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition?

9. Did the single Commissioner err in finding as a matter of fact that on February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis?"

10. Did the Single Commissioner err in finding as a matter of fact that on March 6, 2012 the Claimant sees Dr. Dyce for her allergies for the first time and there is no mention of

a work relationship in that record?

11. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett's records later indicate chronic bronchitis on August 8, 2012 and COPD exacerbation on September 9, 2012?

12. Did the Single Commissioner err in finding as a matter of fact that the Claimant presents to the hospital on November 12, 2012, and indicates to the provider that she thinks that at work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking?

13. Did the Single Commissioner err in finding as a matter of fact that the records of Dr. Hammett do not appear to contain a consistent diagnosis or definitive cause?

14. Did the Single Commissioner err in finding as a matter of fact that for the first time the Claimant sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012 at which time he notes differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "it appears" that she has sensitivity to some chemicals at work?

15. Did the Single Commissioner err in finding as a matter of fact that Dr. Dayrit's ending diagnosis was asthma as of January 3, 2013?

16. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett medical note of March 19, 2013, does not identify where the Claimant's diagnosis is generated from?

17. Did the Single Commissioner err in finding as a matter of fact that the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant?

18. Did the Single Commissioner err in finding as a matter of fact that the difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony?

19. Did the Single Commissioner err in finding as a matter of fact that the first note of Dr. deDios states that he thinks

Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic?

20. Did the Single Commissioner err in finding as a matter of fact that whether the first visit to Dr. deDios is in April or May of 2013 is not critical in this determination?

21. Did the Single Commissioner err in finding as a matter of fact that November of 2013 was the first-time Claimant was advised that work could be the cause of her condition, or a component of her condition and that the Claimant then advised her supervisor of same?

22. Did the Single Commissioner err in finding as a matter of fact that the Claimant did not know her condition was definitively caused by her work until December 12, 2013, when she filed for Social Security Disability noting her income from Piggly Wiggly?

23. Did the Single Commissioner err in finding as a matter of fact that Dr. deDios's records reflect that the Claimant's work environment makes her asthma worse, and that the Claimant likely has adult onset asthma for which she is very symptomatic?

24. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett's medical note of on January 9, 2014, indicate Claimant's diagnosis as asthma unspecified type?

25. Did the Single Commissioner err in finding as a matter of fact that Dr. deDios's medical note of on February 4, 2014, reflect that the Claimant stated that her asthma has been better since she has been on medical leave, and that clearly her work environment was making it worse?

26. Did the Single Commissioner err in finding as a matter of fact that the Claimant went to her supervisor in March of 2014 and notified her that the doctors had determined that her condition was work-related?

27. Did the Single Commissioner err in finding as a matter of fact that the First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014?

28. Did the Single Commissioner err in finding as a matter of fact that after the First Report of injury was filled out by

the Claimant's supervisor, the Disability Claim Form - Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment?

29. Did the Single Commissioner err in finding as a matter of fact that on April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great?

30. Did the Single Commissioner err in finding as a matter of fact that Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the Claimant was permanently disabled and that the Claimant's condition was due to injury or sickness arising out of the employment?

31. Did the Single Commissioner err in finding as a matter of fact that at some point Dr. Hammett authored a statement to "whom it may concern. In that letter, she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist?

32. Did the Single Commissioner err in finding as a matter of fact that in Addendum Notes, dated October 17, 2014 and November 4, 2014 as well as subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma)?

33. Did the Single Commissioner err in finding as a matter of fact that the Claimant did give proper notice with regards to a repetitive injury claim?

34. Did the Single Commissioner err in finding as a matter of fact that an analysis under the King v. International Knife decision is appropriate?

35. Did the Single Commissioner err in finding as a matter of fact that the earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013?

36. Did the Single Commissioner err in finding as a matter of fact that the notice for an occupational disease claim would also be based on the same facts. The Claimant was advised

definitively that she had work-related asthma or occupational asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23, 2014?

37. Did the Single Commissioner err in finding as a matter of fact that the Claimant filed her claim on July 22, 2014 within the statute of limitations?

38. Did the Single Commissioner err in finding as a matter of fact that as to causation, the Claimant has met her burden?

39. Did the Single Commissioner err in finding as a matter of fact that the preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma?

40. Did the Single Commissioner err in finding as a matter of fact that the Claimant had a repeated exposure that resulted in a condition from that repetitive exposure?

41. Did the Single Commissioner err in finding as a matter of fact that the evidence establishes clearly that her asthma stems from her repetitive occupational exposure?

42. Did the Single Commissioner err in finding as a matter of fact that the medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011?

43. Did the Single Commissioner the medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree of exposure that would be needed to cause or exacerbate her problems?

44. Did the Single Commissioner err in finding as a matter of fact that, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014?

45. Did the Single Commissioner err in finding as a matter of fact that the development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife,

395 S.C. 437, 718 S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011)?

46. Did the Single Commissioner err in finding as a matter of fact that while it is the finding of this Commissioner and this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease?

47. Did the Single Commissioner err in finding as a matter of fact that the Claimant's occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged?

48. Did the Single Commissioner err in finding as a matter of fact that the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma?

49. Did the Single Commissioner err in finding as a matter of fact that the mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used which it is established by the evidence triggered her occupational asthma?

50. Did the Single Commissioner err in finding as a matter of fact that the Claimant was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled?

51. Did the Single Commissioner err in finding as a matter of fact that while the Claimant's occupational asthma condition would qualify as an occupational disease, under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury?

52. Did the Single Commissioner after a period of extreme and repetitive exposure, the Claimant's exposure to the normal

and usual working conditions in the workplace continued to exacerbate the Claimant's desensitized condition and resulted in her disability?

53. Did the Single Commissioner err in finding as a matter of fact that temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability?

54. Did the Single Commissioner err in finding as a matter of fact that the Claimant is at maximum medical improvement?

55. Did the Single Commissioner err in finding as a matter of fact that the Claimant is permanently and totally disabled?

56. Did the Single Commissioner err in finding as a matter of fact that all causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants?

57. Did the Single Commissioner err in finding as a matter of fact that the Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. I find that all of this medical treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally related future medical care specifically to include all such medical care as will affect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce?

58. Did the Single Commissioner err in the findings of fact marked No. 1 through 51 and located on pages 32 through 50

of the Order?

59. Did the Single Commissioner err in concluding as a matter of law that the Claimant sustained a compensable repetitive trauma injury?

60. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to weekly compensation for total disability and for total and permanent disability?

61. Did the Single Commissioner err in concluding law the Claimant is entitled to lifetime medical care?

62. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to be paid in a lump sum?

63. Did the Single Commissioner err in concluding as a matter of law that the provision of medical care shall begin with the determination of total disability on January 6, 2014?

64. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to any and all medical treatment causally related to her occupational asthma which will provide relief or effect a cure of the Claimant's disabling symptoms and which is reasonable and necessary medical care for the remainder of her life?

65. Did the Single Commissioner err in concluding as a matter of law that the Claimant is entitled to an award of total and permanent disability for her occupational asthma?

66. Did the Single Commissioner err in the conclusions of law as identified on pages 50 through 55 of the Order?

FULL COMMISSION PANEL REVIEW AND DECISION

Copies of the Grounds for Review were furnished to all interested parties prior to the oral argument scheduled before the Appellate Panel on August 22, 2017.

Pursuant to SC Code §42-17-50 (1985 as amended), the Appellate Panel reviewed the Order and Award and considered all the issues raised by the Briefs of the Appellant and Respondent.

After careful review and consideration of this matter, the Full Commission Appellate Panel **AFFIRMS** the Single Commissioner's Order and Award and adopts the Findings of Fact and Conclusions of Law and the Award of the Hearing Commissioner as the Findings of Fact and Conclusions of Law and Award of the Commission:

FULL COMMISSION FINDINGS OF FACT

1. The Claimant has pled an injury by accident, repetitive injury, and/or an occupational disease due to exposure to chemicals and other inhaled properties at work.

2. There is no indication in the Record that there was an acute incident although there was a period of repeated severe levels of exposure as set forth below.

3. The Claimant has met her burden of proof that she incurred a repetitive injury that arose out of and within the course and scope of her employment.

4. The Claimant was ultimately diagnosed with work related asthma/occupational asthma.

5. The Claimant was exposed to a number of chemicals over a course of time when the drains in the deli would back up. This was ultimately determined to be due to a pipe being broken and stopping up. After this problem occurred repeatedly overnight, and at other times throughout the day, the Claimant and her co-workers would come into the deli in the morning to standing water. The co-worker(s) would then clean up the sewage water and

put various chemicals into the drains to try and unclog them. (This is pursuant to all testimony, including the store manager (Ms. Quick), the Claimant, and a fellow employee whose duties included maintenance (Mr. Harrington), who put many of the chemicals in the drains.) While there is disagreement as to the amount of waste water involved, the record is clear that there was a substantial amount of standing waste water.

6. The conditions of the drains were evaluated repeatedly by plumbers, who would snake the drain. The date of the final discovery of the cause of the backup is not in the Record, but the store manager (Ms. Quick) believed that it might have been fixed permanently sometime in 2012. (July Transcript at 33)

7. During the time of the continual back-up of the drains and attempts to clear it with chemicals, the Claimant went to the hospital on June 11, 2011, and was admitted. The diagnosis was bronchitis. (C93)

8. After her hospitalization, the Claimant saw Dr. Vaughn for a couple of visits, and then became a patient of Dr. Hammett.

9. Throughout the course of Dr. Hammett's records as set out in the Statement of the Case and below her diagnosis varied. On December 6, 2011, she states that the Claimant has acute chronic bronchitis. (C70) See also Findings below.

10. The Claimant was sent to the hospital on December 22, 2011 by Dr. Hammett and during her admission there, a chemical

exposure was mentioned with the hospital notes indicating that there was an asthma exacerbation, likely secondary to exposure to chemicals. (C175) December 22, 2011 is also the first mention of a diagnosis of asthma. Status Asthmaticus (c68) and Acute Asthma Exacerbation (C175).

11. Even though the chemicals are mentioned as a likely cause of exacerbation by the hospital, Dr. Hammett seemed to still be exploring what was the Claimant's diagnosis and what was the cause of the condition. Within a few days of her release from the hospital (December 27, 2011), her records state that she carries a diagnosis of asthma, "but may actually have sarcoidosis which is in the differential." (C64; D258). She indicated that there was a pulmonary referral.

12. On February 14, 2012, Dr. Hammett's records still have a diagnosis of "rhinitis and asthma versus sarcoidosis." (C53; D263)

13. On March 6, 2012 the Claimant sees Dr. Dyce for her allergies for the first time. (C203). There is no mention of a work relationship in that record.

14. Later, Dr. Hammett's records indicate chronic bronchitis on August 8, 2012 (C43), and COPD exacerbation on September 9, 2012. (C40)

15. The Claimant presents again to the hospital on November 12, 2012, and indicates to the provider that she thinks that at

work there may be a cleaning compound which she does not handle directly but which may aggravate her, and that she also thinks there may be some aggravation as does her physician from the fumes of cooking. (D233). She does indicate that she is bothered greatly by the fumes at work.

16. However, the records of Dr. Hammett still do not appear to contain a consistent diagnosis or definitive cause. On November 19, 2012, Dr. Hammett's records contain a diagnosis of COPD. (C32).

17. For the first time she sees a specialist, Dr. Dayrit (Center for Lung and Sleep Medicine) on December 19, 2012. (D306). He notes that she has worked in the same deli for twelve (12) years and she has had breathing problems for about two years with no similar symptoms prior to her current problem. Since developing her breathing problems she has had, "frequent diagnosis of bronchitis." She has never had asthma or allergies in the past prior to this problem and without any significant exposures to smoke or animals at home but then does mention the chemicals at work. (D304). A differential diagnosis between hypersensitivity pneumonia and occupational asthma is mentioned in his records, but he indicates that he favors the hypersensitivity pneumonia and it "appears" that she has sensitivity to some chemicals at work. He also states that he does not know what she was exposed to or for how long. (D306).

18. On January 3, 2013, Dr. Dayrit's notes indicate that the Claimant is on steroids and had returned to work and has not had any exacerbations of her symptoms since returning to work. (D309). In his last visit on February 23, 2013 before closing his office he notes she was having problems again and had been off steroids for about two weeks. As part of the history he recorded that "at home" she had no pets or any issues with water leaks, or fungus, or other such infestations. His ending diagnosis was asthma. (D318).

19. On March 19, 2013, Dr. Hammett states that she has a history of chronic asthma exacerbation that was determined to be work related and it was suggested that she remove herself from the job, which she has not done yet. (C29; D268). It is unclear where the diagnosis in this statement is generated from. She is not stating that it is her diagnosis and as indicated above, her diagnosis had varied. Her subsequent notes actually including her hand written note of March 19th and through and including her note of January 9, 2014 has a diagnosis of asthma, unspecified type. (C6)). As discussed above, Dr. Dayrit listed this as a differential diagnosis, and stated that he did not know what chemicals she was exposed to and for how long which December 19, 2012 had been sent to Dr. Hammett. (D304). As noted in her handwritten note recorded at the time of her visit with Ms. Sowell on March 19th do not mention this and records only a

diagnosis of asthma. It is also noted that the typed report was only dictated on March 25th (C29) and that all of Dr. Dayrit's records (36 pages) were faxed to someone on March 20th. (D304-319).

20. Also, the Claimant's testimony is consistent with the variances in the diagnosis and that the doctors were still trying to figure out what was wrong with the Claimant.

21. The Claimant testified that Dr. Dayrit closed his practice in March. The difference between Dr. Hammett's handwritten note and her typed note supports the Claimant's testimony. (June Transcript at 50).

22. The Claimant was eventually referred to Dr. deDios (pulmonologist). The first visit appears to occur on May 22, 2013. (D269). (A questionnaire of Dr. deDios indicates the date as April 8, 2013 (C169); the May 22, 2013 note indicates it she is a "new consult." (D269) Whether the first visit is in April or May of 2013 is not critical in this determination.) The first note states that he thinks Claimant has "asthma unspecified", and that the patient likely has adult onset asthma for which she is very symptomatic. (D271).

23. The Claimant testified that she was advised in November of 2013 by her doctor (Hammett) that she felt that it was job related, and that she needed to come out of work and to see if that was what "it was". (June Transcript at 59, 62, 77). The

Claimant testified that she advised her supervisor of this. (June Transcript at 59; July Transcript at 115, 116). Although her supervisor (Ms. Quick) indicates that work was not mentioned, her testimony is consistent that the Claimant did tell her that she needed to be out of work in order to scrape her lungs and find out what was causing her problems. (June Transcript at 24).

24. The Claimant testified that this was the first time that she was advised that work could be the cause of her condition, or a component of her condition. (June Transcript at 77, 78). Her testimony was credible.

25. On December 12, 2013, the Claimant filed for Social Security Disability noting her income from Piggly Wiggly. (D359). Consistent with her testimony that she did not know that her condition was definitively caused by her work, the Claimant indicated to the Social Security offices that she had not filed for nor intended to file for workers' compensation. (D363).

26. On January 7, 2014 Dr. deDios' records reflect that the claimant's work environment makes her asthma worse, and that she likely has adult onset asthma for which she is very symptomatic. (C23; C165; D274).

27. On January 9, 2014, Dr. Hammett indicates that the Claimant's diagnosis is asthma, unspecified type. (C6).

28. On February 4, 2014, Dr. deDios reflects that the Claimant stated that her asthma has been better since she has

been on medical leave (C158), and that clearly her work environment was making it worse. He recorded, "Pt is significantly improved since being off work. Her asthma has been better. Clearly her environment was making worse." (C161; D281).

29. The Claimant went to her supervisor (Ms. Quick) in March of 2014 and notified her that the doctors had determined that her condition was work-related.

30. The First Report of Injury was filled out by the Employer on March 25, 2014, indicating that the date of notice was March 25, 2014. (D396).

31. After the First Report of injury was filled out by the Claimant's supervisor, the Disability Claim Form -- Employer's Statement was filled out on April 2, 2014; the Employer indicated on that form that the disability was not caused by an incident that occurred at work while performing the duties of employment. (D395).

32. On April 3, 2014, Dr. deDios authored a letter to Dr. Hammett thanking her for the referral for consultation and evaluation of "f/u asthma/pt file worker com/not working at this time/feeling great." (D285).

33. The Form 50 was filed on July 22, 2014.

34. Dr. Hammett filled out a Disability Claim Form - Physician's Statement on August 29, 2014 stating that the Claimant was permanently disabled. (D368). She indicated that

the condition was due to injury or sickness arising out of the employment. (D369). The diagnosis was "Occupational Asthma." (D369).

35. At some point Dr. Hammett authored a statement to "whom it may concern." In that letter she stated that the Claimant had been under her care for Occupational Asthma, and that it had been diagnosed with the help of her pulmonologist. (C2). However, there is no date, so it is unclear when she had that opinion. She responded on September 29, 2014 that her opinions were stated to a reasonable degree of reasonable medical certainty. (C2).

36. In an Addendum Note, October 17, 2014 (C143) and his November 4, 2014 note (C127) and subsequent notes, the diagnosis of Dr. deDios is WRA (work related asthma) and WRE (work-exacerbated asthma).

37. The Claimant did give proper notice with regard to a repetitive injury claim. The Claimant may have suspected that the chemicals were not good for her condition, but did not know the cause of her condition until after being out of work. She was advised in November that Dr. Hammett believed that there was a causal relationship to her work; Dr. deDios indicated to the Claimant that he was "on board" with the diagnosis if after being out of work, she was better. (June Transcript at 62). This is confirmed by his reports of January 7 and February 4th. (C165, 161).

38. An analysis under the King v. International Knife decision is appropriate. In King, the Claimant testified that his arm ached because he swung a hammer every day. The Claimant (Ms. Sowell) may have known that the chemicals at work caused her irritation, but she did not know that these were the cause of her condition. As indicated above, the diagnosis continued to vary. The Claimant did have disability (medical treatment and missed work) prior, but had not yet discovered the causation of her condition.

39. The earliest date based on a review of all of the evidence that the Claimant would have known of the work causation component was in November of 2013. She advised the employer of this. Even if her supervisor is correct that work was not mentioned, the Claimant still did not know of the definite causation until after being out of work for months. Dr. Hammett and Dr. deDios essentially told the Claimant that being out of work would be part of that determination. (Claimant's June testimony at 59, 62, 77). The earliest date would be February 4th and the 12A was completed on March 23rd.

40. The notice for an occupational disease claim would also be based on the same facts. The Claimant was advised definitively that she had work-related asthma or occupational asthma after she was out of work in January for a period of months. The Employer filled out the Incident report on March 23,

2014.

41. The Claimant filed her claim on July 22, 2014 within the statute of limitations.

42. As to causation, the Claimant has met her burden. The Claimant's treating pulmonologist, Dr. deDios, opines to a degree of reasonable medical certainty that the triggering factor for the Claimant's adult onset asthma was her daily and repeated and unusual and extraordinary exposure at work. (C169c). He also opines that her continual and repeated exposure in her job at the Deli after her asthma was triggered exacerbated and made her condition worse. (C169d). Dr. Hammett confirms that the Claimant's diagnosis, with the help of her pulmonologist, is Occupational Asthma. (C2). Her opinions are stated to a reasonable degree of medical certainty. (C1). The Claimant's family physician as of 2015 is Dr. Mendez; Dr. Mendez agrees to the diagnosis of occupational asthma. (Deposition of Dr. Mendez 41-42).

43. The Claimant was also seen by Dr. Early on December 17, 2015 (C219). Dr. Early is board certified in Occupational Medicine and Medical Toxicology and general preventative medicine and has a Masters in Public Health in epidemiology. (C220 and Deposition of Dr. Early at 10). Dr. Early identifies three asthmagens to which the Claimant incurred exposure specifically related to clean up and to unclogging the drains [bleach; (sodium

hypochlorite), surfactant specific amines in Pine Sol (ethoxylates); and monoethanolamine in Mr. Muscle]. (C220). His opinion is that the exposure at Piggly Wiggly in 2010 and 2011 was the cause of her Occupational Asthma. His opinions are stated to a reasonable degree of medical certainty. (C220). Dr. Early maintained his opinions in his May 18, 2016 deposition that the repeated exposure at work caused the Claimant's asthma.

44. The Defendant's expert, Robert Bennett, pharmacist, forensic scientist, and forensic toxicologist, testified at the hearing. Dr. Bennett is not a medical doctor but expressed opinions from a toxicology standpoint. Dr. Bennett's opinion is that it is more likely that Claimant's asthma was caused by her genetics rather than the chemicals at work. (July Transcript at 105). When asked whether his opinion is that working with the chemicals could cause asthma, he stated that it is possible as a couple of the products do vaporize. (July Transcript at 56-57). He indicated that in his opinion her asthma was leaning more towards a predisposition to asthma. (July Transcript at 65). Dr. Bennett indicated that she could be predisposed to asthma and that something makes the symptoms worse; he identified a number of possibilities including chemicals at work. (July Transcript at 82-83). His testimony is that bleach would produce vapors and is a known asthmagen. (July Transcript at 87). He agreed that there are a number of components in the water in the deli,

including Mr. Muscle and bleach. (July Transcript at 97-98). Dr. Bennett indicated that health problems from inhalation or absorption are all dose related. (July Transcript at 100). He stated that the amount of exposure would be a factor and that the dose is critical. (July Transcript at 106).

45. The preponderance of the evidence establishes that the Claimant's condition is related to her work, and the diagnosis is work related asthma/occupational asthma.

46. The Claimant had a repeated exposure that resulted in a condition from that repetitive exposure. The evidence establishes clearly that her asthma stems from her repetitive occupational exposure. Ms. Sowell worked as a deli manager for Piggly Wiggly in the same location for approximately ten (10) years before June of 2011 and was not treated for any allergy, asthmatic, or pulmonary related problems. It is agreed that several months before June, 2011, the deli department developed a severe problem with the drains backing up sometimes multiple times per day and multiple times per week resulting in the floor being covered in sewage and drainage water from the deli department. This water contained raw and cooked vegetables and meat, fish (seafood) and poultry byproducts, chemicals used for cleaning and chemicals used to try to unclog the drains. Because of this almost constant problem the water contained significant quantities of chemicals used to try to unclog the drains. Three

of those chemicals contain specific asthmagens in addition to molds, fungus and bacteria which are also known asthmagens. The problem with the drains was not corrected until sometime in 2012. Then between 2012 and January, 2014, Ms. Sowell was repetitively exposed on a daily basis to the raw and cooked vegetables and meat, fish and poultry byproducts, the cooking oils and greases, the waste water from preparing the food products and from cleaning those and the equipment. The medical evidence is clear that her occupational asthma was triggered by the extreme repeated exposures caused by the drain(s) clogging and backup problem in 2011. The medical evidence is also clear that the more Ms. Sowell became sensitized, the lesser and lesser a degree of exposure that would be needed to cause or exacerbate her problems. Therefore, it is clear that Ms. Sowell's condition was triggered by the extreme repetitive exposures and that after being triggered her continual repetitive exposure injuries resulted in further injury and resulted in a compensable repetitive trauma injury and disability on January 6, 2014. The development of Ms. Sowell's repetitive trauma injury is very similar to the facts in Rhame v. Charleston County School District, 415 S.C. 162, 781 S.E.2d 151 (SC App. 2015) Cert. denied (2016) King v. International Knife 395 S.C. 437, 718 S.E.2d 227 (S.C. App 2011) Cert. denied 2014 and Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (S.C. App. 2011).

47. While it is the finding of this Panel that this matter is awarded as a repetitive exposure injury, the Claimant's condition would also qualify as an occupational disease. Her occupational asthma is a condition that arises out of and in the course of her employment due to the hazards that are in excess of those ordinarily incident to an employment and which are peculiar to the employment in which the employee is engaged. In this case, on a daily basis, the Claimant was exposed to cooked and uncooked vegetables, meat, poultry, pork and fish (seafood) products and constantly exposed to cleaning and degreasing chemicals required in the food production process of the deli where she worked. Exposure to these on a constant and continual basis is peculiar to the food production industry and is a direct result of the continual exposure to the normal working conditions of that trade process and occupation. As established by the evidence, the National Institute of Occupational Safety and Health lists the Claimant's industry as among those that have a high risk of employees involved in those industries developing an occupational disease in the form of occupational asthma. The mere definition of occupational asthma and the differing condition separating occupational asthma from simply asthma is that the triggering factor or causative factor or the asthmagens causing the asthma is an occupationally related cause such as the cleaning products and the de-clogging products that were used

which it is established by the evidence triggered her occupational asthma. She was not told that her asthma had its source or origin in her work until at least November of 2013 and she was not definitively diagnosed with occupational asthma until after she became disabled. As noted above, while her occupational asthma condition would qualify as an occupational disease, we believe under the circumstances and facts of this case, it is more readily described or better described as a repetitive trauma injury. There was a period of time in which there was extreme exposure and actually an additional and increased exposure to the de-clogging chemicals during this time and it was due to this extreme exposure which was unusual and extraordinary to the normal and usual exposures in the workplace that her condition was triggered or caused to become symptomatic necessitating medical care. After that period of extreme and repetitive exposure, her exposure to the normal and usual working conditions in the workplace continued to exacerbate her desensitized condition and resulted in her disability.

48. Temporary total payments are to be paid from January 6, 2014 and continuing until the Claimant was determined to have reached maximum medical improvement at which time the Claimant is entitled to an Award for total and permanent disability. As noted in our other findings, Dr. Hammett took Ms. Sowell out of work on January 6, 2014 and she has never returned to work. Dr.

Hammett stated on September 29, 2014 that she continued to be disabled from gainful employment then Dr. Yolanda Mendez who took over Ms. Sowell's care after Dr. Hammett left the practice stated on February 4, 2016 that as previously expressed that Ms. Sowell was totally and permanently disabled. (C221). Dr. deDios had also issued a statement on February 23, 2016 that Ms. Sowell's condition was permanent and that she was totally and permanently disabled from gainful employment (C104a) and in her deposition, Dr. Mendez on May 27, 2016 specifically stated that Ms. Sowell was at maximum medical improvement and therefore as of that date, the Claimant definitely had reached maximum medical improvement, while based on Dr. Hammett's opinion, she was at maximum medical improvement at least by September 29, 2014.

49. The Claimant is at maximum medical improvement. (Dr. Mendez deposition at 29).

50. The Claimant is permanently and totally disabled. Dr. Mendez (family physician) indicates that she would be able to perform sedentary work, (Deposition of Dr. Mendez at 27 and 33) but Dr. Mendez' opinion is that the Claimant must have an "absolutely clean environment." Although not a vocational expert, Dr. Mendez also stated that based on her symptoms, she does not know who would employ Ms. Sowell. (Deposition of Dr. Mendez at 35 and 38). Dr. Early testified that he would defer to her treating physicians as whether she would work. He testified

she "possibly: could return to work if she had no irritant exposure, allowed seated work only, no lifting over 10 pounds and could use a nebulizer machine at work. (Deposition 71). As indicated, Dr. deDios is and has been the Claimant's treating physician and is a specialist and expert in pulmonology. Therefore, with regard to the Claimant's lung condition, his opinion is given greater weight. Dr. deDios' opinion is that the Claimant is permanently and totally disabled. (C104a).

51. All causally related medical from the date of disability on January 7, 2016 and all future medical is to be provided by the Defendants. The Claimant having been determined to have sustained total and permanent disability is entitled to such causally related medical care for life which specifically shall include all treatment necessary and related to the treatment of her occupational asthma and all causally related conditions and specifically includes all treatment including all medications, injections and other treatment that has been provided to control her occupational asthma from January 7, 2016 and as is contained in the records of Dr. Hammett, Dr. Mendez, Dr. deDios and Dr. Dyce beginning and including the treatment on January 6, 2014 and continuing through the present time as is reflected in the records. We find that all of this medical treatment is causally related to the Claimant's occupational asthma condition. The Claimant is entitled to all causally

related future medical care specifically to include all such medical care as will affect a cure or provide relief from the Claimant's disabling symptoms and which is reasonable and necessary to treatment the Claimant's occupational asthma and related conditions. The Claimant is placed under the care of her currently treating physicians including Dr. Angelo deDios, Dr. Yolanda Mendez and Dr. Orville Dyce. Section 42-15-60(c).

FULL COMMISSION CONCLUSIONS OF LAW

As provided in S.C. Code §42-17-40 the following Conclusions of Law are made and applied in this decision:

1. As to the Occupational disease claim-Defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital (S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease-Definitions §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting

in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposures and massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident); I have also taken into particular consideration Grayson v. Gulf Oil, supra wherein the Claimant worked from 1965 until January 1984. In 1982 and 1983 there was massive loss of 300,000 gallons of petroleum due to loss by vaporization from storage tanks and which resulted in a massive exposure to gasoline and petroleum fumes by Claimant and then after that due to relatively minor exposures. Her immune system had been triggered/sensitized by the previous extreme period of exposure and then the minor exposures continued to trigger and exacerbate her condition leading to her disability.

3. In reference to the repetitive trauma Award made, We have taken into consideration the cases of Murphy v. Owens-Corning, 393 S.C. 77, 710 S.E.2d 454 (SC App. 2011) and Holmes v. National Services Industries, Inc., 395 S.C. 305, 717 S.E.2d 751 (2011), (Sarcoidosis caused by repetitive exposure to work environment); Rhame v. Charleston County School District, supra; King v. International Knife, supra.

4. Notice of Accident/repetitive trauma/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286

S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999); Holmes v. National Service Industries, Inc., supra; Rhame v. Charleston County School District, supra; King v. International Knife, supra; Murphy v. Owens-Corning, supra.

5. Claimant's entitlement to weekly compensation for total disability and for total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91.

6. Claimant's entitlement to lifetime medical care as provided in S.C. Code §42-15-60, 353 S.C. 69, 577 S.E.2d 222 (SC App 2002); Munn v. Nucor Steel Div. of Nucor Corp., 336 S.C. 28, 518 S.E.2d 289 (SC App 1999).

7. Jurisdiction, venue and average weekly wage and compensation as stipulated by the Parties.

DECISION AND ORDER OF THE COMMISSION ON APPEAL

THEREFORE, IT IS ORDERED AND FOUND that the Order and Award of the Hearing Commissioner shall be and hereby is **AFFIRMED**.

AND IT IS SO ORDERED.

SC WORKERS' COMPENSATION COMMISSION

Commissioner Mike Campbell
for the Panel

I CONCUR:

Commissioner Susan Barden

Commissioner Avery Wilkerson

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 October 17, 2017

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.gov

File #: 1408826
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Gennette Sowell SSN:
Address:
City: State: Zip:
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Piggly Wiggly
Address: 235 15-401 Bypass E
City: Bennettsville State: SC Zip: 29512
Insurance Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: Culminating in disability on 1/6/14**

☒Injury ☒ Illness ☒ Repetitive Trauma ☒Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to SEE ATTACHMENT (Part(s) of Body Injured) on SEE DATE OF INJURY (Month/Day/Year) in Marlboro County, State of South Carolina.
2. Body part(s) affected are: SEE ATTACHMENT
   Briefly describe how the accident occurred. SEE ATTACHMENT
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 SEE ATTACHMENT TO #5 & 6. (Month/Day/Year) in the following manner: Mary Quick, Store Manager

☒7. Due to injury, the claimant is in need of (check one):

☒(a) medical examination and treatment for: SEE ATTACHMENT

☐(b) additional medical examination and treatment for: ____

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 1/6/14 and continuing.

☐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 Loss

9a. ☒A determination of permanent disability is premature at this time.

☐10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of $FORM 20 REQUESTED, 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 OTHER THAN EMPLOYER.

11. Further grounds or unusual aspects of claim: ALL BENEFITS APPLICABLE UNDER THE ACT. SEE ATTACHMENT.

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: SEE ATTACHMENT.

11b. To the best of your knowledge, did you have any prior permanent disability? NONE AWARE OF.
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: 1.0 hour

☒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.**

SCWCC
SEP 29 2014
JUDICIAL

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ___day of ____20__,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 the Claimant (Title) | preston@pfmcdlaw.com (Email) | 9/26/14 (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 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or Request for Hearing

Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

ATTACHMENT TO FORM 50

1 & 2:

Body part(s) affected:

Occupational asthma (allergy/asthma).

This claim is based upon injury by accident; disease in the form of injury by accident; repetitive trauma due to repetitive exposures over a long period of time and/or occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant

and continual problems with the waste disposal drains in that department and area 3 of the 4 drains in the Deli Department would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition.

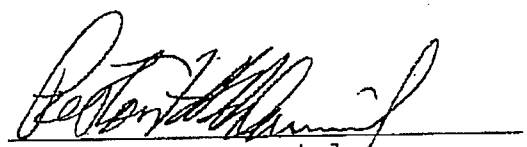
6. See number 2 for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.

7. Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related.

11. The Claimant would request an evaluation and examination pursuant to SC Code §42-17-30 to include the right of inspection of the work area of the Claimant to include such testing such as petri dishes to properly evaluate organisms prevalent in the workplace to allow for proper evaluation of the Claimant as part of the examination. The Claimant would also request an examination pursuant to SC Code §42-11-185 by an expert dealing in the area of occupational diseases with one of the Medical Universities of South Carolina.

11a. Dr. Rochelle Hammett, MD, Carolina Physicians Group, 715 S. Doctors Drive, Ste. B, Cheraw, SC 29520; Dr. J. Angelo de Dios, MD, The Medical Group, 701 Medical Park Drive, Ste. 303, Hartsville, SC 29550.

Respectfully submitted,



Preston F. McDaniel
Attorney for the Claimant

September 26, 2014

CERTIFICATE OF SERVICE BY MAIL

I hereby certify that I have on this day served the following in the matter of Gennette Sowell v. Piggly Wiggly with a copy of the **FORM 50 REQUESTING A HEARING** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

I also hereby certify that a regular communication by mail exists.

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
10th day of September, 2014.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

RECEIVED JUL 21 2014

Proudly representing injured workers
for over 30 years.

Preston F. McDaniel
Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

July 17, 2014

Sonji Spann, Claims Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Genette Sowell vs. Piggly Wiggly of Sumter, Inc.
DOA: 1-6-14

Dear Ms. Spann:

Please be advised that Gerald Malloy and I have been retained to represent the Claimant in the above captioned matter as a result of the Claimant's work-related injury. I would appreciate you noting my representation and sending all notices, etc. to my office.

Enclosed also is our Form 50 filing a claim on behalf of the Claimant in this matter along with our proof of service upon the carrier and/or opposing counsel in this matter.

I hope this is sufficient for filing with the Commission. Should you require anything further, kindly advise.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Auto Owners Insurance, ATTN: Melody Harris

...Workers' Compensation Commission
...Street, Suite 500 • Post Office Box 1715
...bia, South Carolina 29202-1715
...803) 737-5723 www.wcc.sc.gov

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

Claimant's Name: Gennette Sowell SSN: Employer's Name: Piggly Wiggly

Address: _____ Address: 235 15-401 Bypass E

City: C State: _____ Zip: _____ City: Bennettsville State: SC Zip: 29512

Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

Claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: Culminating in disability on 1/6/14**

☐Injury ☒ Illness ☒ Repetitive Trauma ☒Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to SEE ATTACHMENT (Part(s) of Body Injured) on SEE DATE OF INJURY (Month/Day/Year) in Marlboro County, State of South Carolina.
2. Body part(s) affected are: SEE ATTACHMENT

   Briefly describe how the accident occurred. SEE ATTACHMENT
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 01/01/2012 (Month/Day/Year) in the following manner: Mary Quick, Store Manager
7. Due to injury, the claimant is in need of (check one):

   ☒(a) medical examination and treatment for: SEE ATTACHMENT

   ☐(b) additional medical examination and treatment for: _____
8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 1/6/14 and continuing.
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 Loss

9a. ☒A determination of permanent disability is premature at this time.

10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of $FORM 20 REQUESTED, 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 OTHER THAN EMPLOYER.

11. Further grounds or unusual aspects of claim: ALL BENEFITS APPLICABLE UNDER THE ACT. SEE ATTACHMENT.

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: SEE ATTACHMENT.

11b. To the best of your knowledge, did you have any prior permanent disability? NONE AWARE OF.
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.**

13b. **I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: _____

SCWCC
JUL 22 2014
INSURANCE & MEDICAL SERVICES

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.**

certify I have served this document pursuant to Reg. 67-211, by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ___day o ___20___, by ☒ first class postage ☐certified mail, ☐personal service.

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

RECEIVED
JUL 24 2014
Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm

Preparer's Signature Title: Attorney Email: preston@pfmcdlaw.com Date: 7/17/14

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 67-601 through 67-615 as well as Reg. 67-2801.

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or Request for Hearing

Gennette Sowell v. Piggly Wiggly
WCC File No.: Unknown

ATTACHMENT TO FORM 50

1 & 2:

Body part(s) affected:

Lungs, pulmonary system, autoimmune system, (allergy/asthma).

This claim is based upon injury by accident; disease in the form of injury by accident; repetitive trauma due to repetitive exposures over a long period of time and/or occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the

Store and the Deli/food preparation area developed significant and continual problems with the waste disposal drains in that department and area 3 of the 4 drains in the Deli Department would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition.

6. See number 2 for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.

7. Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related.

11. The Claimant would request an evaluation and examination pursuant to SC Code §42-17-30 to include the right of inspection of the work area of the Claimant to include such testing such as petri dishes to properly evaluate organisms prevalent in the workplace to allow for proper evaluation of the Claimant as part of the examination. The Claimant would also request an examination pursuant to SC Code §42-11-185 by an expert dealing in the area of occupational diseases with one of the Medical Universities of South Carolina.

11a. Dr. Rochelle Hammett, MD, Carolina Physicians Group, 715 S. Doctors Drive, Ste. B, Cheraw, SC 29520; Dr. J. Angelo de Dios, MD, The Medical Group, 701 Medical Park Drive, Ste. 303, Hartsville, SC 29550.

Respectfully submitted,

Preston F. McDaniel
Attorney for the Claimant

July 17, 2014

CERTIFICATE OF SERVICE BY MAIL

I hereby certify that I have on this day served the following in the matter of Genette Sowell v. Piggly Wiggly with a copy of the **FORM 50 FILING A CLAIM** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Auto Owners Insurance
Post Office Box 211909
Columbia, SC 29221-6909

ATTN: Melody Harris

I also hereby certify that a regular communication by mail exists.

Kimberley T. Hinkle

SWORN TO BEFORE ME this
17 day of July, 2012.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
For over 30 years.

Preston F. McDaniel
Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

November 11, 2014

VIA EMAIL ONLY - blozanne@dmclaw.com
Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

RE: Gennette Sowell v. Piggly Wiggly
WCC File: 1408826

Dear Brittany:

Per our discussion and agreement, please find attached the Amended Form 50 which I am today (actually tomorrow - forgot it was Veteran's Day) filing with the Commission which will hopefully correct the situation with the two file numbers and will allow you to simply file a Form 51 to the Amended Form 50. Also, you will note that I have gone ahead and requested total and permanent disability as per my understanding from our clients' testimony, she is disabled from gainful employment and her condition is permanent and she is on long term disability at this time and it is our understanding that the doctors have said she will need lifetime medical care for this condition.

Ashley went ahead and sent you all the medical records that we have and you will see where both Dr. Hammett and the treating pulmonologist, Dr. DeDios, have both stated the opinion that she is suffering from occupational asthma and immunodeficiency problems stemming from her work-related exposure.

I look forward to hearing from you and working with you on this claim to a resolution in everyone's best interest.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosure

cc: Gerald Malloy, Esquire

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
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Preston F. McDaniel
Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

November 11, 2014

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Sonji Spann, Claims Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Genette Sowell vs. Piggly Wiggly of Sumter, Inc.
WCC File No. 1408826

Dear Amy and Sonji:

First Amy I have attached an Amended Form 50 requesting a hearing that we are filing which includes an amendment that we are requesting an Award for total and permanent disability. With this amendment, pursuant to Commission Regulation 67-1802 this case is now subject to mandatory Mediation. By copy of this letter I am serving the Amended Form 50 on Brittany Lozanne who is the Counsel for the Defendants.

Next, Sonji, for some reason although it is very clear from our Form 50 that we are alleging a repetitive trauma/occupational disease claim culminating in disability on January 6, 2014 and were assigned the above 2014 WCC number, for some reason somebody with the insurance carrier or employer accidently picked up on the first date of treatment involving her occupational exposure and it is my understanding from Brittany Lozanne that a second claim has been opened as a 2011 WCC claim number. This is to request that the 2011 WCC file number be cancelled and/or closed as being an erroneously opened claim, or if it would be easier, to request that this 2011 claim be merged with the 2014 claim as referenced above so that this 2011 file can be closed with the Commission. I am glad to assist the Commission and the carrier in any way possible to ensure that this erroneously opened 2011 claim number is closed and if anything else is needed from me or my client please let me know and I will be glad to assist in any way possible.

As noted above, by copy of this letter I am notifying and serving Counsel for the Defendants, Brittany Lozanne with a copy of this Amended Form 50.

Sincerely yours,

Preston F. McDaniel

PFM/ac/kth
Enclosures

cc: Gerald Malloy, Esquire
Ms. Genette Sowell
Brittany Lozanne, Attorney at Law

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.gov

AMENDED

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

Claimant's Name: Gennette Sowell SSN. Employer's Name: Piggly Wiggly

Address: _____ Address: 235 15-401 Bypass E

City: C State: _____ Zip: _____ City: Bennettsville State: SC Zip: 29512

Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: Culminating in disability on 1/6/14**
☒Injury ☒ Illness ☒ Repetitive Trauma ☒Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to SEE ATTACHMENT (Part(s) of Body Injured) on SEE DATE OF INJURY (Month/Day/Year) in Marlboro County, State of South Carolina.
2. Body part(s) affected are: SEE ATTACHMENT
   Briefly describe how the accident occurred. SEE ATTACHMENT
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 01/01/2012 (Month/Day/Year) in the following manner: Mary Quick, Store Manager

☒7. Due to injury, the claimant is in need of (check one):

☒(a) medical examination and treatment for: SEE ATTACHMENT

☐(b) additional medical examination and treatment for: _____

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 1/6/14 and continuing.

☒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 Loss

9a. ☐A determination of permanent disability is premature at this time.

☐10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

10a. At the time of the injury, the Claimant was paid weekly wages of $FORM 20 REQUESTED, 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 OTHER THAN EMPLOYER.

11. Further grounds or unusual aspects of claim: ALL BENEFITS APPLICABLE UNDER THE ACT. SEE ATTACHMENT.

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: SEE ATTACHMENT.

11b. To the best of your knowledge, did you have any prior permanent disability? NONE AWARE OF.
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: _____

☐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 SEE ATTACHED CERTIFICATE OF SERVICE on the ___day of ____20__,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 the Claimant Title	preston@pfmcdlaw.com Email	11/11/14 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 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or Request for Hearing

Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

ATTACHMENT TO AMENDED FORM 50

1 & 2:

Body part(s) affected:

Occupational asthma (allergy/asthma).

This claim is based upon injury by accident disease as an injury by accident; repetitive trauma injury due to repetitive exposures over a long period of time; and/or as an occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant

and continual problems with the waste disposal drains in that department and area 3 in the kitchen and 1 of 2 in the serving area for a total of 5 drains in the Deli Department that would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition.

6. See number 2 for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.

7. Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related.

11. The Claimant would request an evaluation and examination pursuant to SC Code §42-17-30 to include **an examination and** inspection of the work area of the Claimant to include such testing such as petri dishes to properly evaluate organisms prevalent in the workplace to allow for specific evaluation and testing of the Claimant as part of the examination. The Claimant would also request an examination pursuant to SC Code §42-11-185 by an expert dealing in the area of occupational diseases with one of the Medical Universities of South Carolina.

11a. Dr. Rochelle Hammett, MD, Carolina Physicians Group, 715 S. Doctors Drive, Ste. B, Cheraw, SC 29520; Dr. J. Angelo de Dios, MD, The Medical Group, 701 Medical Park Drive, Ste. 303, Hartsville, SC 29550.

Respectfully submitted,

Preston F. McDaniel
Attorney for the Claimant

November 11, 2014

CERTIFICATE OF SERVICE BY MAIL

WCC File No. 1408826

I hereby certify that I have on this day served the following in the matter of Genette Sowell v. Piggly Wiggly with a copy of the **AMENDED FORM 50 REQUESTING A HEARING** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Sonji Spann, Claims Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

I also hereby certify that a regular communication by mail exists.

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
11 day of November, 2014.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 2/4/24

Dickie McCamey

Brittany M. Lozanne
Attorney-at-Law
Admitted in SC

Direct Dial: 803-285-0004
Direct Fax: 803-285-0042
blozanne@dmclaw.com

December 11, 2014

VIA US MAIL
Amy Bracy
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 01/06/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No.: 36-039-359

Dear Amy:

Enclosed, please find a Form 51, along with a Certificate of Service, on behalf of the Employer/Carrier in the above-referenced matter for filing in your office. ***We have also enclosed a SASE in order to receive a copy of the clocked document back from the Commission.*** By copy of this letter, we are serving a copy of the Form 51 on the Claimant's Attorney, Preston F. McDaniel, Esquire. Please feel free to contact my office should you have any questions or concerns with regards to this submission.

With kindest regards,

Sincerely yours,

Brittany M. Lozanne, Esquire

BML/tc

cc: Preston F. McDaniel, Esquire (via US Mail)
Melody Harris, Auto Owners Insurance (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

WCC File #: 1408826
Carrier File #: 36-039-359
Carrier Code #: 01018
Employer FEIN #: 57-0649361

Claimant's Name: Genette Sowell SSN:
Address:
City: State: Zip:
Home Phone: Work Phone:
Date of Injury: 01/06/2014

Employer's Name: Piggly Wiggly Central, Inc.
Address: 415 N. Salem Street
City: Sumter State: SC Zip: 29150
Insurance Carrier: Auto-Owners Insurance

Preparer's Name: Brittany M. Lozanne Law Firm: Dickie, McCamey & Chilcote, P.C. Preparer's Phone #: (803) 285-0004

Date of Injury or Illness: 01/06/2014 **Estimated time for hearing: 2 Hours**

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: The investigation of the Employer/Carrier does not reveal a compensable injury, illness, repetitive trauma and/or occupational disease by accident within the course and scope of the Claimant's employment. In addition, the Employer/Carrier maintains that the Claimant's current breathing and lung problems are not causally-connected to the Claimant's alleged January 6, 2014 work-related accident.
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 Number 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 Number 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 Number 1 above
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are: See Number 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: The Employer/Carrier maintain there is no medical evidence to support the Claimant's entitlement to additional medical treatment.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of : The Employer/Carrier maintain there is no medical evidence to support the Claimant's entitlement to temporary total disability benefits.
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: The Employer/Carrier maintain there is no medical evidence to support the Claimant's entitlement to permanent disability benefits.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$435.26** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The Employer/Carrier maintain that the Claimant can not satisfy her burden of proving a compensable injury, illness, repetitive trauma and/or occupational disease pursuant to section 42-1-160 and/or section 42-9-35 and/or section 42-11-80. In addition, the Employer/Carrier maintain that the Claimant's compensation may be barred pursuant to section 42-9-60 an/or section 42-9-40 of the Act.

☐ 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.

Preparer's Signature	Attorney for the Defendants (Title)	blozanne@dmclaw.com (Email)	12/11/14 (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.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Amy Bracy
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201

DOCUMENT: Form 51 (Employer's Answer to Request for Hearing)

DATE OF MAILING: December 11, 2014 -

Rebekah M. Wilkinson
Legal Secretary to Brittany M. Lozanne, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1408826
Carrier File #
Carrier Code #
Employer FEIN #:

Claimant's Name: Genette Sowell SSN:
Address:
Home Phone# Work Phone #

Employer's Name: Piggly Wiggly
Address:
Insurance Carrier:

Claimant's Attorney: Brittany Lozanne, Esquire
Phone: (803) 285-0004 Email:

Employer Carrier Attorney: Gerald Malloy, Esquire
Phone: (843) 339-3000 Email: gmalloy@bellsouth.net

Preparer's Signature	Mediator Title	vernon.dunbar@mgclaw.com Email	April 6, 2015 Date

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on Friday, March 27, 2015:

The following issues mediated and are settled or contested as indicated below:

ISSUE	SETTLED	CONTESTED
Mediation adjourned for 60 days in order for parties to complete discovery. When mediation is reconvened, it is urged that an employer representative and/or representative of carrier attend in person. Hold hearing request in abeyance until rescheduled pursuant to request of the parties.		

Per agreement of the Parties the matter is to be:

- ☐ Rescheduled pursuant to Reg. 67-1804 C. on _____.
- ☐ Set for hearing to determine all issues.
- ☐ Set for hearing to determine remaining issues pursuant to the Forms 58.
- ☐ Returned to General Files pending request for hearing from either Party.

The ☐ Claimant ☐ Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The cost of the mediation is: $ ____.

The cost was shared equally by the Parties.

The total cost was paid by the
☐ Claimant ☐ Defense.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807,

Mediator: Vernon F. Dunbar Address: Post Office Box 2980, 55 E. Camperdown Way, Suite 300, Greenville, South Carolina 29602

Phone: (864) 239-6735 Email:

This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675 or mediation@wcc.sc.gov. Refer to Regulations 67-1801.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1408826
Carrier File #
Carrier Code #
Employer FEIN #:

Claimant's Name: Gennette Sowell SSN: Employer's Name: Piggly Wiggly
Address: Address:
Home Phone# Work Phone # Insurance Carrier:

Claimant's Attorney: Preston F. McDaniel Employer Carrier Attorney: Brittany M. Lozanne
Phone: (803) 771-7211 Email: preston@pfmcdlaw.com Phone: (803) 285-0004 Email:

Vernon F. Dunbar Mediator vernon.dunbar@mgclaw.com February 5, 2016
Preparer's Signature Title Email Date

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on Thursday, January 22, 2015 (m/d/yyyy):

The following issues mediated and are settled or contested as indicated below:

ISSUE	SETTLED	CONTESTED
Resulted in an impasse.		

Per agreement of the Parties the matter is to be:

- ☐ Rescheduled pursuant to Reg. 67-1804 C. on _____.
- ☐ Set for hearing to determine all issues.
- ☐ Set for hearing to determine remaining issues pursuant to the Forms 58.
- ☐ Returned to General Files pending request for hearing from either Party.

The ☐ Claimant ☐ Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The cost of the mediation is: $ 2,827.64 .

The cost was shared equally by the Parties.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807,

Mediator: Vernon F. Dunbar Vernon F. Dunbar Address: 55 East Camperdown Way, Suite 300, Greenville, South Carolina 29601

Phone: (864) 239-6735 Email: vernon.dunbar@mgclaw.com

This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675 or mediation@wcc.sc.gov. Refer to Regulations 67-1801.

WCC FORM # 70
Created 7/13

70

MEDIATOR REQUEST

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1408826
Carrier File #
Carrier Code #
Employer FEIN #:

Claimant's Name: Gennette Sowell SSN:
Address:
Home Phone# Work Phone #

Employer's Name: Piggly Wiggly
Address:
Insurance Carrier:

Claimant's Attorney: Preston F. McDaniel
Phone: (803) 771-7211 Email: preston@pfmcdlaw.com

Employer Carrier Attorney: Kenya C. Miller
Phone: (803) 285-0034 Email: kmiller@dmclaw.com

Preparer's Signature	Mediator (Title)	vernon.dunbar@mgclaw.com (Email)	June 9, 2016 (Date)

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on Friday, June 3, 2016 (m/d/yyyy):

The following issues mediated and are settled or contested as indicated below:

ISSUE	SETTLED	CONTESTED
Resulted in an impasse. Case was mediated on three different occasions, but could not be resolved.		

Per agreement of the Parties the matter is to be:

- ☐ Rescheduled pursuant to Reg. 67-1804 C. on _____.
- ☒ Set for hearing to determine all issues.
- ☐ Set for hearing to determine remaining issues pursuant to the Forms 58.
- ☐ Returned to General Files pending request for hearing from either Party.

The ☐ Claimant ☐ Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The estimated cost of the mediation is: $ 500.00 .

The cost was shared equally by the Parties.

The total cost was paid by the ☐ Claimant ☐ Defense.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807,

Mediator: Vernon F. Dunbar Address: 55 East Camperdown Way, Suite 300, Greenville, South Carolina 29601

Phone: (864) 239-6735 Email: vernon.dunbar@mgclaw.com

This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675 or mediation@wcc.sc.gov. Refer to Regulations 67-1801.

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years.

Preston F. McDaniel
Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

March 8, 2016

VIA eCASE UPLOAD
Commissioner Melody L. James
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

Dear Commissioner James:

Please find enclosed a copy of the Claimant's Pre-Hearing Brief in the above referenced matter.

By copy of this letter, with enclosures, we are forwarding a copy of our Pre-Hearing Brief and APA submissions to opposing counsel on this date.

I hope this is sufficient for filing this matter with the Commission. However, if additional information is needed, please feel free to contact me at your convenience.

I look forward to seeing you at the hearing and to a resolution in the best interest of all parties concerned.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Brittany M. Lozanne, Attorney of Law

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name: Genette Sowell
Address:
City: State: Zip:
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Piggly Wiggly
Address: 235 15-402 Bypass E
City: Bennettsville State: SC Zip: 29512
Carrier: Owners Insurance Co.

Preparer's Name: Preston F. McDaniel
Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☒ Repetitive Trauma ☒ Occupational Disease

1. Compensation Rate: See Attachment. 2. AWW: $ See Attachment. **Date of Injury:** Culminating in disability on 1/6/14
3. Type of injury and body part(s): Occupational asthma (allergy/asthma); lungs, pulmonary system, autoimmune system
4. Facts in controversy: See Attachment.
5. Legal issues involved: See Attachment.
6. Unusual aspects:
7. Witnesses (designate if expert):* See Notice of Witnesses; Depositions of Employer.
8. Exhibits: Claimant requests that WCC File No. 1408826 be made a part of the Record. (Income tax/business records on Income)
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See Notice of Witnesses and Written Reports/Physicians.
10. Name, address, and specialty, if any, of the treating physician: See #10 on Attachment.
11. Impairment rating(s); body part(s); physician and date of opinion:
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 ATTACHED CERTIFICATE OF SERVICE on the ____ day of ____2016 by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature:
Date of hearing: 03/23/16
Email: preston@pfmcdlaw.com
Time needed for hearing: 1.0 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.

ATTACHMENT TO FORM 58
Genette Sowell v. Piggly Wiggly

WCC File No.: 1408826

1&2: The Claimant will produce evidence to establish that Ms. Sowell is entitled to a higher compensation rate than is reflected on the Form 20 filed by the Defendants. The Claimant would request that the provisions of SC Code §42-1-40 be applied specifically as to exceptional circumstances. Prior to the advent of the development of her condition in 2011, Ms. Sowell was able to perform much more overtime and in addition personally operated a side catering business. Due to her problems in 2012 and 2013, she was unable to perform overtime and in addition was unable to perform to large degree her catering business. After becoming disabled in 2014, she has maintained the catering business which is operated by another lady who does most of the work and any and all of the physical manual work of the catering business. The Claimant will submit records to establish the amount of income that is generated by this business and under the exceptional circumstances would request that the Commission adjust the compensation rate to fairly reflect her loss of earning capacity caused by her work-related condition.

The object of wage calculation for purposes of Workers' Compensation is to arrive at a fair approximation of the Claimant's probable future earning capacity, Swilling v. Pride Masonry of Gaffney, 401 S.C. 178, 736 SE2d 672 (S.C. App. 2012); and where an employee works at concurrent jobs or has additional income, the sum total of his wages and income is to be combined to arrive at the average weekly wage and resulting in Compensation Rate. Foreman v. Jackson Minit Markets, Inc., 265 S.C. 164, 217 SE2d 214 (1975).

4 a. This claim is based upon injury by accident disease as an injury by accident; repetitive trauma injury due to repetitive exposures over a long period of time; and/or as an occupational disease.

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived

in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant and continual problems with the waste disposal drains in that department and area 3 in the kitchen and 1 of 2 in the serving area for a total of 5 drains in the Deli Department that would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day. The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the

Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter continuous follow-up treatment with her family doctor who has treated her approximately twice monthly ever since that time in 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, she was unable to breath and coughing and was admitted to the hospital and was given a diagnosis at that time of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days.

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this

period of time would also on a regular basis tell the Claimant she believed that something at work was causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including extensive injection to control her debilitated condition;

b. See 4a. above for a description of the repeated and continual notice that the Claimant was giving to her employer throughout 2012 and 2013.;

c. Claimant's entitlement to lifetime medical care; Lungs, pulmonary system, autoimmune system, (allergy/asthma) and all medical treatment determined by the doctors to be causally related

d. Claimant's entitlement to total and permanent disability based on:

As a result of the Claimant's age, education, background, experience and the residual physical disability from the occupational disease, the Claimant has suffered a permanent economic loss of earning capacity in the marketplace. She is unable to perform services other than those that are so limited in quality or dependability that a reasonably stable market for them does not exist. Therefore, the Claimant is totally and permanently disabled; Claimant's occupational disease and her physical inability stemming from her exposure to hazardous chemicals which prevents her from performing her work in her last occupation or returning to work in any capacity.

5. **In correlation with the responses under #4:**

a. 1. Definition of occupational disease as defined in §42-11-10; §42-11-20 and §42-11-40; Mohasco Corp., Dixiana Mills Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Fox v. Newberry County Memorial Hospital (S.C. App. 1994), 316 S.C. 537, 451 S.E. 2d 28 Rehearing Denied, certiorari granted in part, reversed in part 319 S.C. 278, 461 S.E.2d 392; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999) cert denied.

2. Repetitive trauma/exposure injury and/or injury by accident/disease in §42-1-160 and §42-1-172; Strawhorn v. Chapman Constr. Co., 202 S.C. 43, 24 S.E.2d 116 (1943) (months of inhalation of lead dust); Sturkie v. Ballenger Corp., 268 S.C. 536, 235 S.E.2d 120, (1977), (months of dust inhalation resulting in emphysema); Grayson v. Gulf Oil Co., 292 S.C. 528, 357 S.E.2d 479 (SC App. 1987), (continued exposure and then massive exposure to petrochemicals resulting in immune system breakdown); Pee v. AVM, Inc., 344 S.C. 162, 543 S.E.2d 232, affirmed, 352 S.C. 167, 573 S.E.2d 785 (2001), (gradual exposure to work conditions compensable as injury by accident);

b. Notice of Accident/occupational disease as provided in §42-15-20; Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91; Muir v. C.R. Bard Inc., 336 S.C. 266, 519 Se2d 583 (S.C. App. 1999)

c. Claimant's entitlement to lifetime medical care as provided in §42-9-10 §42-9-20 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996); Muir v. C.R. Bard, Inc., (S.C. App. 1999) 336 S.C. 266, 519 S.E.2d 573, rehearing denied; Mohasco Corp., Dixiana Mill Div. v. Rising (S.C. App. 1986) 289 S.C. 130, 345 S.E.2d 249, reversed 292 S.C. 489, 357 S.E.2d 456; Hanks v. Blair Mills, Inc., 286 SC 378, 335 S.E.2d 91;

d. Claimant's entitlement to total and permanent disability based on §42-11-20, §42-9-10 and §42-1-120. Coleman v. Quality Concrete Products, 245 S.C. 625, 142 S.E.2d 43 (1965); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699 (1996);

10. Dr. Rochelle D. Hammett, MD, Carolina Physicians Group, Cheraw, SC; Dr. Angelo deDios, The Medical Group, Hartsville, SC; Chesterfield General Hospital, Cheraw, SC; Dr. Orville Dyce, Hartsville ENT, Hartsville, SC; Dr. Gordon Early, MD, MPH, 1241 Boiling Springs Hwy., Spartanburg, SC; Dr. Yolanda Mendez, M.D., The Medical Group, Hartsville, SC (New Family Doctor).

Preston F. McDaniel
Attorney for Claimant

March 8, 2016

STATE OF SOUTH CAROLINA)) COUNTY OF MARLBORO)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No: 1408826
Gennette Sowell,)) Employee Claimant,)) v.))) Piggly Wiggly,)) as Employer, and))) Owners Insurance,)) as Carrier,)) Defendants.)	**NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT, GENNETTE SOWELL** Date of Hearing: 03/23/16

TO: Brittany M. Lozanne, Attorney, Attorney for the Defendants:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Gennette Sowell, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1 23 330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

Tab No.	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE No.
1	Rochelle D. Hammett, MD Carolina Physicians Group	06/03/11-09/29/14	1-103
2	Angelo deDios, MD The Medical Group	01/07/14-11/23/15	104a-169g
3	Chesterfield General Hospital	06/11/11-12/22/11	170-190
4	Dr. Orville Dyce Hartsville ENT/Black Creek Medical Consultants	3/06/12-02/24/15	191a-218
5	Dr. Gordon Early Upstate Occ. Medicine	12/17/15	219-220
6	Dr. Yolanda Mendez, MD The Medical Group (New Family Doctor)	02/04/16	221

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant; Hattie Haley; Amy Blackwood; Lula McIver; Mr. Ronnie Harrington, Bennettsville Health Inspector; Ms. Janet James; Ms. Flora Ishmell; any witness listed, named or called by the Defendants; and other lay witnesses to be named.

Respectfully submitted,

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
803-771-7211

and

Gerald Malloy, Esquire
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
843-339-3000

Attorneys for the Claimant

March 8, 2016

CERTIFICATE OF SERVICE

Gennette Sowell v. Piggly Wiggly

WCC File No. 1408826

I HEREBY CERTIFY that on this date:

I mailed a copy of the Pre-Hearing Brief and Notice of Witnesses only to:

VIA eCASE
Commissioner Melody L. James
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

And I mailed a copy of the Claimant's Pre-Hearing Brief, Notice of Witnesses and Written Reports(s)/ Physician or other Evidence, and APA Submissions with enclosures to:

VIA FIRST CLASS MAIL
Brittany M. Lozanne, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
8TH day of March, 2016.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

STATE OF SOUTH CAROLINA)) COUNTY OF MARLBORO)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No: 1408826
GENNETTE SOWELL,)) Employee Claimant,)) v.)) PIGGLY WIGGLY,)) as Employer, and)) OWNERS INSURANCE,)) as Carrier,)) Defendants.)	**APA SUBMISSIONS** **Date of Hearing: 03/23/16**

Pursuant to South Carolina Code §1-23-330 and Commission Rule 67-612 Preston F. McDaniel, the Attorney for the Claimant, submits the following report(s) in support of and on behalf of the Claimant in this matter:

Tab No.	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE No.
1	Rochelle D. Hammett, MD Carolina Physicians Group	06/03/11-09/29/14	1-103
2	Angelo deDios, MD The Medical Group	01/07/14-11/23/15	104a-169g
3	Chesterfield General Hospital	06/11/11-12/22/11	170-190
4	Dr. Orville Dyce Hartsville ENT/Black Creek Medical Consultants	3/06/12-02/24/15	191a-218
5	Dr. Gordon Early Upstate Occ. Medicine	12/17/15	219-220
6	Dr. Yolanda Mendez, MD The Medical Group (New Family Doctor)	02/04/16	221

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 30 years.

Preston F. McDaniel

Matthew Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

April 15, 2016

VIA EMAIL - tmorris@wcc.sc.gov
AND US MAIL
Commissioner Melody L. James
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Gennette Sowell v. Piggly Wiggly
WCC File No.: 1408826

Dear Commissioner James:

Please be advised that per the agreement with defense counsel, Ms. Sowell was seen again for additional evaluation by Dr. Gordon Early. We have received and several weeks ago provided his report to defense counsel.

As I advised previously, we are pending a decision by defense counsel and her clients as to whether or not we are going to conduct further mediation.

However, until I hear from defense counsel that her clients want to further mediate this case, I am assuming and preparing to go forward with the hearing on the 28th. Therefore, I have attached an Amended Notice of Witnesses and Written Reports/Physicians noting the submission of this report at the upcoming hearing.

By copy of this email, I am notifying and serving defense counsel with the Amended Notice of Witnesses and Written Reports/Physicians and she has already received weeks ago the report from Dr. Early.

Sincerely yours,

Preston F. McDaniel

PFM/abh
Enclosure

cc: Gerald Malloy, Esquire (via email gmalloy@bellsouth.net)
Kenya C. Miller, Attorney of Law (via email kmiller@dmclaw.com)

STATE OF SOUTH CAROLINA)) COUNTY OF MARLBORO)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No: 1408826
Gennette Sowell,)) Employee Claimant,)) v.))) Piggly Wiggly,)) as Employer, and))) Owners Insurance,)) as Carrier,)) Defendants.)	**AMENDED** **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT, GENNETTE SOWELL** Date of Hearing: 4/25/16

TO: Kenya C. Miller, Attorney, Attorney for the Defendants:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Gennette Sowell, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1 23 330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

Tab No.	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE No.
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4	Dr. Orville Dyce Hartsville ENT/Black Creek Medical Consultants	3/06/12-02/24/15	191a-218
5	**Dr. Gordon Early** **Upstate Occ. Medicine**	12/17/15-**03/24/16**	219-**220a-e**
6	Dr. Yolanda Mendez, MD The Medical Group (New Family Doctor)	02/04/16	221

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Respectfully submitted,

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
803-771-7211

and

Gerald Malloy, Esquire
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
843-339-3000

Attorneys for the Claimant

April ~~14~~ 15, 2016

1

TO: PRESTON F. MCDANIEL

RE: Gennette Sowell
DOB:
ID:

Dear Mr. McDaniel:

In response to your inquiry, the opinions expressed on the attached report from me addressed as, "To Whom It May Concern:" constitutes my opinions to a reasonable degree of medical certainty concerning my diagnosis and opinions concerning my patient, Ms. Gennette Sowell. Per your request, I have also initialed and dated the attached letter for your records. Also, this will confirm that I took Ms. Sowell out of work due to her work-related condition on January 6, 2014 and she continues out of work at this time. I hope this provides you with what you need.

Rochelle D. Hammett, M.D.

9/29/14
Date:

Rochelle D. Hammett, MD

715 S. Doctors Drive Suite B

Cheraw, SC 29520

Carolina Physicians Group

To whom it may concern:

Gennette Sowell has been under my care for Occupational Asthma. While she was working, Ms. Sowell experienced numerous exacerbations that repeatedly required hospitalizations as a result of respiratory difficulty.

While not working, Ms. Sowell's symptoms would improve dramatically. Ms. Sowell did return to work as required by her employment only to return to my office for an exacerbation. A great majority of the exacerbations required an emergency room visit and hospital admission. She was therefore with the help of her Pulmonologist diagnosed with Occupational Asthma. If there are any questions, please contact me.

Sincerely,

Rochelle D. Hammett, MD

SOWELL, GENNETTE M (id : dob:)

Encounter Summary

Patient

Name: SOWELL, GENNETTE F) ID#:
DOB:
Provider: ROCHELLE HAMMETT, MD
Insurance: Med Primary
Insurance #:
Prescription: CMX - Member is eligible.
Prescription: ESI1 - Member is eligible.

Appt Date/Time: 01/09/2014 09:15AM
Service Dept.: CPG_CAROLINA PHYSICIANS GROUP

Chief Complaint

3 mo flu. she ready to be taking out of work

seen lung doc monday an gave her levaquin, prednisone shot

Problems

Problems not reviewed (last reviewed 11/21/2013)
- Hyperlipidemia
- Allergic rhinitis
- Head and neck swelling
- Sarcoidosis
- Leukemia
- Essential hypertension
- Gastroesophageal reflux disease
- Cough
- Chronic rhinitis
- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Benign essential hypertension
- Lymphadenopathy
- Acute sinusitis
- Chronic asthmatic bronchitis
- Asthma with status asthmaticus
- Obstructive sleep apnea syndrome
- Chronic bronchitis
- Hypokalemia
- Acute bronchitis
- Asthma
- Closed fracture of rib

Patient's Care Team

Other: ROCHELLE HAMMETT MD (CAROLINA PHYSICIANS GROUP): 715 S DOCTOR DR, CHERAW, SC 29520, Ph (843) 537-5112, Fax (843) 537-1163

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	04/08/13	filled
azithromycin 250 mg tablet	03/19/13	filled
bactrim DS 1 po tid	09/26/13	entered
Brovana 15 mcg/2 mL solution for nebulization	12/19/12	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled

SOWELL, GENNETTE M (id -, dob:)

cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	10/10/13	filled
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector	04/23/13	filled
fluticasone 50 mcg/actuation nasal spray,suspension	01/07/14	filled
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL nebulization soln Inhale 3 mL every day by nebulization route.	09/30/13	administered
Klor-Con M20 mEq tablet,extended release	01/28/13	filled
levofloxacin 500 mg tablet	06/28/13	filled
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 5 days.	01/07/14	filled
methylprednisolone 4 mg tablets in a dose pack Take 1 tablet(s) every day by oral route.	11/21/13	filled
montelukast 10 mg tablet	01/07/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release	12/07/13	filled
prednisone 10 mg tablet Take 1 tablet(s) by oral route.	01/07/14	filled
prednisone 20 mg tablet	01/15/13	filled
Rocephin 500 mg solution for injection Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
Spiriva with HandiHaler 18 mcg & inhalation capsules	02/26/13	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	12/08/13	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler	04/08/13	filled

Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, seasonal, injectable, preservative free	10/10/13		IM	RA	uh900ac	sanofi pasteur	06/30/14	07/26/13	10/10/13	Nikki Davis
Influenza, seasonal, injectable	11/19/12								11/19/12	
Influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Malignant tumor of breast (died age: 84)
- SKIN Cancer (previously recorded as Breast Cancer)
Father - Cerebrovascular accident (died age: 86)
-- previously recorded as Stroke

Social History

Reviewed Social History
Smoking Status: Never smoker.

Surgical History

SOWELL, GENNETTE M (id dob:

Surgical History not reviewed (last reviewed 10/10/2013)

YN History

GYN History not reviewed (last reviewed 10/10/2013)

Vitals

01/09/2014 09:51 am

Ht: 5 ft 4 in	Wt: 137 lbs	BMI: 23.5
BP: 149/109 sitting R arm	T: 98.3 F° oral	Pulse: 109 bpm
RR: 16	O2Sat: 94% Room Air	

HPI

COPD

Reported by patient.

Quality: symptoms do not vary with time of day
Context: recurrent bronchopulmonary infections
Modifying Factors: relieved with antibiotics; relieved with bronchodilator; worse with exertion
Associated Symptoms: decrease in exercise capacity; fatigue

ROS

ROS as noted in the HPI

Document Review

Discussed the following results:

- ALLERGY REFERRAL - 01/07/14
- LIPID PANEL - 11/21/13
  Results:
  - CHOLESTEROL, TOTAL: 275 High
  - TRIGLYCERIDES: 101
  - HDL CHOLESTEROL: 54
  - VLDL CHOLESTEROL CAL: 20
  - LDL CHOLESTEROL CALC: 201 High
  - COMMENT: LDLCOM
- COMP. METABOLIC PANEL (14) - 11/21/13
  Results:
  - GLUCOSE, SERUM: 97
  - BUN: 12
  - CREATININE, SERUM: 0.99
  - EGFR IF NONAFRICN AM: 61
  - EGFR IF AFRICN AM: 70
  - BUN/CREATININE RATIO: 12
  - SODIUM, SERUM: 140
  - POTASSIUM, SERUM: 3.1 Low
  - CHLORIDE, SERUM: 97
  - CARBON DIOXIDE,TOTAL: 27
  - CALCIUM, SERUM: 10.1
  - PROTEIN, TOTAL, SERUM: 6.9
  - ALBUMIN, SERUM: 4.5
  - GLOBULIN, TOTAL: 2.4
  - A/G RATIO: 1.9
  - BILIRUBIN, TOTAL: 0.4
  - ALKALINE PHOSPHATASE, S: 66
  - AST (SGOT): 15
  - ALT (SGPT): 9
- CBC W/DIFF - 11/21/13
  Results:
  - WBC: 6.2
  - RBC: 4.72
  - HEMOGLOBIN: 13.0
  - HEMATOCRIT: 39.5
  - MCV: 84
  - MCH: 27.5
  - MCHC: 32.9
  - RDW: 13.6

- PLATELETS: 288
- NEUTROPHILS: 53
- LYMPHS: 31
- MONOCYTES: 6
- EOS: 9 High
- BASOS: 1
- NEUTROPHILS (ABSOLUTE): 3.2
- LYMPHS (ABSOLUTE): 1.9
- MONOCYTES(ABSOLUTE): 0.4
- EOS (ABSOLUTE): 0.6 High
- BASO (ABSOLUTE): 0.1
- IMMATURE GRANS (ABS): 0.0

- Clinical Document - 11/21/13
  Notes - RECORDS FROM DR. STONE

Physical Exam

Patient is a 63-year-old female.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and breath sounds normal, good air movement, and expiratory wheezing. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Assessment / Plan

1. Asthma
   493.90: Asthma, unspecified type, unspecified

2. Benign essential hypertension
   401.1: Essential hypertension; benign essential hypertension
   - hydrochlorothiazide 25 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565

3. Allergic rhinitis
   477.9: Allergic rhinitis, cause unspecified
   - ALLERGIES: AFTER YOUR VISIT
   - RHINITIS: AFTER YOUR VISIT

4. Hyperlipidemia
   272.4: Other and unspecified hyperlipidemia
   - HYPERLIPIDEMIA: AFTER YOUR VISIT
   - simvastatin 40 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565

Return to Office
- Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on 04/09/2014 at 10:00 AM

QM

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, MU Medicaid - Year 3 - 2014 (Stage 1), MU Stage 2 Prep Program - 2014 (Not for attestation), PQRS 2014, athenaBenchmark.
Quality Metrics
Last updated 01/09/2014

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Adult BMI and follow-up (18-64)	Satisfied
Blood Pressure Screening	Satisfied
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Documentation of current medications	Satisfied

SOWELL, GENNETTE M (id), dob:

Electronic progress notes	Satisfied
nfluenza immunization	Satisfied
nfluenza Vaccination (Aug - Mar)	Satisfied
Patients view or download their health info	Needs Data
Patients view or download their health info	Needs Data
Provide patient information	Satisfied
Record demographics	Satisfied
Record Family Health History	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Secure messaging	Needs Data
Send reminders for preventive/follow-up care	Needs Data
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Tobacco use: Screening and cessation intervention	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off
Encounter signed-off by Rochelle Hammett, MD, 01/09/2014.

Encounter performed and documented by Rochelle Hammett, MD
Encounter reviewed & signed by Rochelle Hammett, MD on 01/09/2014 at 4:43pm.

Fax	To: ROCHELLE HAMMETT Fax: 18435371163	From: JOSE DEDIOS MD Fax: (843) 383-4142 Phone: (843) 383-5191

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:3254704-H-4693]

SOWELL, GENETTE (id # dob: ,
'HARTSVILLE MEDICAL GROUP LLC
01 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

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Patient	Sowell, Genette (f
DOB	

Patient Demographics:

Address	Home Phone
	Work Phone

Encounter Notes:

Encounter Reason/Date	f/u asthma very sob, asthma flaring up. 01/07/2014 - 08:30AM - TMG_The Medical Group Suite 302 303
History of Present Illness	Pt is here for f/u on her asthma. Since last seen, she states that her asthma has been stable until 3 weeks ago. She started coughing — yellow sputum. More SOB, wheeze. (-) fevers, chills. She took ZPAK which made her feel better for a bit but her sx got worse. She was tapering down steroids to 5 mg/day when sx got worse. She is back on 10 mg of Pred for a month now. Last xolair was dec 31. she gets xolair q 2 weeks. She is working on getting disability. (-) hemoptysis. Has nightly sx. (-) sick contacts. She got the flu shot in 2013.
Review of Systems	Patient reports weight loss (6 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, sputum production, painful respiration, and chest tightness but reports no coughing up blood and no stridor. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS as noted in the HPI
Vitals	Wt: 139 lbs | BP: 157/97 | Pulse: 99 bpm RR: 22 | O2Sat: 98% | T: 97.1 F Ht: 5 ft 4 in | BMI: 23.9
Procedure	None recorded.
Results/Interpretations	None recorded.

SOWELL, GENNETTE (
HARTSVILLE MEDICAL GROUP LLC
01 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-6191
Fax (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: mild distress. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing: more wheezing compare to last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. Exacerbation of asthma - Pt's asthma get worse during the winter time plus the fact that she probably has bronchitis.

   CXR today was reveiwed and did not show infiltrates.
   Will give steroid shot and inc pred to 20 mg/day/ Will treat for bronchitis with levaquin.
   Will discuss about BT at MUSC on f/u. She is working on getting disability. Her work environment makes her asthma worse. If her asthma is still not controlled despite being on disability, will pursue consulting MUSC for bronchial thermoplasty. I discussed this plab with the pt and she is in agreement.
   493.92: Asthma, unspecified type, with (acute) exacerbation
   - ASTHMA ACTION PLAN: AFTER YOUR VISIT
   - Depo-Medrol 40 mg and Decadron 4 mg - Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now Sample dispensed. Sample Qty: 1
   - [illegible] daily rate actuation(s) asthma for which she is very symptomatic daily and nighly. She is allergic route as needed. Sample dispensed. Sample Qty: 120 3 mL blist pack(s)
   - DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - Inhale 3 mL every 4 hours by nebulization

2. Asthma -
   to pollen and dust. She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013. cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter.
   Pt will wean off daliresp 2 to psych issues.
   Will need PFT and chest ct scan on f/u prior to BT.
   Asthma is flared up now. Cont symbicort, singulair, flonase, xolair. Will inc Pred to 20 mg/day. Will treat for bronchitis.
   Will consider BT consult at MUSC on F/U.

SOWELL, GENETTE
HARTSVILLE MEDICAL GROUP LLC
101 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- prednisone 10 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Singulair 10 mg tablet - Take 1 tablet(s) every day by oral route at bedtime. Qty: 30 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime.
  Qty: 1 spray(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

3. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

4. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

5. Obesity - Lost 6 lbs.
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

6. Bronchitis - S/P ZPAK in dec. Will start levaquin.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT
- TWO VIEW- X-RAY, CHEST
- levofloxacin 750 mg tablet -
  Pharmacy: CVS/PHARMACY #3565

I extensively discussed with the patient the diagnosis of Bronchitis. I told the patient to watch out for worsening

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds,

of symptoms. If the patient has worse symptoms despite the medications prescribed, the patient was instructed to call our clinic or his/her PCP's clinic or go to the Emergency Room. Patient verbalizes understanding of the plan.

I extensively discussed with the patient potential side effects of Levofloxacin/Fluoroquinolone such as kidney failure and tendinitis and patient understands. Patient is instructed to call us if with untoward side effects.

Return to Office
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 02/04/2014 at 09:00 AM

Patient Medical History:

SOWELL, GENETTE /
HARTSVILLE MEDICAL GROUP LLC
11 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

Allergies List

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date		Source
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled	Caremark
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL every 6 hours as needed for wheeze	04/23/13	prescribed	Jose Dedios, MD
budesonide 0.5 mg/2 ml suspension for nebulization	12/19/12	filled	Caremark
Calcium 500	04/08/13	entered	Donna Calce
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled	Caremark
Dulcolax 500 mcg tablet	10/10/13	filled	Caremark
Depo-Medrol 40 mg and Decadron 4 mg Depo-Medrol 40 mg and Decadron 4 mg pre give 40 mg medrol IM now	01/07/14	sample given	Jose Dedios, MD
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours as needed for wheeze, cough Internal Note: pt is given the med prior	01/07/14	sample given	Jose Dedios, MD
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Inject 1 injection by intramuscular route	04/23/13	prescribed	Jose Dedios, MD
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 sprays(s) nostril daily by nasal route (50 mcg/actuation)	01/07/14	prescribed	Jose Dedios, MD
hydrochlorothiazide 25 mg tablet	12/28/13	filled	Caremark
Ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours as needed for wheeze Internal Note:	04/08/13	entered	Donna Calce
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) by mouth daily for 3 days	04/08/13	entered	Donna Calce
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days. Start date 01/08/2014	01/07/14	prescribed	Jose Dedios, MD

SOWELL, GENETTE (id [illegible]
HARTSVILLE MEDICAL GROUP LLC
J1 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-6191
Fax (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 01/07/2014

[illegible]esium [illegible]	04/08/13	entered	Donna Cator
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled	Caremark
Nasonex 50 mcg/actuation Spray	12/07/13	filled	Caremark
Nexium 40 mg capsule,delayed release [illegible]	12/07/13	filled	Caremark
prednisone 10 mg tablet [illegible]	01/07/14	prescribed	Jose Dedios, MD
Singulair 10 mg tablet Take [illegible]	01/07/14	prescribed	Jose Dedios, MD
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet [illegible]	11/03/13	filled	Caremark
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler [illegible]	12/08/13	filled	Caremark
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puffs every [illegible]	04/23/13	prescribed	Jose Dedios, MD
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route	04/23/13	prescribed	Jose Dedios, MD

Family History

Reviewed Family History

Mother	- Diabetes mellitus (died age: 86) - previously recorded as Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 84) - previously recorded as Coronary Artery Disease

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Vaccine History

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Cancel Reason	Date VIS Given	VIS Given	Vaccine Source

SOWELL, GENETTE
HARTSVILLE MEDICAL GROUP LLC
01 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
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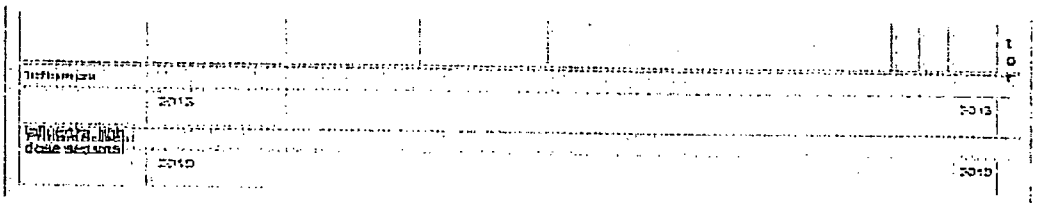
Encounter Summary - Progress Note
Date Printed: 01/07/2014



Pneumococcal Conjugate

Electronically Signed by: JOSE DEDIOS MD

SOWELL, GENNETTE M

Encounter Summary

Patient

Name	SOWELL, GENNETTE (F	Appt. Date/Time	11/21/2013 10:00AM
DOB		Service Dept.	CPG_CAROLINA PHYSICIANS GROUP
Provider	ROCHELLE HAMMETT, MD		
Insurance	Med Primary: [redacted] Insurance # : Prescription: CMX - Member is eligible. Prescription: MHS - Member is eligible.		

Chief Complaint

coughing,sob, no energy x1 week

Problems

Reviewed Problems
- Allergic rhinitis
- Head and neck swelling
- Sarcoidosis
- Leukemia
- Essential hypertension
- Gastroesophageal reflux disease
- Cough
- Chronic rhinitis
- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Benign essential hypertension
- Lymphadenopathy
- Acute sinusitis
- Chronic asthmatic bronchitis
- Asthma with status asthmaticus
- Obstructive sleep apnea syndrome
- Chronic bronchitis
- Hypokalemia
- Acute bronchitis
- Asthma
- Closed fracture of rib

Patient's Care Team

Other: ROCHELLE HAMMETT MD (CAROLINA PHYSICIANS GROUP): 715 S DOCTOR DR, CHERAW, SC 29520, Ph (843) 537-5112, Fax (843) 537-1163

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	04/08/13	filled
azithromycin 250 mg tablet	03/19/13	filled
Bactrim DS 1 po tid	09/26/13	entered
Brovana 15 mcg/2 mL solution for nebulization	12/19/12	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled

SOWELL, GENNETTE M

Take 1 tablet(s) every day by oral route.		
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector	04/23/13	filled
hydrochlorothiazide 25 mg tablet	10/20/13	filled
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL nebulization soln Inhale 3 mL every day by nebulization route.	09/30/13	administered
Klor-Con M20 mEq tablet,extended release	01/28/13	filled
levofloxacin 500 mg tablet	06/28/13	filled
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 5 days.	09/26/13	filled
Medrol (Pak) 4 mg tablets in a dose pack Take 1 tablet(s) every day by oral route.	11/21/13	prescribed
montelukast 10 mg tablet	07/17/13	filled
Nasonex 50 mcg/actuation Spray	10/10/13	filled
Nexium 40 mg capsule,delayed release	11/12/13	filled
prednisone 10 mg tablet Take 1 tablet(s) by oral route.	11/12/13	filled
prednisone 20 mg tablet	01/15/13	filled
Rocephin 500 mg solution for injection Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
Spiriva with HandiHaler 18 mcg & inhalation capsules	02/26/13	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	11/07/13	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler	04/08/13	filled

accines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, seasonal, injectable, preservative free	10/10/13		IM	RA	uh900ac	sanofi pasteur	06/30/14	07/26/13	10/10/13	Nikki Davis
Influenza, seasonal, injectable	11/19/12								11/19/12	
Influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Malignant tumor of breast (died age: 84)
- SKIN Cancer (previously recorded as Breast Cancer)
Father - Cerebrovascular accident (died age: 86)
- previously recorded as Stroke

Social History

Reviewed Social History
Smoking Status: Never smoker.

Surgical History

Surgical History not reviewed (last reviewed 10/10/2013)

GYN History

GYN History not reviewed (last reviewed 10/10/2013)

Vitals

SOWELL, GENNETTE M

Ht: 5 ft 4 in 11/21/2013 10:06 am	Wt: 142 lbs 11/21/2013 10:06 am	BMI: 24.4 11/21/2013 10:06 am
BP: 142/90 sitting R arm 11/21/2013 10:08 am	T: 98.3 F° oral 11/21/2013 10:06 am	Pulse: 98 bpm 11/21/2013 10:06 am
RR: 16 11/21/2013 10:06 am	O2Sat: 90% 11/21/2013 10:06 am	

HPI

COPD

Reported by patient.

Associated Symptoms: no snoring; no excessive daytime sleepiness; no arousals from sleep; no dyspnea; no coughing up sputum; no cough; no fever; no wheezing; no depression; decrease in exercise capacity; fatigue; weight loss

Hypertension

Reported by patient.

Associated Symptoms: shortness of breath; fatigue; exertional dyspnea; decline in exercise capacity; muscle weakness

ROS

ROS as noted in the HPI

Document Review

Discussed the following results:
- Consult Note - JOSE A DEDIOS - JOSE A DEDIOS - 10/29/13
- Clinical Document - 10/10/13

Physical Exam

Patient is a 63-year-old female.

Lungs: Respiratory effort: no dyspnea. Percussion: dullness or flatness. Auscultation: no rales/crackles or rhonchi, inspiratory wheezing and expiratory wheezing, and breath sounds normal and good air movement. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Assessment / Plan

1. Asthma
   493.90: Asthma, unspecified type, unspecified
   - CMP,CBC,LIPID PANEL
   - Medrol (Pak) 4 mg tablets in a dose pack - Take 1 tablet(s) every day by oral route. Qty: 21 tablet(s) Refills: 0
     Pharmacy: CVS/PHARMACY #3565

2. Benign essential hypertension
   401.1: Benign essential hypertension

3. Allergic rhinitis
   477.9: Allergic rhinitis, cause unspecified
   - ALLERGIES: AFTER YOUR VISIT
   - RHINITIS: AFTER YOUR VISIT
   - ALLERGY REFERRAL - Schedule Within: provider's discretion Note to Provider: IgE 480 chronic Asthma and Allergies

Return to Office
- Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on 01/09/2014

M

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, Meaningful Use Medicare - Year 1 - 2013, PQRS 2013
Last updated 11/21/2013

Measure	Status

SOWELL, GENNETTE M

Active allergy list	Satisfied
ctive medication list	Satisfied
Adult weight screening and followup (18-64)	Satisfied
Blood Pressure Screening	Satisfied
BP < 140/90 during visit	Out of Range
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
BP screening in hypertension	Satisfied
Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Influenza Vaccination (Aug - Mar)	Satisfied
Medication reconciliation	Satisfied
Provide clinical summaries for office visits	Needs Data (1/3)
Provide patient information	Satisfied
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off
Encounter signed-off by Rochelle Hammett, MD, 11/21/2013.

Encounter performed and documented by Rochelle Hammett, MD
Encounter reviewed & signed by Rochelle Hammett, MD on 11/21/2013 at 11:03am

SOWELL, GENNETTE M

Encounter Summary

Patient

Name	SOWELL, GENNETTE
DOB	
Provider	ROCHELLE HAMMETT, MD
Insurance	Med Primary: Insurance # : Prescription: CMX - Member is eligible.
Appt Date/Time	10/10/2013 08:45AM
Service Dept	CPG_CAROLINA PHYSICIANS GROUP

Chief Complaint

2 week f/u. still congested. need refill on predinsone

Problems

Reviewed Problems
- Head and neck swelling
- Sarcoidosis
- Leukemia
- Essential hypertension
- Gastroesophageal reflux disease
- Cough
- Chronic rhinitis
- Chronic bronchitis
- Chronic obstructive lung disease
- Benign essential hypertension
- Lymphadenopathy
- Acute sinusitis
- Chronic asthmatic bronchitis
- Asthma with status asthmaticus
- Obstructive sleep apnea syndrome
- Chronic bronchitis
- Hypokalemia
- Acute bronchitis
- Asthma
- Closed fracture of rib

Patient's Providers

Other: ROCHELLE HAMMETT MD (CAROLINA PHYSICIANS GROUP): 715 S DOCTOR DR, CHERAW, SC 29520, Ph (843) 537-5112, Fax (843) 537-1163

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	09/04/12	filled
ALBUTEROL SULFATE 2.5 MG/3 ML (0.083 %) SOLUTION FOR NEBULIZATION	04/08/13	filled
AZITHROMYCIN 250 MG TABLET	03/19/13	filled
BACTRIM DS 1 po tid	09/26/13	entered
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION	12/19/12	filled
BUDESONIDE 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION	12/19/12	filled
CROMOLYN 20 MG/2 ML SOLUTION FOR NEBULIZATION	11/20/12	filled
DALIRESP 500 MCG TABLET Take 1 tablet(s) every day by oral route.	10/10/13	prescribed
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR	04/23/13	filled

SOWELL, GENNETTE M (id

HYDROCHLOROTHIAZIDE 25 MG TABLET	09/23/13	filled
IPRATROPIUM-ALBUTEROL 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEBULIZATION SOLN Inhale 3 mL every day by nebulization route.	09/30/13	administered
KLOR-CON M20 MEQ TABLET,EXTENDED RELEASE	01/28/13	filled
LEVOFLOXACIN 500 MG TABLET	06/28/13	filled
LEVOFLOXACIN 750 MG TABLET Take 1 tablet(s) every day by oral route for 5 days.	09/26/13	filled
METHYLPREDNISOLONE 4 MG TABLETS IN A DOSE PACK Take 21 tablet(s) by oral route for 5 days.	09/26/13	filled
MONTELUKAST 10 MG TABLET	07/17/13	filled
NASONEX 50 MCG/ACTUATION SPRAY	08/01/13	filled
NEXIUM 40 MG CAPSULE,DELAYED RELEASE	09/23/13	filled
PREDNISONE 10 MG TABLET Take 1 tablet(s) by oral route.	10/10/13	prescribed
PREDNISONE 20 MG TABLET	01/15/13	filled
ROCEPHIN 500 MG SOLUTION FOR INJECTION Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES	02/26/13	filled
SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET	08/20/13	filled
SYMBICORT 160 MCG-4.5MCG/ACTUATION HFA AEROSOL INHALER	09/30/13	filled
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	04/08/13	filled

Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, seasonal, injectable	11/19/12								11/19/12	
influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Malignant tumor of breast (died age: 84)
- SKIN Cancer (previously recorded as Breast Cancer)
Father - Cerebrovascular accident (died age: 86)
- previously recorded as Stroke

Social History

Discussed Social History
Smoking Status: Never smoker.

Surgical History

Reviewed Surgical History

GYN History

Reviewed GYN History

Vitals

10/10/2013 08:48 am
Ht: 5 ft 4 in Wt: 151 lbs BMI: 25.9

SOWELL, GENNETTE M

BP: 159/85 sitting R arm T: 98.3 F° oral Pulse: 80 bpm

RR: 16

HPI

Asthma F/U
Reported by patient.

Associated Symptoms: no dyspnea; no orthopnea; no snoring; no post nasal drip; no edema; no chest pain; no paroxysmal nocturnal dyspnea; no daytime somnolence; no sputum production; no hemoptysis; no GERD; no sleep attacks; cough ; wheezing

Hypertension
Reported by patient.

Associated Symptoms: shortness of breath; fatigue; exertional dyspnea

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and breath sounds normal, good air movement, and expiratory wheezing. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Assessment / Plan

1. Asthma
   493.90: Asthma, unspecified type, unspecified
   - PREDNISONE 10 MG TABLET - Take 1 tablet(s) by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565
   - DALIRESP 500 MCG TABLET - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3565
   - FLUZONE 2013-2014 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION - Perform Date: 10/10/2013 influenza, seasonal, injectable, preservative free Administer

2. Essential hypertension
   401.9: Unspecified essential hypertension

Return to Office
- to see Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on or around 01/10/2014

QM

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, Meaningful Use Medicare - Year 1 - 2013, PQRS 2013
Last updated 10/10/2013

Measure	Status
Active allergy list	Satisfied
Active medication list	Satisfied
Adult weight screening and followup (18-64)	Out of Range
Blood Pressure Screening	Satisfied
BP < 140/90 during visit	Out of Range
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
BP screening in hypertension	Satisfied

SOWELL, GENNETTE M

Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Identify and provide patient specific education resources	Satisfied
Influenza Vaccination (Aug - Mar)	Needs Data
Perform medication reconciliation at transfers of care	Satisfied
Provide clinical summaries for office visits	Needs Data (1/2)
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Rochelle Hammett, MD, 10/10/2013.

Encounter performed and documented by Rochelle Hammett, MD
Encounter reviewed & signed by Rochelle Hammett, MD on 10/10/2013 at 9:49am

SOWELL, GENNETTE M

Encounter Summary

Patient

Name	SOWELL, GENNETTE	Appt. Date/Time	09/26/2013 08:45AM
DOB		Service Dept.	CPG_CAROLINA PHYSICIANS GROUP
Provider	ROCHELLE HAMMETT, MD		
Insurance	Med Primary: Insurance # Prescription: CMX - Member is eligible. Prescription: MHS - Member is eligible.		

Chief Complaint

CHEST AND HEAD CONGESTION

Problems

- Sarcoidosis (135)
- Unspecified leukemia, without mention of having achieved remission (208.90)
- Hypopotassemia (276.8)
- sleep apnea (327.23)
- Benign essential hypertension (401.1)
- Unspecified essential hypertension (401.9)
- Acute sinusitis, unspecified (461.9)
- Acute bronchitis (466.0)
- Chronic rhinitis (472.0)
- Obstructive chronic bronchitis with (acute) exacerbation (491.21)
- Unspecified chronic bronchitis (491.9)
- Chronic obstructive asthma with status asthmaticus (493.21)
- Asthma, unspecified type, unspecified (493.90)
- Asthma, unspecified type, with status asthmaticus (493.91)
- Chronic airway obstruction, not elsewhere classified (496)
- Esophageal reflux (530.81)
- Swelling, mass, or lump in head and neck (784.2)
- Enlargement of lymph nodes (785.6)
- Cough (786.2)
- Closed fracture of rib(s), unspecified (807.00)

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Allergies

Reviewed Allergies
ZYRTEC

Medications

Reviewed Medications

Name	Date	
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	09/04/12	filled
ALBUTEROL SULFATE 2.5 MG/3 ML (0.083 %) SOLUTION FOR NEBULIZATION	04/08/13	filled
AZITHROMYCIN 250 MG TABLET	03/19/13	filled
BACTRIM DS 1 po tid	09/26/13	entered
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION	12/19/12	filled
BUDESONIDE 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION	12/19/12	filled
CROMOLYN 20 MG/2 ML SOLUTION FOR NEBULIZATION	11/20/12	filled
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR	04/23/13	filled
HYDROCHLOROTHIAZIDE 25 MG TABLET	09/23/13	filled
IPRATROPIUM-ALBUTEROL 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEBULIZATION SOLN	03/17/13	filled
KLOR-CON M20 MEQ TABLET,EXTENDED RELEASE	01/28/13	filled
LEVAQUIN 750 MG TABLET Take 1 tablet(s) every day by oral route for 5 days., stop 10/P. 1 613	09/26/13	prescribed

SOWELL, GENNETTE M

LEVOFLOXACIN 500 MG TABLET	06/28/13	filled
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK Take 21 tablet(s) by oral mute for 5 days., stop 10/01/2013	09/26/13	prescribed
MONTELUKAST 10 MG TABLET	07/17/13	filled
NASONEX 50 MCG/ACTUATION SPRAY	08/01/13	filled
NEXIUM 40 MG CAPSULE,DELAYED RELEASE	09/23/13	filled
PREDNISONE 10 MG TABLET	09/26/13	filled
PREDNISONE 20 MG TABLET	01/15/13	filled
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES	02/26/13	filled
SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET	08/20/13	filled
SYMBICORT 160 MCG-4.5MCG/ACTUATION HFA AEROSOL INHALER	09/03/13	filled
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	04/08/13	filled

Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot#	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, seasonal, injectable	11/19/12								11/19/12	
influenza, seasonal, injectable	01/12/12								01/12/12	
Pneumococcal										
pneumococcal polysaccharide PPV23	01/12/12								01/12/12	

Past Medical History

Discussed Past Medical History
ASTHMA: Y
HIGH CHOLESTEROL: Y
HYPERTENSION: Y

Family History

Discussed Family History
Mother - Breast Cancer (died age: 84)
- SKIN Cancer
Father - Stroke (died age: 86)

Social History

Discussed Social History
Smoking Status: Never smoker.

Surgical History

Reviewed Surgical History

GYN History

Reviewed GYN History

Vitals

09/26/2013 08:40 am

Ht: 5 ft 4 in	Wt: 151 lbs	BMI: 25.9
BP: 144/90 sitting R arm	T: 98 F°	Pulse: 88 bpm
O2Sat: 96%		

HPI

Asthma F/U
Reported by patient.

Context: worsening
Associated Symptoms: post nasal drip

Hypertension

SOWELL, GENNETTE M (

Reported by patient.

Associated Symptoms: shortness of breath; fatigue; exertional dyspnea; decline in exercise capacity

Upper Respiratory Symptoms
Reported by patient.

Context: no sick contacts; no foreign travel; non-smoker
Associated Symptoms: shortness of breath; wheezing; fatigue

ROS

ROS as noted in the HPI

Document Review

Discussed the following results:
- Clinical Document - 09/26/13
- Consult Note - JOSE A DEDIOS - JOSE A DEDIOS - 08/20/13

Physical Exam

Patient is a 63-year-old female.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no supraclavicular LAD, axillary LAD, or inguinal LAD and cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: rhonchi, diminished air movement, and expiratory wheezing and no rales/crackles. Chest Deformity: no pectus carinatum or excavatum; no thoracic deformity, left sternal bulge, or barrel chest; and normal-spaced nipples.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and tachycardia. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Musculoskeletal:: Motor Strength and Tone: normal tone and motor strength. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Assessment / Plan

1. ACUTE BRONCHITIS (466.0)
   - BRONCHITIS: AFTER YOUR VISIT
   - IPRATROPIUM-ALBUTEROL 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEBULIZATION SOLN - Inhale 3 mL every day by nebulization route. Administer Route: INHALATION Administer Qty: 3 mL
   - ROCEPHIN 500 MG SOLUTION FOR INJECTION - Take 500 mg as needed by injection route for 1 day. Administer Route: INJECTION Administer Qty: 500 mg
   - LEVAQUIN 750 MG TABLET - Take 1 tablet(s) every day by oral route for 5 days. Qty: 5 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565
   - MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK - Take 21 tablet(s) by oral route for 5 days. Qty: 21 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565

2. BENIGN ESSENTIAL HYPERTENSION (401.1)
   - HIGH BLOOD PRESSURE: AFTER YOUR VISIT

3. ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED (493.90)
   - ASTHMA IN ADULTS: AFTER YOUR VISIT

4. OBSTRUCTIVE SLEEP APNEA (ADULT)(PEDIATRIC) (327.23)
   - SLEEP APNEA: AFTER YOUR VISIT

Return to Office
- to see Rochelle Hammett, MD for Follow Up 15 at CPG_CAROLINA PHYSICIANS GROUP on or around 10/10/2013

QM

Provider: rhammett1
Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, Meaningful Use Medicare - Year 1 - 2013, PQRS 2013
Last updated 09/26/2013

Measure	Status
Active allergy list	Satisfied

SOWELL, GENNETTE M

Active medication list	Satisfied
Adult weight screening and followup (18-64)	Out of Range
Blood Pressure Screening	Satisfied
BP < 140/90 during visit	Out of Range
BP Control (140/90)	Out of Range
BP Control in Hypertension (140/90)	Out of Range
BP screening in hypertension	Satisfied
Breast Cancer Screening	Needs Data
Cervical Cancer Screening	Needs Data
Colorectal Cancer Screening	Needs Data
Identify and provide patient specific education resources	Needs Data
Influenza Vaccination (Aug - Mar)	Needs Data
Perform medication reconciliation at transfers of care	Satisfied
Provide clinical summaries for office visits	Needs Data (1/1)
Record demographics	Satisfied
Record smoking status	Satisfied
Record vital signs	Satisfied
Shingles Vaccination	Needs Data
Td/Tdap Adult Booster	Needs Data
Tobacco Use Inquiry	Satisfied
Up-to-date problem list	Satisfied

Encounter Sign-Off

Encounter signed-off by Rochelle Hammett, MD, 09/26/2013.

Encounter performed and documented by Rochelle Hammett, MD

Encounter reviewed & signed by Rochelle Hammett, MD on 09/26/2013 at 9:27am

SOWELL, GENNETTE M)Medication History

Name	Date	
?air Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	04/08/13	filled
azithromycin 250 mg tablet	03/19/13	filled
Bactrim DS 1 po tid	09/26/13	entered
Brovana 15 mcg/2 mL solution for nebulization	12/19/12	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	10/10/13	filled
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector	04/23/13	filled
fluticasone 50 mcg/actuation nasal spray,suspension	01/07/14	filled
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
ipratropium-albuterol 0.5 mg-3mg(2.5 mg base)/3 mL nebulization soln Inhale 3 mL every day by nebulization route.	09/30/13	administered
Klor-Con M20 mEq tablet,extended release	01/28/13	filled
levofloxacin 500 mg tablet	06/28/13	filled
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 5 days.	01/07/14	filled
methylprednisolone 4 mg tablets in a dose pack Take 1 tablet(s) every day by oral route.	11/21/13	filled
?ntelukast 10 mg tablet	01/07/14	filled
.asonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release	12/07/13	filled
prednisone 10 mg tablet Take 1 tablet(s) by oral route.	01/07/14	filled
prednisone 20 mg tablet	01/15/13	filled
Rocephin 500 mg solution for injection Take 500 mg as needed by injection route for 1 day.	09/30/13	administered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	01/09/14	prescribed
Spiriva with HandiHaler 18 mcg & inhalation capsules	02/26/13	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	12/08/13	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler	04/08/13	filled

PATIENT ENCOUNTER FORM DATE: 6-27-13

SOWELL, BENNETTE:
dob

PT.NAME: _____ DOB: _____

C/C 3mo FU-Coughing. Needs Neb Tx

HPI: took 2 breathing tx last nite @ 8:00.

PERTINENT PMH/FHX NKDA RISK FACTOR: Smoked 1 ppd x 8 yrs

ROS: CONSTITUTIONAL: _____ GI: Prednisone

EYES: _____ GU: 10 mg po daily

ENT: _____ ENDOCRINE: _____

RESPIRATORY: _____ MUSCLE-SKELETAL _____

CARDIOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 98.3 BP: 174/100 PULSE: 90 RR: 16 HT: 5'4" WT: 152

BMI: 26.1 BS: _____ PULSE OX: 93%

Cefuroxime 1g

I devised treatment

PHYSICAL EXAM:
Const:__ Well Developed,__ Alert,__ No Distress__
Age appr.Behaviour

HEENT:__ Lids,conjunctive,__ PERRLA,__ TM,NL,__Nose__
Oropharynx nl__
Neck:__Supple,__No masses,__Thyroid nl,__No JVD,__
Full Rom,__
Resp__Clear to Auscultation,__No Wheezes,__No Rales,
RRR,__No Murmur,__PULSES__Carotids__Edema__
GI:__No Tenderness__No distended__No guarding/Rebound__
No masses__Rectal Exam nl__HEME neg__
GU: Male__Scrotal Contents__Penis nl__Prostate nl__
No CVA tenderness_____
Female__Ext genitalia/vagina nl__Urethra__Cervix__Uterus nl__
Adnexae__CVA__
MUSC:__All Extent__RUE__LUE__RLE__LLE__Back nl__
Skin__Well hydrated__Inspection__
Lymph__Normal nodes
NEURO:__Oriented x3__CN 11X11 intact__OTR's symmetric__
Sensory Intact__ Motor strength__
PSYCH_____

A:
1. Asthma Severe Persistent
2. HTN
3. Acute Bronchitis

P:
1. ↑ meds dose PAK
Levaquin 500 daily x 5 days
Then Prednisone 10 mg po daily x 10 days
FU - 3 mos.

CVS

6/27/13

6/27/13

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 03/19/2013

DOB:
Age:
Sex: F

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Coughing, wheezing, getting stuck in throat and upper chest x1 week, just getting worse.

HISTORY OF PRESENT ILLNESS: The patient is a 63-year-old female with the above chief complaint. She has a history of chronic asthma exacerbation that was determined to be work related and was suggested that she removed herself from the job, which she has not yet. The patient is going to work this morning and came at the end of the day to the clinic to be assessed.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: As noted above. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.3, blood pressure is 132/80, pulse is 73, respiratory rate is 18, height is 5 feet 4 inches, weight is 156, BMI is 26.8, and pulse ox is 97%.
General: A well-developed female, audibly wheezing.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Diffuse scattered wheezes. She was given a nebulizer treatment.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: Asthma exacerbation, hypertension, and acute bronchitis. The patient was given a Z-Pak and Medrol Dosepak. She was also warned that if she is to again have these symptoms, that she is to come to the clinic right away and not go to work and she agreed. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/09/2013 at 1:04:00 PM (EST) Verification: 638482592013040913040O .

Print CC:
Fax CC:

D Date / Time: 03/25/2013 02:24 PM ET
T Date / Time: 03/26/2013 08:07 AM ET
R Date / Time:
S Job #: CGH63848259
D Job #: 3007821
MT: 1088567

PATIENT ENCOUNTER FORM

SOWELL, GENNETTE
dob:

DATE: 3-19-13

PT NAME *Membership: Neither _____ DOB: _____

C/C: Coughing, Wheezing, getting stuck in throat and upper chest. x1 week. Just getting worse.

HPI:

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: _____
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDIOVASCULAR: _____ NEURO/PSYCHIATRIC _____

Zyrtec 10mg po daily

TEMP: 98.3 BP: 132/80 PULSE: 73 RR: 18 HT 5'4" WT: 150
BMI: 26.8 BS: _____ PULSE OX: 97%

PHYSICAL EXAM:
Const: __ Well Developed, __ Alert, __ No Distress __
Age appr. Behaviour

HEENT: __ Lids, conjunctive, __ PERRLA, __ TM, NL, __ Nose __
Oropharynx nl __
Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __
Full Rom, __
Resp __ Clear to Auscultation, __ No Wheezes, __ No Rales,
RRR, __ No Murmur, __ PULSES __ Carotids __ Edema __
GI: __ No Tenderness __ No distended __ No guarding/Rebound __
No masses __ Rectal Exam nl __ HEME neg __
GU: Male __ Scrotal Contents __ Penis nl __ Prostate nl __
No CVA tenderness
Female __ Ext genitalia/vagina nl __ Urethra __ Cervix __ Uterus nl __
Adnexae __ CVA __
MUSC: __ All Extent __ RUE __ LUE __ RLE __ LLE __ Back nl __
Skin __ Well hydrated, no lesions __
Lymph __ No lymphadenopathy __
NEURO __ Oriented x3 __ CN II-XII intact __ DTR's symmetric __
Sensory intact __ Motor strength __
PSYCH: _____

A: 1. Asthma exacerbation

P: 1. Depo 2. Benadryl dose, prn

2. HTN

3. Acute Bronchitis

FU 3 mos.

RP.30 9 | 13 2

183

PATIENT EI SOWELL, GENNETTE
dob:

DATE: 12-28-12

*Membership: Neithe.

PT.NAME:_____ DOB:_____

C/C 6 week Fu - Coughing.

HPI:

PERTINENT PMH/FHX_____ RISK FACTOR_____
ROS: CONSTITUTIONAL:_____ GI:_____
EYES:_____ GU:_____
ENT:_____ ENDOCRINE:_____
RESPIRATORY:_____ MUSCLE-SKELETAL_____
CARDUOVASCULAR:_____ NEURO/PSYCHIATRIC_____

TEMP: 98.3 BP: 109/90 PULSE: 67 RR: 14 HT: 5'4" WT: 150

BMI: 25.7 BS:_____ PULSE OX: 98%

PHYSICAL EXAM:
Const:__ Well Developed,__ Alert,__ No Distress__
Age appr.Behaviour

HEENT:__ Lids,conjunctive,__ PERRLA,__ TM,NL,__Nose__
Oropharynx nl__
Neck:__Supple,__No masses,__Thyroid nl,__No JVD,__
Full Rom,__
Resp__Clear to Auscultation,__No Wheezes,__No Rales,__
RRR,__ No Murmur,__PULSES__Carotids__Edema__
GI:__No Tenderness__No distended__No guarding/Rebound__
No masses__Rectal Exam nl__HEME neg__
GU: Male__Scrotal Contents__Penis nl__Prostate nl__
No CVA tenderness_____
Female__Ext genitalia/vagina nl__Urethra__Cervix__Uterus nl__
Adnexae__CVA__
MUSC:__All Extent__RUE__LUE__RLE__LLE__Back nl__
Skin__Well hydrated__Inspection__
Lymph__Normal nodes
NEURO:__Oriented x3__CN 11X11 intact__OTR's symmetric__
Sensory Intact__Motor strength__
PSYCH_____

A:
1. Cough
2. HTN
3. GERD

P:
1. 20mg Medrol po once daily x 2 to steward

Ful 3 mos

dictated 12/13 GVR

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 11/19/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: One-week followup. Doing so much better. Still needs steroids or antibiotic.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female with COPD, status post ER and hospitalization for acute exacerbation. The patient did receive a pneumonia vaccine.

PERTINENT PAST MEDICAL HISTORY: Chronic COPD and hypertension.

REVIEW OF SYSTEMS: She remains with shortness of breath and wheeze.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.4, blood pressure is 151/104, pulse is 96, respiratory rate is 16, height is 5 feet 4 inches, weight is 145, BMI is 24.9, and pulse ox of 97%.
General: A well-developed female in no distress.
HEENT: TMs intact, nonbulging.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally, but prolonged expiratory phase with occasional wheeze.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No edema.

ASSESSMENT AND PLAN: The patient has chronic obstructive pulmonary disease, hypertension. I gave her prednisone 20 mg p.o. daily x5 days. The patient has already received the pneumonia vaccine. They will get a flu vaccine today and follow up in 6 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 02/19/2013 at 1:58:00 PM (EST) Verification: 6156468620130219135800 .

Print CC:
Fax CC:

D Date / Time: 12/17/2012 12:02 PM ET
T Date / Time: 12/18/2012 02:40 AM ET
R Date / Time:
S Job #: CGH61564686
D Job #: 3005819
MT: 1032445

PATIENT E. SOWELL, GENNETTE DATE: 11-19-12

*Membership: Neither

PT.NAME:_____ DOB:_____

C/C 1 week Flu - Doing so better - still needs steroid or antibotic.

HPI:_____

PERTINENT PMH/FHX_____ RISK FACTOR_____
ROS: CONSTITUTIONAL:_____ GI:_____
EYES:_____ GU:_____
ENT:_____ ENDOCRINE:_____
RESPIRATORY:_____ MUSCLE-SKELETAL_____
CARDUOVASCULAR:_____ NEURO/PSYCHIATRIC_____

TEMP: 98.4 BP: 151/104 PULSE: 96 RR: 16 HT: 5'4" WT: 145
BMI: 24.9 BS:_____ PULSE OX: 97%

PHYSICAL EXAM:
Const:__ Well Developed,__ Alert,__ No Distress__
Age appr.Behaviour

A) COPD
2) Flu
P) Prednisone 20mg

HEENT:__ Lids,conjunctive,__ PERRLA,__ TM,NL,__Nose__
Oropharynx nl__
Neck:__Supple,__No masses,__Thyroid nl,__No JVD,__
Full Rom,__
Resp__Clear to Auscultation,__No Wheezes,__No Rales
RRR,__ No Murmur,__PULSES__Carotids__Edema__
GI:__No Tenderness__No distended__No guarding/Rebound__
No masses__Rectal Exam nl__HEME neg__
GU: Male__Scrotal Contents__Penis nl__Prostate nl__
No CVA tenderness_____
Female__Ext genitalia/vagina nl__Urethra__Cervix__Uterus nl__
Adnexae__CVA__
MUSC:__All Extent__RUE__LUE__RLE__LLE__Back nl__
Skin__Well hydrated__Inspection__
Lymph__Normal nodes
NEURO:__Oriented x3__CN 11X11 intact__OTR's symmetric__
Sensory Intact__ Motor strength__
PSYCH_____

Allergic Pneumonia

Flu 2 weeks

Flu vaccine

dictated 12/17/12

P.33 11/19/12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 11/12/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Asthma exacerbation.

HISTORY OF PRESENT ILLNESS: One week history of cough productive of white to yellow and now green phlegm. The patient is short of breath and has dyspnea on exertion.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: Unable to speak full sentences.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.5, blood pressure is 124/82, pulse is 100, respiratory rate is 20, height is 5 feet 4 inches, and weight is 143.
General: A well-developed female, unable to speak full sentences.
HEENT: TMs intact, non-bulging. Mild subcostal retractions.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Prolonged expiratory phase with diffuse wheeze.
Cardiovascular: Tachycardic. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient has asthma exacerbation or chronic obstructive pulmonary disease exacerbation and the patient is to be sent to the emergency room and to follow up with me in 1 week.

This job has been electronically signed by: Rochelle Hammett MD on 02/19/2013 at 1:58:00 PM (EST) Verification: 6156468720130219135800 .

Print CC:
Fax CC:

D Date / Time: 12/17/2012 12:04 PM ET
T Date / Time: 12/18/2012 02:46 AM ET
R Date / Time:
S Job #: CGH61564687
D Job #: 3005820
MT: 1032445

PATIENT EN SOWELL, GENNETTE DATE: 11-12-12

Membership: Neither

PT.NAME: _____ _____ DOB:

C/C Asthma

HPI: 1 week hx of cough productive of white → yellow - green phlegm

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: _____
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 98.5 BP: 124/82 PULSE: 100 RR: 20 HT: 5'4" WT: 143

BMI: _____ BS: _____ PULSE OX: _____

(A) Asthma (P) (1) Oxygen saturation test to ER

PHYSICAL EXAM:
Const: __ Well Developed, __ Alert, __ No Distress __
Age appr. Behaviour

HEENT: __ Lids, conjunctive, __ PERRLA, __ TM, NL, __ Nose __
Oropharynx nl __
Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __
Full Rom, __
Resp __ Clear to Auscultation, __ No Wheezes, __ No Rales, __
RRR, __ No Murmur, __ PULSES __ Carotids __ Edema __
GI: __ No Tenderness __ No distended __ No guarding/Rebound __
No masses __ Rectal Exam nl __ HEME neg __
GU: Male __ Scrotal Contents __ Penis nl __ Prostate nl __
No CVA tenderness _____
Female __ Ext genitalia/vagina nl __ Urethra __ Cervix __ Uterus nl __
Adnexae __ CVA __
MUSC: __ All Extent __ RUE __ LUE __ RLE __ LLE __ Back nl __
Skin __ Well hydrated __ Inspection __
Lymph __ Normal nodes
NEURO: __ Oriented x3 __ CN 11X11 intact __ OTR's symmetric __
Sensory Intact __ Motor strength __
PSYCH _____

Ful
1 week

11/12/12

P.35

PATIENT ENCOUNTER FORM

DATE: 10-16-12

PT.NAME: SOWELL, GENNETTE _____ DOB: _____

C/C Coughing / Wheezing x 3 days Not bad yet

HPI: not getting. Sinus pressure.

PERTINENT PMH/FHX _____ RISK FACTOR _____

ROS: CONSTITUTIONAL: _____ GI: _____

EYES: _____ GU: _____

ENT: _____ ENDOCRINE: _____

RESPIRATORY: _____ MUSCLE-SKELETAL _____

CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 97.8 BP: 146/79 PULSE: ~~64~~ 75 RR: 18 HT 5'4" WT: 142

BMI: 24.0 BS: _____ PULSE OX: 94%

PHYSICAL EXAM:

Const: __ Well Developed, __ Alert, __ No Distress __ nasal edema

Age appr.Behaviour

HEENT: __ Lids,conjunctive, __ PERRLA, __ TM,NL, __ Nose

Oropharynx nl __

Neck: __Supple, __No masses, __Thyroid nl, __No JVD, __

Full Rom, __

Resp __Clear to Auscultation, __No Wheezes, __No Rales, __

RRR, __ No Murmur, __PULSES __Carotids __Edema

GI: __No Tenderness __No distended __No guarding/Rebound

No masses __Rectal Exam nl __HEME neg __

GU: Male __Scrotal Contents __Penis nl __Prostate nl __

No CVA tenderness _____

Female __Ext genitalia/vagina nl __Urethra __Cervix __Uterus nl __

Adnexae __CVA __

MUSC: __All Extent __RUE __LUE __RLE __LLE __Back nl __

Skin __Well hydrated __Inspection __

Lymph __Normal nodes

NEURO: __Oriented x3 __CN 11X11 intact __OTR's symmetric __

Sensory Intact __ Motor strength __

PSYCH _____

(A) (1) COPD (P) (1) Zpack

Anterior Neck mass exacerbation (2) Medrol Dose Pak

(2) Neck mass Thyromegaly

(3) Pulmonary Wheeze → US Neck

FU 4 weeks

Richard 10/24/12

P.36

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 09/11/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Mucus drainage green-yellow coming out, but decreasing from previous week, but she still cannot smell, positively improved from September 4, 2012, with the mucus drainage, but being unable to smell and has just not gotten any better.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female with COPD acute exacerbation that is partially resolving. The patient has been nonadherent to doing her nebulizer treatments every 4 hours as instructed. She did complete the azithromycin and also the Medrol Dosepak.

PERTINENT PAST MEDICAL HISTORY: As noted in the HPI.

REVIEW OF SYSTEMS: The patient denies any fevers, chills, or sweats, and does admit to breathing better.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.4, blood pressure is 139/83, pulse is 82, respiratory rate is 16, height is 5 feet 4 inches, weight is 140, BMI is 24, and pulse ox is 96%.
General: A well-developed female in no apparent distress.
HEENT: Wearing glasses.
Neck: Supple. No masses. No retractions.
Respiratory Exam: End-expiratory wheeze.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient has acute bronchitis that is resolving, but may need another dose of a steroid burst. She was also reminded to do her nebulized solution and nebulizer treatments every 4

PATIENT I

DATE: 9-11-13

SOWELL, GENNETTE

PT.NAME: _____ DOB: _____

C/C Mucous drainage (green/yellow) coming out.
Still can't smell just no better.

HPI: _____

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: _____
EYES: _____ GU: _____
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 98.4 BP: 139/83 PULSE: 82 RR: 16 HT: 5'4" WT: 190.

BMI: 24.0 BS: _____ PULSE OX: 96%

PHYSICAL EXAM:
Const: __ Well Developed, __ Alert, __ No Distress __
Age appr. Behaviour

HEENT: __ Lids, conjunctive, __ PERRLA, __ TM, NL, __ Nose __ Resolving
Oropharynx nl __
Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __
Full Rom, __
Resp __ Clear to Auscultation, __ No Wheezes, __ No Rales, __ NAD
RRR, __ No Murmur, __ PULSES __ Carotids __ Edema __ — improved
GI: __ No Tenderness __ No distended __ No guarding/Rebound __
No masses __ Rectal Exam nl __ HEME neg __
GU: Male __ Scrotal Contents __ Penis nl __ Prostate nl __
No CVA tenderness _____
Female __ Ext genitalia/vagina nl __ Urethra __ Cervix __ Uterus nl __
Adnexae __ CVA __
MUSC: __ All Extent __ RUE __ LUE __ RLE __ LLE __ Back nl __
Skin __ Well hydrated __ Inspection __
Lymph __ Normal nodes
NEURO: __ Oriented x3 __ CN 11X11 intact __ OTR's symmetric __
Sensory Intact __ Motor strength __
PSYCH _____

(P) Acute - Bronchitis - Repeat medrol dose pak

(P) Pt encouraged to do Nebulized Sol q4 hrs x 3 days then q6 hrs x 3 days q8 to q12 prn

dictated
9/11/12 09/11/12 P.38

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 09/11/2012

hours x3 days, then every 6 hours x3 days, and then every 8 to 12 hours as needed. The hypertension did improve and we will continue to monitor, and I will see her in 4 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 10/15/2012 at 10:05:00 AM (EST) Verification: 592736232012101510050 0 .

Print CC:
Fax CC:

D Date / Time: 09/11/2012 02:58 PM ET
T Date / Time: 09/12/2012 02:55 AM ET
R Date / Time:
S Job #: CGH59273623
D Job #: 3004405
MT: 1032445

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 09/04/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Sick, cannot smell, congested coughing, have times 5 to 6 days despite using a nebulizer machine at home.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female with chronic COPD, with an acute exacerbation. The patient also has hypertension. Denying any headaches or epistaxis.

PERTINENT PAST MEDICAL HISTORY: As noted in the history of present illness.

REVIEW OF SYSTEMS: The patient denies any fevers, chills, sweats, and does not report to be able to cough up any phlegm at this time.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.8, BP is 151/107, pulse is 89, and respiratory rate is 18. Height is 5 feet 4 inches, weight is 139, and BMI is 23.9. Pulse ox is 91%. The patient was given a nebulizer treatment. After therapy, it was 90% to 91%.
General: A well-developed female. No distress. No subcostal retractions.
HEENT: Nasal edema and erythema. Positive maxillary sinus tenderness.
Neck: Shows submandibular lymphadenopathy.
Respiratory: Exam diffuse end expiratory wheezes. No rales auscultated.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.

ASSESSMENT AND PLAN:
1. The patient is having a chronic obstructive pulmonary disease exacerbation. We will give her Rocephin 500 mg IM x1 and DuoNeb nebulizer treatment.
2. Hypertension is uncontrolled. We will repeat in 1 week.

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 09/04/2012

3. Acute sinusitis. She was given a Z-Pak and also Medrol Dosepak for the chronic obstructive pulmonary disease exacerbation. She is to follow up in approximately about a week.

This job has been electronically signed by: Rochelle Hammett MD on 09/27/2012 at 11:56:00 AM (EST) Verification: 5918507620120927115600 .

Print CC:
Fax CC:

D Date / Time: 09/07/2012 12:15 PM ET
T Date / Time: 09/08/2012 02:37 AM ET
R Date / Time:
S Job #: CGH59185076
D Job #: 3004332
MT: 1112071

PATIENT ENCOUNTER FORM DATE: 9-4-12

PT.NAME: SOWELL, GENNETTE _____ DOB: _____

C/C
Sick: Can't Smell, Congested, coughing, X5-6 days.

HPI:

PERTINENT PMH/FHX _____ RISK FACTOR _____
ROS: CONSTITUTIONAL: _____ GI: _____
EYES: _____ GU: _____ NKDA
ENT: _____ ENDOCRINE: _____
RESPIRATORY: _____ MUSCLE-SKELETAL _____
CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 97.8 BP: 151/107 PULSE: 89 RR: 18 HT: 5'4" WT: 139
BMI: 23.9 BS: _____ PULSE OX: 91% After tx 90-91%

PHYSICAL EXAM:
Const: __ Well Developed, __ Alert, __ No Distress __
Age appr. Behaviour

HEENT: __ Lids, conjunctive, __ PERRLA, __ TM, NL, __ Nose __
Oropharynx nl __
Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __
Full Rom, __
Resp __ Clear to Auscultation, __ No Wheezes, __ No Rales, __
RRR, __ No Murmur, __ PULSES __ Carotids __ Edema __
GI: __ No Tenderness __ No distended __ No guarding/Rebound __
No masses __ Rectal Exam nl __ HEME neg __
GU: Male __ Scrotal Contents __ Penis nl __ Prostate nl __
No CVA tenderness _____
Female __ Ext genitalia/vagina nl __ Urethra __ Cervix __ Uterus nl __
Adnexae __ CVA __
MUSC: __ All Extent __ RUE __ LUE __ RLE __ LLE __ Back nl __
Skin __ Well hydrated __ Inspection __
Lymph __ Normal nodes
NEURO: __ Oriented x3 __ CN I-XII intact __ OTR's symmetric __
Sensory Intact __ Motor strength __
PSYCH _____

A
1. COPD
2. HTN
3. Acute Sinusitis

P:
Rocephin 250mg IM x1
Duoneb Solution
→ Repeat 1 week
→ Zpack
Medrol dose pak

9-4-12
RDA

9/7/12

P.42

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 08/08/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Three-month followup. Needs refill on Nexium. Coughing and congestion x3 weeks, clear then green.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old female here with the above chief complaint. She denies any fevers, chills, or sweats. She does have chronic bronchitis, which appears to be in acute exacerbation.

PERTINENT PAST MEDICAL HISTORY: As noted above.

REVIEW OF SYSTEMS: Also noted in the history of present illness.

ALLERGIES: NO ALLERGIES TO ANY MEDICATIONS.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.6, BP is 135/89, pulse is 87, respiratory rate is 16. Height is 5 feet 4 inches, weight is 140, BMI is 24.
General: A well-developed female, in no apparent distress.
HEENT: The patient is wearing glasses.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Shows diffuse wheeze.
Cardiovascular: Regular rate and rhythm, and no murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient has acute bronchitis on top of chronic bronchitis. For that we will give her Rocephin 500 mg IM x1 and Z-Pak, #1, and a Medrol Dosepak, and she is to follow up in 6

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 08/08/2012

weeks.

ADDENDUM: We will give her a Nexium refill of 40 mg p.o. daily.

This job has been electronically signed by: Rochelle Hammett MD on 09/19/2012 at 1:20:00 PM (EST) Verification: 5869652520120919132000 .

Print CC:
Fax CC:

D Date / Time: 08/16/2012 03:04 PM ET
T Date / Time: 08/17/2012 10:08 PM ET
R Date / Time:
S Job #: CGH58696525
D Job #: 3003913
MT: 736587

PATIENT ENCOUNTER FORM DATE: 8-8-12

PT.NAME: SOWELL. GENNETTE DOB:

C/C 3mo FU - Needs refill (Nexium)

HPI: + Coughing + Congestion x3 weeks.
+ Clear then green.

PERTINENT PMH/FHX RISK FACTOR
ROS: CONSTITUTIONAL: GI: All: NKDA
EYES: GU:
ENT: ENDOCRINE:
RESPIRATORY: MUSCLE-SKELETAL
CARDUOVASCULAR: NEURO/PSYCHIATRIC

TEMP: 98.4 BP: 135/89 PULSE: 87 RR: 14 HT: 5'4" WT: 140

BMI: 24.0 BS: PULSE OX:

PHYSICAL EXAM:
Const: Well Developed, Alert, No Distress
Age appr. Behaviour

HEENT: Lids, conjunctive, PERRLA, TM, NL, Nose
Oropharynx nl
Neck: Supple, No masses, Thyroid nl, No JVD,
Full Rom,
Resp Clear to Auscultation, No Wheezes, No Rales,
RRR, No Murmur, PULSES Carotids Edema
GI: No Tenderness No distended No guarding/Rebound
No masses Rectal Exam nl HEME neg
GU: Male Scrotal Contents Penis nl Prostate nl
No CVA tenderness
Female Ext genitalia/vagina nl Urethra Cervix Uterus nl
Adnexae CVA
MUSC: All Extent RUE LUE RLE LLE Back nl
Skin Well hydrated Inspection
Lymph Normal nodes
NEURO: Oriented x3 CN 11X11 intact DTR's symmetric
Sensory Intact Motor strength
PSYCH

A: Acute Bronchitis

P: Rocephin 500mg IM x 1
Zpack #1
Medrol dose pack
Full bottle

8/16/12

PATIENT FACESHEET

CAROLINA PHYSICIANS GROUP
715 SOUTH DOCTOR DR,
CHERAW, SC 29520-7113
843) 537-5112

Patient Name: GENNETTE SOWELL
Address:

SSN:
Date of Birth & Age:
Sex: F
Group:_____
Marital Status

Appt Date & Time: August 8, 2012: Athena ID#
, CPG_CAROLINA PHYSICIANS GROUP, Home phone:
ROCHELLE HAMMETT, MD, Follow Up Work Phone:
15 @ 10:15 AM, 15 min.
MRN#:_____

RESPONSIBLE PARTY

Name:GENNETTE SOWELL
Address:

Home Phone:
SSN:

EMERGENCY CONTACT

ER Contact Name: JAMES JANET
Rel: CHILD

Home Phone:

INSURANCE INFORMATION

...mary: PLANNED ADMINISTRATORS INC - PHCS (PPO)
Policy#:
Address: PO BOX 6927
COLUMBIA, SC 29260-6927

Phone#: (800) 768-4375
Group#:

Eff Date:

Secondary:

Policy#:
Address:

Phone#:
Group#:

Eff Date:

Tertiary:_____
Policy#:_____

Group#:_____

Eff Date:_____

HIPAA INFORMATION

NPP Signed/Date:
PIF completed/year:
Auth PHI Release:
Mothers Maiden Name:

NP on file at:
PIF on file at:
Addl PHI Release:

By signing below, either personally or through the person legally empowered to give consent, I authorize this office, its employees, agents and other affiliates to provide general care for this and all subsequent requests for care. I hereby authorize this office of Chesterfield Clinic ...Corp to release any medical information required during the course of examination and treatment and permit payment directly to them and ...nefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. I understand it is my responsibility to contact the practice with any additions or deletions from my original authorization for disclosure of Protected Health Information.

Patient Signature Gennette Sowell P.46 Date 8-8-12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 05/08/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup. Needs refill on hydrochlorothiazide.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female who has obstructive restrictive lung disease, here with a cough productive of yellow phlegm. The patient denies any fevers, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: No nausea. No vomiting. No diarrhea.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.3. BP is 141/80. Pulse is 62. Respiratory rate is 18. Height is 5 feet 4 inches. Weight is 144. BMI of 24.7.
General: A well-developed female in no apparent distress.
HEENT: Nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Exam shows a few scattered wheezes. Regular rate and rhythm on cardiovascular exam. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN:
1. The patient has hypertension. We will give her hydrochlorothiazide 25 mg p.o. daily.
2. Asthma with acute bronchitis. A Z-Pak and Medrol Dosepak.
3. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 05/17/2012 at 10:36:00 AM (EST) Verification: 5627719520120517103600 .

Print CC:
Fax CC:

D Date / Time: 05/11/2012 02:12 PM ET
T Date / Time: 05/12/2012 09:55 AM ET
R Date / Time:
S Job #: CGH56277195
D Job #: 3002591
MT: 415595

PATIENT

DATE: 5-8-12

SOWELL, GENNETTE

PT.NAME. _____ DOB: _____

C/C FU - needs refills on Hctz.

HPI: _____

Cough

PERTINENT PMH/FHX _____ RISK FACTOR _____

ROS: CONSTITUTIONAL: _____ GI: _____

EYES: _____ GU: _____

ENT: _____ ENDOCRINE: _____

RESPIRATORY: _____ MUSCLE-SKELETAL _____

CARDUOVASCULAR: _____ NEURO/PSYCHIATRIC _____

TEMP: 98.3 BP: 141/80 PULSE: 62 RR: 18 HT: 54" WT: 144

BMI: 24.7 BS: _____ PULSE OX: _____

PHYSICAL EXAM:

Const: Well Developed, Alert, No Distress

Age appr.Behaviour

A: WNL

P: Hctz 25mg

Asthma 2pak Medrol DOSE PAK

HEENT: Lids,conjunctive, PERRLA, TM,NL, Nose Oropharynx nl

Neck: Supple, No masses, Thyroid nl, No JVD, Full Rom,

Resp Clear to Auscultation, No Wheezes, No Rales,

RRR, No Murmur, PULSES Carotids Edema

GI: No Tenderness No distended No guarding/Rebound

No masses Rectal Exam nl HEME neg

GU: Male Scrotal Contents Penis nl Prostate nl

No CVA tenderness

Female Ext genitalia/vagina nl Urethra Cervix Uterus nl

Adnexae CVA

MUSC: All Extent RUE LUE RLE LLE Back nl

Skin Well hydrated Inspection

Lymph Normal nodes

NEURO: Oriented x3 CN 11X11 intact OTR's symmetric

Sensory Intact Motor strength

PSYCH

FU 3mos

Richard DAS 5/11/12

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:		DOB:	
Account #:		Age:	
DOS:	03/27/2012	Sex:	

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Wheezing, coughing x3 weeks, feels like something is in her throat. The phlegm has been clear.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of obstructive lung disease. The patient also has a history of elevated blood pressures.

PERTINENT PAST MEDICAL HISTORY AND FAMILY HISTORY: As noted above.

REVIEW OF SYSTEMS: Also, as noted above in the history of present illness.

PAST SOCIAL HISTORY: Negative for smoking.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.1, blood pressure is 153/95, pulse is 72, respiratory rate is 18. Height is 5 feet 4 inches, weight is 146, BMI is 25.1. SpO2 93% to 94%.
General: Well-developed female, mild distress.
HEENT: No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient has obstructive/restrictive lung disease, or combination of both.

The patient will be given:
1. Advair.
2. Singulair.
3. DuoNeb solution.

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 03/27/2012

4. Medrol Dosepak.

She is to follow up with me in 4 to 6 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/11/2012 at 2:41:00 PM (EST) Verification: 5522058720120511144100 .

Print CC:
Fax CC:

D Date / Time: 04/03/2012 01:15 PM ET
T Date / Time: 04/03/2012 07:34 PM ET
R Date / Time:
S Job #: CGH55220587
D Job #: 3001921
MT: 574332

Patient Encounter Fo

Date: 3-27-1

Pt. Name: SOWELL, GENNETTE DOB:

C/C
Wheezing, Coughing X 3 weeks. Feels like something in throat
clear phelgm.

HPI:

Pertinent PMH/FHx

RISK FACTOR

Ros: Constitutional:
Eyes:
NT:
Iratory:
rdiovascular:

GI:
GU:
Endocrine:
Muscle-Skeletal
Neuro/Psychiatric:

Temp: 98.1 BP: 153/95 Pulse: 72 RR: 18 HT: 5'4" Wt

Bmi: 25.1

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

SpO2 93%-94%

HEENT: __ Lids, conjunctivae, __ PERRLA, ____ TM, NL, __ Nose __ Oropharynx nl

(A) Obstructive Restrictive Lung Disease (P): FU 4 to 6 weeks

Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____ NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: __ Carotids, ____ Edema

__ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ____ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ____ Penis nl, ____ Prostate nl ____ No CVA tenderness ____

(Female) ____ Ext genitalia/vagina nl, __ Urethra __ Cervix, __ Uterus nl, __ Adnexae, __ CVA

FU 4 to 6 weeks

MUSC: __ All Extr nl, __ RUE, __ LUE, __ RLE, __ LLE, __ Back nl, __

Skin: __ Well hydrated, ____ Inspection ____
LYMPH: __ Normal Nodes,

NEURO: __ Oriented x3, __ CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __ Motor strength

PSYCH:

3/27/P

dictated

Lab/Images:

P.51 | 17

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#:

FASTING: N

PHONE DOB:

PATIENT NAME	SEX	AGE(YR./MOS.)
SOWELL,GENNETTE M	F	

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/01/2012	8:55	3/01/2012	3/02/2012	11:37	401

CLINICAL INFORMATION
CD-20180417744

PHYSICIAN ID.	NPI	PATIENT ID.
HAMMETT R	1467492488	

ACCOUNT: Carolinas Physician Group

715 S Doctors Dr Ste B
Cheraw SC 29520-0000

ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
Angiotensin-Converting Enzyme ACE	24	U/L	12 - 68	01

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

3/2/12

Pat Name: SOWELL,GENNETTE M	Pat ID:	Spec #:	Sc

Results are Flagged in Accordance P. 52 Age Dependent Reference Ranges

Last Page of Report

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 02/14/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup on coughing. Has alot of drainage in the back of her throat, and she thinks it is coming from her nasal cavity. Flonase and Singulair are not working.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of rhinitis and asthma versus sarcoidosis. She is here for the above chief complaint.

PERTINENT PAST MEDICAL HISTORY: Asthma.

REVIEW OF SYSTEMS: The patient denies any nausea, vomiting, or diarrhea. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 97.8, blood pressure is 147/82, pulse is 74, respiratory rate is 16, height is 5 feet 4 inches, weight is 145, and BMI is 24.9.
General: A well-developed female.
HEENT: The patient is wearing glasses. She has severe nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has rhinitis. She will take Mucinex.
2. As far as her asthma versus sarcoidosis, she seems to be doing well in that respect, and she will

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 02/14/2012

continue as is. The patient has been referred to Dr. Dyce for her chronic rhinitis, and will follow up with me in 2 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:44:00 AM (EST) Verification: 542235692012041608440O .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:42 PM ET
T Date / Time: 03/01/2012 08:49 AM ET
R Date / Time:
S Job #: CGH54223569
D Job #: 3001303
MT: 161022

ent Encounter Form

Date: 2-14-13

Name: SOWELL, GENNETTE DOB:

C/C Flu on coughing
Has a bunch drainage in back of throat.
thinks its coming from nasal.
HPI: Flonase and Singulair isn't helping

Pertiment PMH/FHx

RISK FACTOR

Ros: Constitutional:
Eyes:
ENT:
Iratory:
rdiovascular:

GI:
GU:
Endocrine:
Muscle-Skeletal
Neuro/Psychiatric:

Temp: 97.8 BP: 147/82 Pulse: 74 RR: 14 HT: 5'4" wt 145
Bmi: 24.9

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

EENT: __Lids, conjunctive, __PERRLA, ____TM NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: ___Carotids, ____ Edema

__ No Tenderness, __ No distended, _____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, ___Prostate nl ___ No CVA tenderness_____
(female)___ Ext genitalia/vagina nl, __ Urethra__Cervix, ___Uterus nl, __ Adnexae, __CVA

MUSC: ___ All Ext: nl, ___ RUE, ___ LUE, ___ RLE, ___ LLE, ___ Back nl, ___

Skin: ___ Well hydrated, ___ Inspection ____
LYMPH: ___ Normal Nodes,

NEURO: __Oriented x3, ___CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __Motor strength

PCH:

A: Rhinitis → P: Rhinocort
Asthma vs Sarcoidosis → Contrast as CT

Flu
2 mos
Referral to Dr. Dice
for Chronic Rhinitis

Lab/Images:

dictated 2/20/13

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 02/09/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Four-week followup on cough, rib fracture, went out in the wind and now congested, cough, just getting worse x2 to 3 days.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with the above chief complaint. She reports a nonproductive cough. She denies fevers, chills, sweats.

PERTINENT PAST MEDICAL HISTORY: Allergic rhinitis.

REVIEW OF SYSTEMS: Just coughing.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98, BP is 143/98, pulse is 100, respiratory rate is 16, height is 5 feet 4 inches, weight is 143, BMI is 24.5, SpO2 is 96%.
General: A well-developed female, in no apparent distress.
HEENT: Mild nasal edema.
Neck: Supple. No masses. No retractions.
Respiratory: Slight scattered wheeze, but no rales, no rhonchi.
Cardiovascular: Tachycardic. No murmurs, rubs, or gallops. No carotid bruit.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient is to take albuterol nebulized solution every 3 hours and cromolyn sodium every 6 hours x3 to 4 days for her asthma exacerbation, and she is to follow up with me on Tuesday.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:43:00 AM (EST) Verification: 542235702012041608430O .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:48 PM ET
T Date / Time: 03/01/2012 11:39 AM ET
R Date / Time:
S Job #: CGH54223570
D Job #: 3001304
MT: 161022 /133798

Patient Encounter Form

Date: 2-9-13

Pt. Name: SOWELL, GENNETTE DOB:

C/C 4 Week Flu on Cough, rib fracture.
→ Went out in the Wind and now Congested Cough just getting Worse X2-3days.

HPI:

Pertinent PMH/FHx

RISK FACTOR

Ros: Constitutional:

GI:

Eyes:

GU:

ENT:

Endocrine:

Respiratory:

Muscle-Skeletal

Cardiovascular:

Neuro/Psychiatric:

Temp: 98.0 BP: 143/98 Pulse: 100 RR: 16 HT: 5'4" Wt: 143

Bmi: 24.5

Sp02% 96%

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, ___ Age appr. Behavior

EENT: __Lids, conjunctive, __PERRLA, ____TM.NL, __ Nose ___ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, ___No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: __ Carotids, ___ Edema

__ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, ___Prostate nl __ No CVA tenderness_____

(female)___ Ext genitalia/vagina nl; __Urethra__Cervix, __Uterus nl, __ Adnexae, __CVA

MUSC: ___ All Ext: nl, ___ RUE, __ LUE, ___ RLE, ___ LLE, ___ Back nl, ___

Skin: __Well hydrated, ___Inspection ____

LYMPH: ___ Normal Nodes,

NEURO: __Oriented x3, ___CN II-XII Intact, __ DTR's Symmetric, __Sensory Intact, __Motor strength

PSYCH:

A: Bronchitis
Z30
Cipro
Z60
Z3days
to 4days

P: Fu 2weeks

Dictated 2/29/13

Lab/Images:

P.57

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SST

Client Req #: _____

PHONE: 8[illegible] DOB:

PATIENT NAME	SEX	AGE(YR./MOS.)
SOWELL,GENNETTE	F	

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
1/19/2012	14:07	1/19/2012	1/20/2012	18:36	1046

CLINICAL INFORMATION
HAMMETT R CD-0135374

PHYSICIAN ID.	NPI	PATIENT ID.
12810		

ACCOUNT: Chesterfield General Hospital
HMS Inetrface Account
711 Chesterfield Highway
Cheraw SC 29520-0000
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
AChR Binding Abs, Serum				
AChR Binding Abs, Serum	<0.03	nmol/L	0.00 - 0.24	01
			Negative: 0.00 - 0.24	
			Borderline: 0.25 - 0.40	
			Positive: > 0.40	

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

this is for myasthenia Gravis not ACE for Sarcoidosis pt needs to be retested

2/1/12

ADM 2/29/12

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #:	Seq #

Results are Flagged in Accordance with Age Dependent Reference Ranges

Print date: 1/20/12 18:36 PATIENT REPORT Page 1
inted by: **** FINAL ****

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
DELL A. DEMBOSKY, MD

Name: SOWELL GENNETTE
Pat#:
Strt: 1/19/12 14:07
Ord#: R 200

Status: O/P / RAD
DOB:
Age/Sex:
MR#:

Adm Date: 1/19/12
Adm Phys: HAMMETT ROCHELLE
Ord Phys: HAMMETT ROCHELLE
Fam Phys: HAMMETT ROCHELLE

Special Instructions: 1 ML SERUM, REFRIG
Reported: 1/20/12 18:36

Test Name	Result	Flag	Reference Range	Units
Collected: 1/19/12 14:07 MLG Received: 1/19/12 14:07 MLG Verified: 1/20/12 18:36 HL7				
ACHR BINDING ABS, SERUM	<0.03		0.00 - 0.24	nmol/L

COMMENTS:
1/20/12 18:36 ACEBAB

Negative: 0.00 - 0.24
Borderline: 0.25 - 0.40
Positive: > 0.40

Performed at: BN - LabCorp Burlington
1447 York Court, Burlington, NC 272153361
Lab Director: William F Hancock MD, Phone: 8007624344

1/26/12
BSP

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 01/12/2012

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Needs a note to go back to work, feeling better.

HISTORY OF PRESENT ILLNESS: This patient is a 61-year-old African American female here with a chronic cough and wheeze status post hospitalization. The patient was given IV Solu-Medrol while in the hospital and treated appropriately for her cough and wheeze.

PERTINENT PAST MEDICAL HISTORY: ALLERGIC RHINITIS.

REVIEW OF SYSTEMS: The patient does have slight dyspnea on exertion, but currently no shortness of breath or wheeze.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98. Blood pressure is 147/79. Pulse is 93. Respiratory rate is 12. Height is 5 feet 4 inches. Weight is 144. BMI is 24.7.
General: Well-developed female in no apparent distress.
HEENT: Normal except for she wears glasses.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory Exam: Clear to auscultation bilaterally. No wheezes. No rales. No rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs. No rubs. No gallops.
GI: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has a cough that is now resolving. She is eligible for the flu vaccine and Pneumovax today.
2. The rib fracture is healing and almost completely resolved. The patient mentions no history of trauma except a lot of coughing.
3. The patient was also prescribed Os-Cal vitamin D 600 mg p.o. twice daily secondary to decreased p.o.

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 01/12/2012

intake of calcium and low vitamin D levels.
4. The patient is to follow up with me in 4 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/09/2012 at 2:14:00 PM (EST) Verification: 5318298120120509141400 .

Print CC:
Fax CC:

D Date / Time: 01/26/2012 09:38 AM ET
T Date / Time: 01/26/2012 03:55 PM ET
R Date / Time:
S Job #: CGH53182981
D Job #: 7001
MT: 415595

atient Encounter Form

Date: 1-12-12

Pt. Name: _____ SOWELL, GENNETTE _____ DOB: _____

C/C Needs note to go back to work. Feeling better.

HPI: _____

Pertinent PMH/FHx _____ RISK FACTOR _____

Ros: Constitutional: _____ GI: _____

Eyes: _____ GU: _____

ENT: _____ Endocrine: _____

...iratory: _____ Muscle-Skeletal _____

...rdiovascular: _____ Neuro/Psychiatric: _____

Temp: 98.0 BP: 147/79 Pulse: 93 RR: 12 HT: 5'4" WT: 144

Bmi: 24.7

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, ___ Age appr. Behavior

...NT: __Lids, conjunctive, _ PERRLA, ____TM.NL, __ Nose ___ Oropharynx nl

Neck: __ Supple, __ No masses, _ Thyroid nl, __No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

_ RRR, __ No Murmur, PULSES: ___Carotids, ____ Edema

...: __ No Tenderness, __ No distended, _____ No guarding/Rebound, __No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, ___ Penis nl, __Prostate nl ___ No CVA tenderness_____

(female)___ Ext genitalia/vagina nl, __ Urethra__Cervix, __Uterus nl, __ Adnexae, __CVA

MUSC: ___ All Ext: nl, ___ RUE, ___ LUE, ___ RLE, ___ LLE, ___ Back nl, ___

Skin: ___ Well hydrated, ____ Inspection ____

LYMPH: ___ Normal Nodes,

NEURO: __Oriented x3, ___CN II-XII Intact, __ DTR's Symmetric, __Sensory Intact, __Motor strength

P...H: _____

7001

Lab/Images:

(A) Cough
Rib Fracture

(P) Flu vaccine
Pneumovax
FU 4 weeks
Oscal 1x/d
Motrin 600mg PO TID x 5 days

Patient Account View: S[illegible]ELL, GENNETTE M [illegible] (61yo F)

Patient Actions | Registration | Messaging | Scheduling | Billing | Other

Patient Information

Patient Notes

Guarantor	GENNETTE SOWELL	Guarantor Phone		Driver License Image	▷ update/delete card image
Name	GENNETTE SOWELL	Sex	F		
DOB	[illegible]	Home Phone			
SSN		Work Phone	(		
Address		Mobile Phone			
Zip		Primary Department	CPG_CAROLINA PHYSICIANS GROUP		
City		Usual Provider	CPG_HAMMETT		
State		Marital Status			
Email		Ethnicity			
Guardian					

Insurances | View Cancelled Insurances | Add Secondary Policy

Primary 09/22/11 — PLANNED ADMINISTRATORS INC - PHCS (PPO) [132724] PO BOX 6927 , COLUMBIA, SC 29260-6927 *phone:*(800) 768-4375
view additional insurance contact info
Copay: OV $20.

Policy Holder: SOWELL, GENNETTE M
Patient's Relation: Self
DOB:
ID/Cert#

Eligibility Status: Unverified
Eligibility Status Reason: Athena
Eligibility PCP: Unknown
Eligibility Last Checked: 01/06/2012 by autoelig
Eligibility Message: Electronic eligibility service is not currently offered for this package. Please call the insurance company to verify eligibility.
view detail | eligibility history

update this policy | deactivate this policy | add/view auths | update/delete card image

Secondary — new secondary insurance

Outstanding Charges | Add Payment Plan | Add Prepayment Plan

Service Date	Procedure	Outstanding Amount Status
Subtotal Charge Outstanding		$0.00
Unapplied Credit		$0.00
Total Patient Outstanding		$0.00

No statements with open charges were found for this patient.
▷ show patient statement as it would be printed today

Patient Statement Note

Effective Date: 01/11/2012
Expiration Date:
Statement Note:

Update Statement Note

Gennette Sowell

Patient Account Notes

Date	User	Action	Note

Action: NOTE
Note:

P.63

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENETTE

MRN:
Account #:
DOS: 12/27/2011

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Hospital followup on acute asthma exaccerbation.

HISTORY OF PRESENT ILLNESS: The patient was previously seen on December 21, 2011, with status asthmaticus, and she was hospitalized for approximately 4 days. The patient is a 61-year-old female here after hospitalization for acute asthma exacerbation. The patient denies any smoking.

PERTINENT PAST MEDICAL HISTORY: The patient did not have the symptoms until approximately 4 to 6 months ago.

REVIEW OF SYSTEMS: The patient has some mild fatigue and some dyspnea on exertion, but no shortness of breath at this time.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.9, blood pressure is 137/81, pulse is 74, respiratory rate is 16, height is 5 feet 4 inches, weight is 144, BMI is 24.7, and oxygen is 98%.
General: The patient appears thin, but otherwise in no apparent distress.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Light wheeze, but no rales and no rhonchi.
Cardiovascular: Shows regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient carries a diagnosis of asthma, but may actually have sarcoidosis which is in the differential, and she does have a pulmonary referral from the hospital. The plan is that she will continue with the prednisone 20 mg two p.o. daily, Singulair 10 mg p.o. daily, Advair 250/50 one puff twice a day, Ventolin HFA 90 mcg q.4 h., and naproxen 500 mg p.o. twice daily. The patient and her

Patient Encounter Form

Date: 12-27-11

Pt. Name: Jeanette Dowell DOB:

C/C Hospital F/u - Weak. Doing better. Needs note.

HPI: Stayed in hospital four days.

Pertinent PMH/FHx

Ros: Constitutional:
Eyes:
ENT:
Respiratory:
Cardiovascular:

RISK FACTOR

GI:
GU:
Endocrine:
Muscle-Skeletal
Neuro/Psychiatric:

Temp: 97.9 BP: 137/81 Pulse: 74 RR: 16 HT: 5'4" Wt: 144

P 02 98%

Bmi: 24.7

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

HEENT: __Lids, conjunctive, __ PERRLA, ____TM.NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __No JVD, __ FULL ROM

RESP: __ Clear to Auscultation, ____NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: __Carotids, ___ Edema

GI: __ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ___ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, __ Penis nl, __Prostate nl __ No CVA tenderness_____
(female)___ Ext genitalia/vagina nl, __ Urethra__Cervix, __Uterus nl, __ Adnexae, __CVA

MUSC: __ All Ext: nl, __ RUE, __ LUE, __ RLE, __ LLE, __ Back nl, __

Skin: __ Well hydrated, ____ Inspection ____
LYMPH: __ Normal Nodes,

NEURO: __Oriented x3, __CN II-XII Intact, __ DTR's Symmetric, __Sensory Intact, __Motor strength

CN:

- New meds:
Prednisone 20mg 2 po
Singulair 10mg @HS
AdVair 250-50 bid
Ventolin HFA 90mcg q 4hrs
Naproxen 500mg bid

5852

Lab/Images:

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 12/22/2011

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: The patient is here, not able to breathe and coughing, it was improving with the prednisone and antibiotics that were given before, but she never did stop wheezing and coughing and is getting really tired.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female here with the above chief complaint.

PERTINENT PAST MEDICAL HISTORY: As mentioned in the history of present illness.

REVIEW OF SYSTEMS: As mentioned in the history of present illness.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.6, blood pressure is 135/83, pulse is 89, respiratory rate is 16, height is 5 feet 4 inches, and weight is 141 with a BMI of 24.2.
General: A well-developed female in no acute distress.
Respiratory: Shows respiratory rate actually increased to 22, and that she has diffuse end-expiratory wheeze.
Cardiovascular: Shows that her heart is tachy at 100, with no murmurs, rubs, or gallops.

ASSESSMENT/PLAN: Status asthmaticus diagnosis was made along with hypokalemia, and the patient was then sent to the emergency room.

This job has been electronically signed by: Rochelle Hammett MD on 02/24/2012 at 2:58:00 PM (EST) Verification: 526017812012022414580O .

Print CC:
Fax CC:

D Date / Time: 01/06/2012 02:48 PM ET
T Date / Time: 01/07/2012 06:55 AM ET
R Date / Time:
S Job #: CGH52601781
D Job #: 5851
MT: 161022

Patient Encounter Form

Date: 12-22-11

Pt. Name: SOWELL, GENNETTE DOB: _____

C/C Not being able to breathe. Coughing. It was getting until taking the K. → Never did stop wheezing coughing → getting tired-

HPI: _____

Pertinent PMH/FHx _____ RISK FACTOR _____

Ros: Constitutional: _____ GI: _____

Eyes: _____ GU: _____

ENT: _____ Endocrine: _____

Respiratory: _____ Muscle-Skeletal _____

Cardiovascular: _____ Neuro/Psychiatric: _____

Temp: 97.4 BP: 135/63 Pulse: 89 RR: 16 HT: 5'4" Wt: 141

97%

BMI 24.2

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Appr. Behavior

HEENT: __ Lids, conjunctive, __ PERRLA, ____ TM NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, ____ FULL ROM

RESP: __ Clear to Auscultation, ____ NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: ____ Carotids, ____ Edema

GI: __ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, ____ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, __ Penis nl, __ Prostate nl __ No CVA tenderness _____

(female) ____ Ext genitalia/vagina nl, __ Urethra __ Cervix, __ Uterus nl, __ Adnexae, __ CVA

MUSC: ____ All Ext: nl, ____ RUE, ____ LUE, ____ RLE, ____ LLE, ____ Back nl, ____

Skin: ____ Well hydrated, ____ Inspection ____

LYMPH: ____ Normal Nodes,

NEURO: __ Oriented x3, ____ CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __ Motor strength

A: STATUS ASTHMATICUS
Hypocalemia

P: Sent to ER

PSYCH: _____

12/22/11 5851

Lab/Images:

P.67

Carolina Physicians Group

Sizwell, Gennette 12/22/11

97.6 135/83 89 16 Pox 97%
5'4 141

STATUS ASTHMATICUS

12/6/11
Previously given
zpack
medrol dose pack
Albuterol Nebulizer

int date: 12/22/11 9:50 PATIENT REPORT Page 1
..inted by: GHOWARO3 **** FINAL ****
CHESTERFIELD GENERAL HOSPITAL LAB - CLINICAL
711 CHESTERFIELD HWY DELL A. DEMBOSKY, MD
CHERAW SC 29520

PAT NAME: SOWELL GENNETTE STATUS: O/P / FOP ADM DATE: 12/22/11
PATIENT#: XREF#: DOB: ADM PHYS: CONNELL FOY D
START DT: 12/22/11 9:22 AGE/SEX: 61 / F ORD PHYS: CONNELL FOY D
ORDER# : R 700 MR#: FAM PHYS: HAMMETT ROCHELLE
SPECIAL INSTRUCTIONS:
REPORTED: 12/22/11 9:50
COAGULATION

Test Name	Result	Flags	Reference Range	Units
Collected: 12/22/11 9:10 SH Received: 12/22/11 9:24 APD Verified: 12/22/11 9:50 GH				
D-DIMER, QUANT	474	CH	0 - 400	ng/ml

CRITICAL VALUE RESPONSE:
12/22/11 9:49 DDIMQT GLENDA HOWARD notified sherry
on 12/22/11 at 09:49

12/22/11

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 12/06/2011

DOB:
Age:
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Sick visit. Has been coughing green mucus x2 weeks.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old black female with a past medical history of chronic bronchitis and allergic rhinitis. The patient had previously seen ENT who had given her Flonase and an anti-inflammatory, but she consistently and progressively got worse with the coughing and wheezing. The patient also denies any fever, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hyperlipidemia and leukopenia.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.1, blood pressure is 144/91, pulse is 90, respiratory rate is 16, height is 5 feet 4 inches, weight is 146 with a BMI of 25.1, and pulse ox is 97%.
General: A well-developed female.
HEENT: Normal. No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Shows diffuse wheeze but no rales and no rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No distention. No tenderness. No guarding. No rebound.
Skin: Well hydrated.

ASSESSMENT AND PLAN:
1. The patient has acute on chronic bronchitis. We will prescribe her nebulizer machine as well as give her a treatment here in the office. We will also give her a Z-Pak and Medrol Dosepak.
2. As far as her hypertension, our goal is to get her less than 140 and less than 90. When she comes

Name: SOWEL, GENNETTE

MRN: DOB:
Account #: DOS: 12/06/2011

back, we will get a CMP and FLP.
3. Leukopenia. We will try and get a CBC as well. The patient is to follow up in 2 to 3 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 12/23/2011 at 8:25:00 AM (EST) Verification: 5195578220111223082500 .

Print CC:
Fax CC:

D Date / Time: 12/13/2011 04:25 PM ET
T Date / Time: 12/14/2011 04:38 AM ET
R Date / Time:
S Job #: CGH51955782
D Job #: 4612
MT: 161022

1337

Patient Encounter Form SOWELL, GENNETTE Date: 12-6-11

Pt. Name: _____ DOB: _____

C/o Sick Visit: this has been ongoing for Cough congested (green) x 2 weeks. Seen ENT and gave Prednisone and Inflammatory. Said Sinus are draining to fast in lungs.

HPI: Tracy is a 40 yo Black female

Pertinent PMH/FHx _____ RISK FACTOR _____

Ros: Constitutional: _____ GI: _____

Eyes: _____ GU: _____

ENT: _____ Endocrine: _____

Respiratory: _____ Muscle-Skeletal _____

Cardiovascular: _____ Neuro/Psychiatric: _____

Temp: 98.0 BP: 144/91 Pulse: 90 RR: 16 HT: 5'4" Wt: 146

Physical Exam:

Const: __ Well Developed, __ Alert, __ No Distress, __ Age appr. Behavior

HEENT: __ Lids, conjunctive, __ PERRLA, ____ TM. NL, __ Nose __ Oropharynx nl

Neck: __ Supple, __ No masses, __ Thyroid nl, __ No JVD, __ FULL ROM

RESP: __ Clear to Auscultation, ____ NO Wheezes, __ No Rales

__ RRR, __ No Murmur, PULSES: ____ Carotids, ____ Edema

GI: __ No Tenderness, __ No distended, ____ No guarding/Rebound, __ No masses, __ Rectal Exam nl, __ HEME neg

GU: (Male) __ Scrotal Contents nl, __ Penis nl, __ Prostate nl __ No CVA tenderness _____

(female) __ Ext genitalia/vagina nl, __ Urethra __ Cervix, __ Uterus nl, __ Adnexae, __ CVA

MUSC: __ All Ext: nl, __ RUE, __ LUE, __ RLE, __ LLE, __ Back nl, __

Skin: __ Well hydrated, __ Inspection ____

LYMPH: __ Normal Nodes,

NEURO: __ Oriented x3, __ CN II-XII Intact, __ DTR's Symmetric, __ Sensory Intact, __ Motor strength

PSYCH: _____

P. Ox · COPD 97% BMI 25.1

Fingerstick · DM /

(A) Acute on Chronic Bronchitis

HTN.

Hyperlipidemia

Leukopenia

Lymphadenopathy

(P) Nebulizer alb/ mucinex solution 2 puff Medrol dose pack

RX 2 to 3 weeks

4/6/12

Lab/Images:

P.72

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: Cough and congestion.

HPI: The patient is a 61-year-old African American female who presents today with complaint of cough and congestion x 5-6 days. The weather changed overnight, last Thursday evening; and the patient reports that since the weekend she has had a productive cough and congestion as well as nasal drainage. Yesterday, while working, she became acutely short of breath and fatigued. She has had some subjective fever and chills. No nausea or vomiting. She has a diagnosis of recurrent bronchitis.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: She is a nonsmoker.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature is 98.6, pulse 88, respirations 18, blood pressure is 139/83, weight 143 pounds.
GENERAL: She is not acutely distressed, but does appear to be ill.
HEENT: Mucous membranes are moist.
NECK: Supple.
HEART: Regular.
LUNGS: Rhonchorous throughout, anteriorly and posteriorly. She almost has audible wheezing without a stethoscope.
SKIN: Warm, dry, and intact without rash.
NEUROLOGICAL: Nonfocal.
PSYCHIATRIC: She is clinically appropriate.

ASSESSMENT AND PLAN: Patient with acute bronchitis. Last time, she was treated with Levaquin. This time we are going to treat her with Bactrim DS 1 p.o. b.i.d. x1 week. She was given a shot of Depo-Medrol today; and she will do a prednisone burst. She will have Diflucan, Combivent, and Hycodan for p.r.n. use. She sees the pulmonologist on this coming Monday, so we would like to hearing

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
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(843) 537-5112

Patient Name: SOWELL, JENNETTE
Patient Number.
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

Date of Birth:

OFFICE NOTE

back from her on Tuesday with report from them; otherwise, we will see her back as she has been previously scheduled.

Electronically Signed by Wallisa Vaughn, MD on 09/27/2011 at 11:12:40

Wallisa Vaughn, MD

DD: 09/22/2011 13:07:01 EST
DT: 09/22/2011 13:09:15 EST/MIS1359/5715413
JOB#: 201158

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: Laboratory review.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today for laboratory review. We last saw this patient about 2 weeks ago for concern of heart palpitations, status post treatment for recurrent bronchitis. I became particularly suspicious of lung pathology, so we sent her EKG, echocardiogram as well as CT chest. The only exam that is available for review today the CT chest. I reviewed with the patient that it showed mediastinal lymphadenopathy in the bilateral perihilar regions, clear lungs, bilateral dependent atelectasis and a small 4 mm nodule at the left pleural base. Also on further questioning the patient regarding her family history, she states that her father has a lengthy history of asthma. His cause of death was myocardial infarction. She does have a daughter who has sarcoidosis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.7, pulse 67, respirations 16, blood pressure 123/78, weight 145 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular.
LUNGS: Clear.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant and appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis, now noted to have mediastinal or perihilar lymphadenopathy.

We are going to proceed with her pulmonology referral which has already been scheduled for

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE **Date of Birth:**
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

September 28. She is doing well on Flovent with decreased cough. Will plan on seeing her back in followup after she has seen the folks in Florence.

Electronically Signed by Wallisa Vaughn, MD on 08/29/2011 at 17:18:02

Wallisa Vaughn, MD

DD: 08/25/2011 17:50:26 EST
DT: 08/25/2011 17:52:31 EST/MIS1260/5625539
JOB#: 169730

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC. 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: Cough and heart palpitations.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today with a new complaint of heart palpitations. The patient reports that around 12 a.m., her phone rang. This startled her and awakened her from sleep. About an hour later, she noticed that her heart was still racing. She drifted off to sleep and woke about 5 minutes to 6 this morning. At that time, she states she noticed that her heart was still racing. During the course of the day, there has been a somewhat of a waxing and waning feeling of heart racing and palpitations. She has felt generally panicky, short of breath and fatigued. She was able to rest and take a nap earlier this afternoon prior to her appointment. She feels a bit better since the nap. She has had a recent bout of bronchitis and continues to have a good bit of a productive cough. She is using her rescue inhaler 2-3 times daily.

PHYSICAL EXAMINATION:
VITAL SIGNS: The patient is afebrile, pulse 80, respirations 16, blood pressure 139/89, weight 147 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular. No audible murmurs, rubs, or gallops.
LUNGS: Generally clear with the exception of the anterior aspect of the right upper lung. There is some focal wheezing there.
SKIN: Warm, dry, and intact.
NEUROLOGIC: Nonfocal.
PSYCHIATRIC: Patient is clinically appropriate.

ASSESSMENT AND PLAN: Recurrent bronchitis and heart palpitations.

I have started the patient on Flovent with hope that this will help to keep her airways open a bit more and we are going to get several exams including an EKG, CT of the chest with contrast, and an

CAROLINA PHYSICIANS GROUP
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Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

Date of Birth:

OFFICE NOTE

echocardiogram. I am going to refer the patient to McLeod Pulmonology per her previous request. I would like to see the patient back in 2 weeks for laboratory review.

Electronically Signed by Wallisa Vaughn, MD on 08/16/2011 at 17:28:24

Wallisa Vaughn, MD

DD: 08/11/2011 16:42:33 EST
DT: 08/11/2011 16:44:53 EST/MIS1260/5579634
JOB#: 153596

cc: McLeod Pulmonology

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/04/2011

Date of Birth. ___

OFFICE NOTE

CHIEF COMPLAINT: Followup of pneumonia.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female, who presents today for close followup. We last saw the patient on 04/01/2011. At that time, she presented with complaint of cough that has been progressively worsening x2 weeks. She had lungs sounds that indicated that she had clinical pneumonia. I started her on Levaquin 750 mg as well as prednisone and a Combivent inhaler. She is doing well with the antibiotic and is about halfway through her course of therapy. She also got a chest x-ray and it did not show any focal infiltrates. There was some linear scarring noted at the right base. The patient reports that her shortness of breath is improved. She says that she has some more nasal type symptoms. She is still a bit fatigued; but, she is getting a lot of production of phlegm from her cough.

PHYSICAL EXAMINATION:
VITAL SIGNS: Today, temperature is 98, pulse 80, respirations 16, blood pressure is 147/88, weight 143 pounds.
GENERAL: She is in no acute distress. Appears younger than her stated age.
HEART: Regular.
LUNGS: She has got rhonchi throughout the bilateral lung fields, both anteriorly and posteriorly. No frank crackles.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: Clinically appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. She has improved. She is going to continue with antibiotic regimen and see us back in followup on 08/11/2011. She is given a work excuse

CAROLINA PHYSICIANS GROUP
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Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/04/2011

Date of Birth:

OFFICE NOTE

until next Monday. At her followup appointment we do need to go ahead and arrange consultation with pulmonology at McLeod for the indication of recurrent bronchitis.

Electronically Signed by Wallisa Vaughn, MD on 08/09/2011 at 12:35:55

Wallisa Vaughn, MD

DD: 08/04/2011 10:20:15 EST
DT: 08/04/2011 10:22:38 EST/MIS1359/5554913
JOB#: 144804

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/01/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: cough.

HISTORY: Ms. Sowell is a 61-year-old African American female who presents today with complaint of cough. It has been worsening progressively worsening for 2 weeks. Initially started off as dry, is now productive green sputum. She has had decreased sleep as well as shortness of breath. The patient has been using Combivent at an unknown frequency. She is a lifelong nonsmoker who had her most recent bout of bronchitis in June 2011. From what I gather, she had really gotten over that episode when it seems that this episode started.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.6, pulse 92, respirations 17, blood pressure 142/80, weight 147 pounds.
GENERAL: She is in no acute distress, appears younger than her stated age.
HEART: Regular.
LUNGS: There are scattered wheezes bilaterally, crackles at the left lung base.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. I am going to treat her with Levaquin 750 mg 1 p.o. daily for 1 week. She also has prednisone and Combivent inhaler. I have given her Hycodan and Diflucan for p.r.n. use. I would like her to go to get a 2-view chest x-ray for comparison and see us back in followup on 8/4/11.

Electronically Signed by Wallisa Vaughn, MD on 08/08/2011 at 12:36:25

Wallisa Vaughn, MD

DD: 08/01/2011 17:05:17 EST
DT: 08/01/2011 17:07:37 EST/MIS1260/5545384
JOB#: 141556

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

Date of Birth:

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: This is a 61-year-old African American female who is here today for followup secondary to the hospitalization recently from June 11th to June 14th bronchitis with bronchospasm. She states that she is improving. She still feels tired. She has an occasional cough. Sometimes she has a funny sensation in her stomach. She still has medication and is on tapering dose of prednisone and on antibiotic, Biaxin, and has Combivent inhaler which she uses as needed. She has not had any fevers or chills. Overall she feels better.

PAST MEDICAL HISTORY: Hypertension. Abnormal mammogram. Mildly elevated hyperlipidemia.

MEDICATIONS: Hydrochlorothiazide 25 mg p.o. daily. She is currently on Combivent and Biaxin.

PHYSICAL EXAMINATION:
Vitals: Temperature 98.2 degrees, BP 134/71, pulse 75, respiratory rate 16, weight 147 pounds. General: This is a pleasant, nontoxic-appearing female in no apparent distress. HEENT: Sclerae anicteric. Extraocular movements intact. Oropharynx moist without exudate. Neck: Supple. No lymphadenopathy. No bruits or thyromegaly. Lungs: Clear to auscultation bilaterally. No wheezes or rhonchi. Heart: Regular rate and rhythm, S1, S2. No murmur. Abdomen: Soft. Bowel sounds present. Nontender. Extremities: Without edema.

CLINICAL IMPRESSION:
1. Resolving bronchitis.
2. Hypertension.
3. Hyperlipidemia.
4. Abnormal mammogram.

PLAN:
1. Recommend to continue course of steroids and antibiotics. Follow up if symptoms persist or worsen.

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721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

Date of Birth:

OFFICE NOTE

2. Patient is to return for followup visit in August which will her in routine followup visit and at that time, is to have a repeat mammogram scheduled and follow up on her hyperlipidemia and hypertension.

Electronically Signed by Monica A. Ansani, MD on 06/21/2011 at 16:32:00

Monica A. Ansani, MD

DD: 06/21/2011 14:25:05 EST
DT: 06/21/2011 14:24:59 EST/MIS1262/5424272
JOB#: 953794

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86 and was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored... by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 18, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.0. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Preliminary (not signed by dictating provider)

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MIS1260/5404361
JOB#: 952875

cc: John Mcleod, Iii, M.D.

SOB -- Asthma

Name: SOWELL, GENNETTE Date In: 06/11/2011 MR# Chesterfield General Hospital Pt#:

Physical Exam: cont. Level 2-3: 2-4 systems Level 4: 5-7 systems Level 5: 8+ systems NL* indicates system examined and negative

Neck: NL* JVD negative no adenopathy supple thyroid NL non-tender
JVD R / L adenopathy meningismus thyromegaly other:

Chest: NL* chest wall non-tender NL excursion / expansion no retractions breasts NL
respiratory distress stridor retractions accessory muscle use prolonged expirations other:

CV: NL* RRR no murmur no gallop PMI NL pulses NL
tachycardic bradycardic irregular/irregular rhythm extra systoles murmur /6 systole/diastole other:
carotid pulses: decreased / absent /bruit R / L pulses: decreased/ absent R / L radial ulnar pedal tibial

Respiratory: NL* no respiratory distress breath sounds NL
crackles wheezes rales rhonchi unequal / decreased sounds / other: good air movement wheezy bilaterally

Abdomen: NL* soft BS NL non-tender rectal NL guiac negative no organomegaly
obese rigid tender BS: decreased / absent mass / pulsatile heme + stool / gross blood per rectum other:

Back: NL* ROM NL no CVAT tenderness
R / L CVAT +R / L straight leg lift dec. ROM tender bony / musc: dorsal lumbar sacral coccyx

Extremities: NL* non-tender full ROM no edema
pedal edema R / L homans R / L swelling dec ROM erythema: RUE RLE LUE LLE other:

Skin: NL* warm dry color NL no rash
hot cold diaphoretic cyanotic rash urticaria other:

Neuro: NL* A&Ox3 CN's NL (2-12) motor / sensory NL DTRs symmetric
altered LOC disoriented to: time place person CN deficit numbers: abnormal reflex: other:

Psych: NL* affect NL behavior NL
anxious tearful hostile avoids eye contact other

GU: NL* ext genitalia NL no lesion no edema circumcised / uncircumcised deferred
external gen: sores / ulcerations / herpes like bleeding erythema edema other:

Medical Decision Making:

NL / except 6.5 | 136 | 3.4 | 22 | 14 K

NL / except 142 | 106 | 16 | 103 | 77 | pH 7.3

ALT Amy Trop
AST Lipase CKMB INR

UA: NL / except
WBC LE
RBC Blood
Nitrites Bacteria

Preg Screen: urine/serum: neg / pos
Tox Screen: neg / pos

Other / Procedures:

EKG: 39/46/76/98/70 Interpreted by EDP NSR
other:

CXR: Interpreted by EDP NAD
NAI Infiltrate RUL
Abd: NSBGP obstruction
Other / US / CT: 2 amplitude

Consultation:
Time: Disc with Dr. M4 Leon
will see patient in office admit see in consult
Time: Disc with Dr.
will see patient in office admit see in consult

Clinical Course & Re-evaluation:
Meds: Time: Improved / Worse / Unchanged
IVF: Time: Improved / Worse / Unchanged
Patient re-examined
Critical care: 30-74 minutes / 75-104 minutes See procedure note See addendum

Clinical Impression:
1. Acute bronchitis / bronchospasm
2.
3.
4.
5.

Disposition:
Time: 1:00pm
Discharge: Home NH Psych Fac Jail
Admit: Floor ICU PCU Obs OR Tele Psych Peds Orders written
Transfer: Facility: Rcv Physician:
AMA LWOT DOA Expired Transfer forms competed
Condition: Stable Satisfactory Improved Critical Guarded Emergent Non-emergent

Instructions:
Follow up care discussed with: patient family spouse other:
Additional Instructions:

Follow up with:
PMD
Doctor
ED
Other
In day(s) AM

Prescription(s) given:

Signatures: PA/ARNP MD/DO

Pro-MED Complement (circle positives, \ backslash pertinent negs, provide additional information) Rev. 06/26/07

SOB -- Asthma

Chesterfield General Hospital

Demographics and Triage:

Date In: 06/11/2011 Pres Time: 21:15

Name: SOWELL, GENNETTE Arrival Mode: WHEELCHAIR

Age DOB: C. Sex: F Wt lbs: 145 kgs: 65.9

PCP: SOLIMAN, MOHAMED

EDP: PARKER, REGINALD L.

Chief Complaint: SHORTNESS OF BREATH--ADULT

Triage Time: 21:15
T: 98.1 PO
P: 100 regular
R: 24 unlabored
BP: 185/103
O2 Sat: 95 % NL / hypo
Pain / Location: 6/multiple areas

Triage Note:
PT C/O SOB AN DPAIN IN CHEST THAT GOT BAD TODAY. STATES SHE WAS HERE FRIDAY AND WAS TOLD SHE HAS BRONCHITIS

CC / HPI:

Level 1-3 = 1-3 elements Level 4 = 4 elements Level 5 = 5 elements

Time Seen: 9:11 PM ☐ Translator ☐ Nursing Notes Reviewed

Hx Source: patient family spouse EMS nsg. other:

Hx Ltd By: ALOC poor historian dementia severity of condition intox

Onset: ___ min ___ hrs ___ days ___ wks ___ mos ago sudden / gradual

Duration: constant / intermittent lasted: ___ secs ___ mins ___ hrs ___ days

Timing (currently): present / absent improving / worsening wax-wane

Severity: mild mod sev ___ /10 current ___ /10 max

Exacerbated By: exertion med. non-compliance supine allergans

Relieved By: meds upright position breathing tx. oxygen rest steroids

Associated S&S: none F/C CP N/V/D URI S/S diaphoresis

Context: Hx. asthma dyspnea wheezing cough: nonprod. / prod. chest tightness / congestion excess mucus: clear / colored

Additional History:
6 months BP meds c Hx of DVT & PE c pleuritic chest pain getting worse today. Pt seen here on Friday and was told has Bronchitis. Pt prescribed antibiotics

ROS:

Level 1-3 = 1 system Level 4 = 2-9 systems Level 5 = 10+ systems

General	Eyes	ENT	Respiratory	Cardiovascular	Gastrointestinal	Genitourinary
Fever / chills Weight loss General Weakness Polyuria Polydipsia	Visual Changes Redness Dryness Diplopia Itching	Sore Throat Hoarse Voice Epistaxis ↓ Auditory Acuity Nasal Drain/Cong.	Shortness of Breath Cough Congestion Hemoptysis	Chest Pain Palpitations PND Orthopnea DOE	Dysphagia N / V / D Constipation Rectal Bleeding Black Stool	Dysuria Frequency Vaginal Bleeding Vaginal Discharge Penile Discharge

Musculoskeletal	Neurological	Psychological	Skin	Immunological	All Systems Reviewed
Joint Pain Joint Swelling Neck Pain Back Pain Myalgias	Syncope Headache Focal Weakness Paresthesia Confusion	Anxiety Depression Hallucination Insomnia Stress	Rash Pruritis Lesions Bruising Bleeding	Recurrent Hives HIV / AIDS Anaphylactic Rxn	All other systems negative Unable to obtain due to: acuity ALOC chronic dementia poor historian intoxicated

Past Family Social Hx:

Level 1-3 = none Level 4 = 1 section Level 5 = 2-3 sections

Past Medical History:
HTN, HYSTERECTOMY

Current Medications:
HCTZ 25MG PO DAILY

Allergies:
NKA

Reproductive History: G___ P___ A___ Last Menstrual Period:
Menses History: Regular Irregular Post-partum Pre-menarch ammenorrhea
Last Tetanus:

Additional Past Medical History: CAD MI CHF DM CA CVA trauma recent surgery COPD HTN TIA

Past Surgical History: CABG APPY Chole TAH / BSO TURP

Family History: Negative CAD / MI DM CA CVA

Social History: Tobacco: N ___ PPD x ___ yrs Quit
Alcohol: Denies / Social / Heavy / Alcoholic
Substance Abuse: N / Y :
Occupation: Living: M / S / D / Alone

Physical Exam:

Level 2-3: 2-4 systems Level 4: 5-7 systems Level 5: 8+ systems NL* indicates system examined and negative

General: Distress: NAD mild moderate severe well nourished anxious cachetic obese dishevled dehydrated chronic illness nsg. home pt. malnourished other:

HENT: NL* NC / AT pharynx NL ears NL nose NL sinus tenderness: R / L max / front nasal drainage: clear / purulent ear canal: R / L erythema / obscured TM: R / L erythema / bulging pharynx: exudate erythema abscess other:

Eyes: NL* PERRL EOMI conjunctiva NL fundus NL R pupil ___ mm L pupil ___ mm conjunctiva injected / c R / L other:

Pro-MED Complement (circle positives, \ backslash negs, provide additional information)

Medical Records

01 7 p.m. 06-21-2011 5/13

INITIAL ASSESSMENT FORM

Chesterfield General Hospital

PRIORITY: 2

Semi Emergent

DATE: 06/11/2011

Patient: SOWELL, GENNETTE
DOB: AGE:
EDP: PARKER, REGINALD L.
PCP: SOLIMAN, MOHAMED

Sex: F

Pt#:
MR#:

Worker's Comp:
Emp. Referred:

Presentation Time: 21:15 Triage Time: 21:15 Arrival Mode: WHEELCHAIR

Height: 5 ' 2 " Weight 145 lbs. 0 oz. 65.91 kgs. LMP: Last Tetanus:

Chief Complaint: SHORTNESS OF BREATH–ADULT Acc By: Daughter

Brief Assessment: PT C/O SOB AN DPAIN IN CHEST THAT GOT BAD TODAY. STATES SHE WAS HERE FRIDAY AND WAS TOLD SHE HAS BRONCHITIS

Vital Signs

T:	98.1	PO
P:	100	regular
R:	24	unlabored
BP:	185/103	
O2:	95 % RA	

Pain Intensity Scale: 6 / 10
Pain Location: multiple areas

NIGHT SWEATS	NO		HEMOPTYSIS	NO
WEIGHT LOSS	NO		FEVER	UNK
ANOREXIA	NO			

DOMESTIC VIOLENCE	NO		
SIGNS OF ABUSE	NO		
PNEUMONIA VACCINE W/I 5YRS	NO		
BEST NUMBER TO CALL	YES	843	Smoke Ø
DYSPNEA ON EXERTION	YES		
SWELLING OF ANKLES OR LEGS	NO		
HX OF CHF	NO		
HX OF EMPHYSEMA/ASTHMA	NO		Keflex 500
CHEST PAIN	YES		
ORTHOPNEA	YES		
HIGH BLOOD PRESSURE	YES		
ASA WITHIN 24 HOURS	NO		Advil Motrin 600

F Albuterol 86 Solution
M Combivent 84
S Bd Capsule

Sudden Onset:

Pre-Hospital Treatment: ANTIBIOTICS, THERAFLU

Pediatric Assessment: N/A

Past Medical History: HTN, HYSTERECTOMY

Allergies: NKA

Medicines: HCTZ 25MG PO DAILY,

Nurse Signature: Laura Barker RN LPB

Additional Notes:

ORDER PROCEDURE FORM
PULMONARY EMERGENCIES

Chesterfield General Hospital

Name: SOWELL, GENNETTE Pt#:
Age: DOB: Sex: F MR#
EDP: PARKER, REGINALD L. PCP: SOLIMAN, MOHAMED

Date In: 6/11/2011 Time: 9:28 PM

Laboratory Tests				Other Diagnostic Tests			
Order Time		Order Sent	By	Order Time	Radiology	Order Sent	By
9:28 PM	CBC	6/11/11 2139	LS	9:28 PM	CXR (PA/LAT (Portable)	6/11/11 2139	LS
9:28 PM	CMP	6/11/11 2139	LS		Spiral CT Chest w/contrast-PE Protocal		
9:28 PM	BNP	6/11/11 2139	LS		V/Q Scan		
	Theophylline Level				Cardiopulmonary		
	Cardiac Profile			9:28 PM	EKG		
9:28 PM	UA	6/11/11 2139	LS	9:28 PM	Nebulizer Treatment		
					ABG		
					Peak Flows		
					O2 LPM		

Misc. Orders	Medical Necessity Information:
Previous Medical Records	
Physical Therapy - Eval & Tx	

Weight:
lbs: 145
kgs: 65.9

Allergies: NKA

Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
9:28 PM		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		

Order Time	IV / Solution / Added Medication	Start Time	Device / Size	Location	# Attempts	Amount	Start by	D/C Time	Amt Infused	D/C by
9:28 PM	☐ KVO Device:									
	☐ IV Fluid:									

Procedures / Nursing Assistance

☐ Cardiac Monitor Rate____ Rhythm_____	☐ Chest Tube Insertion	
☐ NIBP Monitor	☐ Central Line Placement	
☐ Pulse Oximetry	☐ CVP Monitoring	
☐ Endotracheal Intubation	☐ O2	

Discharge Instructions

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:
	Laura Barker		

PA/ARNP: Physician's Signature:

Medical Records

01 1 p.m. 06-21-2011 7/13

ORDER PROCEDURE FORM
ADDITIONAL MEDS AND IVS

Chesterfield General Hospital

Name: SOWELL, GENNETTE Pt#:\

Age DOB:. Sex: F MR#:

EDP: PARKER, REGINALD L. PCP: SOLIMAN, MOHAMED

Date In: 6/11/2011

Weight:	Allergies: *NKA*
lbs: 145	
kgs: 66.9	

Order Time	Medication / Dosage / Route	Adm Time	Site	Adm by	Time	Reassessment	Reassess by

Order Time	IV / Solution / Added Medication	Start Time	Device / Size Location # Attempts Amount	Start by	D/C Time	Amt Infused	D/C by

Time	Nurses Progress Notes & Reassessment	Initials	Time	T	P	R	BP	Urine	NG / Emesis	Chest Tube	O2 Sat	GCS	Pain Scale

Initials/Signature: | Initials/Signature: | Initials/Signature: | Initials/Signature:

PA/ARNP: | Physician's Signature:

Chesterfield General Hospital
PO Box 151, Chesterfield, SC 29520
843-537-7681

Patient: SOWELL, GENNETTE DOB Patient #: Date In: 6/11/2011

Adult Assessment 06/11/2011 21:23 LFB

Room Assignment: Patient assigned to room 4. Patient arrived in room by wheelchair. Patient moved to room at 21:15. Time of primary assessment: 21:15.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Patient is at risk for fall as evidenced by: medication history that includes - antihypertensives, unsteady gait observed. Falls prevention plan implemented and maintained during ED visit.

Pain: Patient rates pain as 6 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the CHEST AND BACK. Onset of pain was gradual, within the past 24 hours. Patient describes the pain as constant, tightness. Pain is exacerbated by movement, respirations.

Neurological: Alert, oriented to person, place and time. Glascow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Heart rate is 100. Monitor shows normal sinus rhythm. Cardiac monitor is attached to patient. See rhythm strips that are attached to chart. Electronic non-invasive blood pressure monitor attached to patient. Documentation from NIBP monitor has been added to chart. All pulses are palpable, strong, and intact. The skin appears clammy. Capillary refill is less than 2 seconds. Edema is not present. Patient rates current pain as 6 on one-to-ten scale with 10 as the worst pain ever. The location of the pain is sub-sternal. Chest wall is non-tender to touch, observed as symmetrical, noted to have no abnormalities.

Respiratory: Airway is patent. Respiratory effort is moderately labored. Lung sounds by auscultation reveal wheezes in the left upper lobe and right upper lobe and right middle and left base and right base, diminished sounds in the left base and right base. The patient has a productive cough and with a scant amount of sputum, THICK. Pulse oximetry attached to patient with a reading of 95%. RESP THERAPIST WAS CALLED FOR ABG

Reassessment: 06/11/2011 21:44 PKT

EKG: EKG was performed at 06/11/2011 21:40by nurse.

Reassessment: 06/11/2011 21:46 PKT

Radiology: Portable x-ray was done in the emergency department at 21:37.

Reassessment: 06/11/2011 21:46 PKT

Physician: Physician was at the bedside at 21:15. Physician seeing patient was PARKER, REGINALD L..

Reassessment: 06/11/2011 21:57 LFB
Laboratory: Specimen(s) collected at 21:20, by nurse. Type of specimen collected was blood and **blood culture - collected at: 06/11/2011 21:20.**

Reassessment: 06/11/2011 22:38 PKT
Patient: Rounding Completed - Patient went to restroom with assistance of staff.

Reassessment: 06/11/2011 22:38 PKT
Laboratory: Specimen(s) collected at 22:38, by nurse. Type of specimen collected was urine.

Reassessment: 06/11/2011 23:15 PKT
Family: Family or significant other(s) at bedside at 23:15. Plan of care discussed with family. Condition, at present, was explained to family.

Nursing Diagnosis 06/11/2011 21:56 LFB
General: Potential for infection identified 06/11/2011 21:20. Goal to resolve is: PT WILL HAVE APPROPRIATE TX FOR INFECTION AS NEEDED.

Nursing Diagnosis 06/11/2011 23:20 PKT
General: Potential for infection Achieved 06/11/2011 23:20.

Treatments 06/11/2011 21:44 PKT
****IV Insertion started to the L hand, with a 18 gauge catheter, Hep Lock, 1 attempt initiated at 06/11/2011 21:20 by LFB. [Transcribed][RP7]:**
Reassessed at 06/11/2011 23:10 [PKT] - INT FLUSHED WELL AFTER IV LEVAQUIN - PKT

Breathing TX PULMOCORT/XOPENEX initiated at 06/11/2011 21:20 by LFB. [Transcribed][RP7]:
Reassessed at 06/11/2011 21:47 [PKT] - Reassessment after aerosol - patient tolerated well and breath sounds unchanged. - PKT

Venipuncture via IV initiated at 06/11/2011 21:20 by LFB. [Transcribed][RP7]:

IV Solumedrol 125 mg first dose Med Ed provided initiated at 06/11/2011 21:39 by PKT. [Transcribed][RP7]:
Reassessed at 06/11/2011 22:38 [PKT] - No adverse drug reaction noted. Reassessment after aerosol - breath sounds improved. - PKT

Breathing Tx Subs XOPENOX AND PULMOCORT initiated at 06/11/2011 21:45 by PKT. [Transcribed][RP7]:
Reassessed at 06/11/2011 23:21 [PKT] - Reassessment after aerosol - patient tolerated well and breath sounds improved. - PKT

LEVAQUIN 750MG IV first dose Med Ed provided initiated at 06/11/2011 21:55 by LFB. [Transcribed][RP7]:
Reassessed at 06/11/2011 22:38 [PKT] - Current rate is 150 mls per hour. - PKT
Reassessed at 06/11/2011 23:10 [PKT] - ABX INFUSED SITE CLEAR NO ADV REACTION - PKT

Contact other MD initiated at 06/11/2011 23:10 by PKT. [Transcribed][RP7]:
Reassessed at 06/11/2011 23:11 [PKT] - ORDERS TAKEN FROM DR MCLEOD - PKT

Disposition 06/11/2011 23:15 PKT
Admit: Patient's disposition is: ADMIT-MED/SURG. The patient was ready for transfer to inpatient bed at 06/11/2011 23:16. The inpatient room number assignment was provided at 06/11/2011 23:16. The inpatient room number is 124. Patient transported by wheelchair. Vital signs taken at 23:16 were: T: 98.5 PO, P: 90 and is regular, R: 24 and unlabored, BP: 136/073, O2 Sat: 97 on RA, pain level is 2 on a 1-10 scale in the abdomen. Patient states pain has improved. Belongings were taken by a family member. Report was given to DORY KYLER RN. The patient was identified by name to the nurse receiving report. The patient's presenting complaint and changes as documented were reported. Code status is full code. TO ROOM 124 VIA WHEELCHAIR-DISCHARGED FROM ER
Patient left the department at 06/11/2011 23:21.

LAURA BARBER RN _____

PHYLLIS TEAL RN.All text in this document clearly marked by PKT has been authored and legally signed by use of electronic device. 06/11/2011 23:22

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Originator Name: JOHN MCLEOD, III, M.D.
Medical Record #:
ACCT #:
Room #: MS1 124 A

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Shortness of breath and cough.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old black woman who is has been previously followed by the practice of Dr. Soliman for medical problem of hypertension, who was brought to the emergency department late last evening by her family with complaints of being sick over the last possibly 2 weeks with bronchitis. The patient has evidently been seen and treated with 1 round of antibiotics in the last 1-2 weeks and worsened in the last several days with increasing cough, wheezing and shortness. Cough was productive of discolored sputum. She denied any fever or chills. She had actually worked right up until the time she came to the emergency department. In the emergency department, she was noted to have temperature 98.1 degrees, pulse 100, respiratory rate was 24, blood pressure 185/103 with O2 saturation on room air 95%. She was evaluated in the emergency department, noted to have wheezing on chest examination as well as increased respiratory rate. Chest x-ray did not reveal any large infiltrate. It was felt that she had worsening bronchitis associated with bronchospasm and she was treated in the emergency department with intravenous steroids, IV antibiotics, as well as bronchodilator therapy. She had some slight improvement compared to presentation. At this time, I was contacted for the purpose of admission for further evaluation and treatment of suspected worsening bronchitis associated with bronchospasm.

REVIEW OF SYSTEMS: See pertinent positives noted above. The patient had some mild chest pain/more of a chest soreness feeling from she thought secondary to recurrent coughing. Other than that, no severe or prolonged chest pain. She denied any abdominal pain. She did have 1 episode of vomiting yesterday she stated prior to going to work. She has not had any recent edema. There has been no loss of consciousness and no abnormal vision. There has been no abnormal bleeding.

PAST MEDICAL HISTORY: Hypertension, mild. Other than that, the patient denies any significant past history of any pulmonary disease, cardiac disease, renal disease, neurological disease or gastrointestinal disease.

PAST SURGICAL HISTORY: Hysterectomy in the remote past.

ALLERGIES: None known.

SOCIAL HISTORY: Smoking: No and never. Alcohol use: Very occasional.

FAMILY HISTORY: Father had asthma and died at age 86 from complications of recurrent strokes. Mother died at age 84 and had a history of skin cancer. She had 1 brother died of what sounds like laryngeal cancer.

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL,JGENNETTE
Admit Date: 06/11/2011
Originator Name: JOHN MCLEOD, III, M.D.
Medical Record #:
ACCT #:
Room #: MS1 124 A

HISTORY AND PHYSICAL

CURRENT MEDICATIONS: Hydrochlorothiazide 25 mg daily.

PHYSICAL EXAMINATION:
GENERAL: The patient is on the ward. She appears in no distress.
VITAL SIGNS: Currently pulse of 96, respiratory rate 20, blood pressure 134/80, and temperature 97.6 degrees.
HEENT: The pharynx is clear. There are no acute oral lesions noted. External eyes no lesions. No icterus. Fundi are difficult to visualize. TMs are normal.
NECK: No thyromegaly. No carotid bruits noted.
CHEST: Clear with some tightness of air exchange, otherwise no obvious wheezes or rales noted.
HEART: Regular rate with normal S1, S2. No rub, murmur, gallop noted.
ABDOMEN: Soft. No masses. No splenomegaly appreciated. She has a well-healed vertical scar over the midline of the abdomen and the lower abdomen from her hysterectomy surgery. Bowel sounds are active. There is no guarding or tenderness.
EXTREMITIES: Reveal no edema. She has good pulses. There are 2+ and equal in both feet.
NEUROLOGICAL: Grossly intact with cranial nerves II-XII intact. Motor and sensory exams intact with no focal or localizing deficits.

LABORATORY DATA: Mycoplasma IgM antibody is negative. Comprehensive metabolic profile with the following abnormalities: Potassium 3.4. The remainder of the CMP was within normal limits. BNP was normal at 13, WBC 6500, hemoglobin 12.5, hematocrit 36.1, and platelet count 214,000. Differential on the WBC included 76.5% neutrophils, 16.8% lymphocytes, 2.4% monocytes, 3.9% eosinophils. Urinalysis revealed urine leukocytes 1+, nitrite negative, pH 5.0. The chemistry on the urine was all negative. Urine microscopic examination reveals 0-5 WBCs, 0-5 epithelial cells.

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, and O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86, it was felt to be within normal limits.

RADIOLOGY DATA: The portable chest x-ray did not reveal any obvious consolidated infiltrates. To be reviewed by Radiology.

CLINICAL IMPRESSION:
1. Bronchitis with bronchospasm, failing outpatient therapy.
2. Hypertension.

PLAN: Patient has been admitted to a telemetry monitored bed. She will be treated with intravenous steroids, antibiotics, and frequent albuterol and Atrovent unit dose nebulization treatments. The patient

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

HISTORY AND PHYSICAL

will be monitored by both clinical examination as well as O2 sat measurements. She will be continued on her medications as outlined above from her home medicine list. At this time the patient is somewhat improved in the emergency department treatment will continue with the plan as outlined. I discussed patient's condition with her and her family at the bedside and they are all in agreement with her admission here.

Electronically Signed by John McLeod, III, M.D. on 06/12/2011 at 19:00:38

John McLeod, III, M.D.

DD: 06/12/201109:10:46 EST
DT: 06/12/201109:11:23 EST/MIS1345/5395913
JOB#: 952428

cc: John Mcleod, Iii, M.D.

06/03/11 CT ER AA W

SOWELL,GENNETTE PIGGLY WIGGLY (843)454-0600

PIGGLY WIGGLY (843)454-0600

JAMES,JANET PLANNED ADMINIS 0
PO BOX 6927
COLUMBIA SC 29260 SP

SOWELL,GENNETTE

SP

Holdredge,Timothy	Ash,Ezra	ADM.RA	COUGH/CHEST CONGESTI

8. **GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES** *(continued from front):*
I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians, fellows, residents, interns, and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s), fellow(s), resident(s), or Intern(s).

I agree and understand that all physicians (including fellows, residents, and interns), dentists, oral surgeons, and podiatrists involved in my care in any way are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for the acts or omissions of the aforementioned. Services may be performed by independent contractors who are not employed by the Facility. I am aware that the practice of medicine is not an exact science and further understand that no guarantee has been or can be made as to the results of the treatments, care or examinations in the Facility.

I have been informed of the treatment procedures considered necessary for me and that the treatments/procedures will be directed by a physician and may be performed by such physician and/or one or more additional physicians, fellows, residents, interns, and employees of the Facility. I understand that one or more physicians, fellows, residents, and/or interns at the Facility may treat me or participate in my treatment. I understand that no guarantee or assurance has been made regarding (1) which physicians and/or fellows, residents, or interns will treat me or participate in my treatment and/or (2) the results that may be obtained from treatment.

GS *patient initials* I consent to the photographing or videotaping, including appropriate portions of my body, for medical and medical record documentation purposes, provided said photographs or videotapes are maintained and released in accordance with protected health information regulations.

9. **ADVANCE DIRECTIVE ACKNOWLEDGEMENT:**
Federal law requires that patients be provided information about their rights to make advance health care decisions, including a Living Will, Durable Medical Power of Attorney or designation of a surrogate decision maker for healthcare decisions. If you have already completed any of these documents, please inform your physician and the Facility. ***Please check one:***

- ☐ I have executed an advance directive and have supplied a copy to the Facility.
- ☐ I have executed an advance directive and have been requested to supply a copy to the Facility.
- ☐ I have reviewed the directive(s) on file with this Facility and it is / they are my current directive(s).
- ☐ I have not executed an advance directive. I have received information about advance directives from this Facility.
- ☐ I have not executed an advance directive. I have requested advance directive information from this Facility.
- ☒ I have not executed any advance directives, and I do not wish to receive information about advance directives from this Facility.

10. **RESEARCH STUDIES:** ***Please check one:***
☒ No ☐ Yes Are you currently a participant in any research study or project: *If yes, please briefly describe what is being studied (drug, medical device or other)* _____
Who can the Facility contact with questions about the study? _____

11. **SMOKING CESSATION INFORMATION:**
☒ Upon admission, I received the Smoking Cessation Information Packet, which includes information on: health risks associated with smoking, community resources for smoking cessation programs and health risks associated with second hand smoke. If I have further interest in smoking cessation programs and education, I will request additional information from the facility staff or my physician.

The undersigned certifies that s/he has read the foregoing, understands it, accepts its terms, has received a copy of it and is the patient or is duly authorized by the patient as their agent to execute the above.

Patient's Signature or Legal Representative	Date	Time
X Gennette Sowell	6-3-11	02:57
Relationship to Patient: SELF	Interpreter, if utilized	
Witness Signature: REVA CADIAE	If Telephone Consent, Second Witness' Signature	

Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment
ADM-1701G - Back (Rev. 01/10)

Label SOWELL, GENNETTE

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7881

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: [redacted] Date In: 8/3/2011

Adult Assessment 06/03/2011 05:23 MWP

Room Assignment: Patient assigned to room 6. Patient arrived in room ambulatory. Patient moved to room at 03:00. Time of primary assessment: 03:00.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Patient is not at risk for fall as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age. Patient is not at risk for skin breakdown as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age.

Pain: Patient rates pain as 5 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the MULTIPLE LOCATIONS.

Brief Assessment: Patient is alert and oriented x 3. Respirations are unlabored. Skin is warm and dry, vascular status intact.

Neurological: Alert, oriented to person, place and time. Glascow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.

Respiratory: Airway is patent. Respiratory effort is unlabored. Lung sounds by auscultation reveal clear breath sounds. The patient has a productive cough and has a moist cough and with a scant amount of sputum, yellow-colored sputum. Pulse oximetry attached to patient with a reading of 100. PT. COMPLAINING OF COUGH CONGESTION X 1 WEEK

Gastrointestinal: Abdomen is soft, flat, non-tender. Bowel sounds present. Patient denies pain, vomiting, or diarrhea.

Genitourinary: Denies dysuria, frequency, or burning with urination. Denies discharge from genitalia.

Musculoskeletal: Denies musculoskeletal pain, numbness or tingling. No swelling or deformity noted. Distal pulses intact. Full ROM of extremities. No ecchymosis noted.

Integumentary: Skin is warm, dry, and intact without lesions, rashes or wounds. Turgor is normal.

Reassessment: 06/03/2011 05:27 MWP

Physician: Physician was at the bedside at 03:22. Physician seeing patient was HOLDREDGE, TIMOTHY.

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7881

Patient: SOWELL, GENNETTE DOB: Patient #: MRN Date In: 6/3/2011

Nursing Diagnosis 06/03/2011 05:25 MWP
General: Knowledge deficit identified 06/03/2011 03:00. Goal to resolve is: PT. WILL VERBALIZE UNDERSTANDING OF APPROPRIATE FOLLOW UP CARE BY THE TIME OF D/C FROM THE ED. Achieved 06/03/2011 03:45.

Treatments 06/03/2011 05:23 MWP
IM Decadron 10 mg Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

Custom Med (Manual Entry) 10/650 MG NORCOPO Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

PO Zithromax 500 mg Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

PO Prednisone 40 mg Y initiated at 06/03/2011 03:26 by MWP. [Transcribed][TSH]:

Disposition 06/03/2011 05:27 MWP
Discharge: Patient left the department at 06/03/2011 03:45. Patient's disposition is: D/C --HOME. Discharge instructions were given to the patient and given to a family member. The patient, family member with patient verbalizes understanding of the discharge instructions. The condition at discharge is stable. Vital signs taken at 03:45 were: T: 98.2 PO, P: 89 and is regular, R: 18 and unlabored, BP: 116/070, O2 Sat: 100 on RA, O2 delivered by RA, pain level is 5 on a 1-10 scale in the multiple areas. PT. D/C HOME WITH DAUGHTERS TO DRIVE HER... NO S/S OF DISTRESS.... RX FOR NORCO/PREDNISONE/ZITHROMAX

MARIAH PRUITT RN All text in this document clearly marked by MWP has been authored and legally signed by use of electronic device. 06/03/2011 05:29

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-76R1

Patient: SOWELL, GENNETTE DOB: Patient # MRN: Date In:

Discharge Instructions

Illness/Injury & Medicine Topics

BRONCHITIS (English)
DECADRON (dexamethasone) (English)
PREDNISONE (English)
ZITHROMAX (azithromycin) (English)
NORCO (hydrocodone/acetaminophen) (English)

Special Instructions

FOLLOW UP WITH PRIMARY CARE MD IN THE MORNING TO ARRANGE FOLLOW UP ..... TAKE MEDICATION AS DIRECTED.... RETURN TO THE ED FOR ANY EMERGENCIES....

Referred to:

OOT PHYSICIAN

Your emergency care provider today was: **HOLDREDGE, TIMOTHY**

Acknowledgement

I have received and I understand the instructions as described above.

Gennette Sowell
Patient or Guardian

Staff

Date

Time

ORDER PROCEDURE FORM
PULMONARY EMERGENCIES

Chesterfield General Hospital

Name: SOWELL, GENNETTE Pt#:
Age: 61YRS DOB: Sex: F MR#:
EDP: HOLDREDGE, TIMOTHY PCP: OOT PHYSICIAN

Date In: 6/3/2011 Time: 0722

Lab/Blood tests

Order Time		Order Sent	By
	CBC		
	BMP CMP		
	BNP		
	Theophylline Level		
	Cardiac Profile		
	UA		

Other Diagnostic tests

Order Time	Radiology	Order Sent	By
	CXR (PA/LAT - Portable)		
	Spiral CT Chest w/contrast-PE Protocal		
	VQ Scan		
	Cardiopulmonary:		
	EKG		
	Nebulizer Treatment		
	ABG		
	Peak Flows		
	O2 LPM		

Med Orders

	Previous Medical Records
	Physical Therapy - Eval & Tx

Medical Necessity Documentation

Weight: Allergies: NKA
lbs 142
Kgs 64.5

Orders: Medication, Dosage, Route, PO

			Ordered By / Signature	Time	Site	Initial
6/3 0322	~~Xanax .5mg PO~~			0307		☐ Improved ☐ Worse ☐ Unchanged
6/3 0322	Levaquin 750mg PO	☐	MWP	0326	6-3 PO	☐ Improved ☐ Worse ☐ Unchanged
6/3 0322	Azithromycin 500mg PO	☐	MWP	0326	6-3 PO	☐ Improved ☐ Worse ☐ Unchanged
6/3 0322	Decadron 10mg IVP	☐	MWP	0326	6-3 IVP	☐ Improved ☐ Worse ☐ Unchanged
6/3 0322	Prednisone 60mg PO	☐	MWP	0326	6-3 PO	☐ Improved ☐ Worse ☐ Unchanged

Procedures: IV Solution/Added Medication

		Start Time	Device/Size	Location	Attempts	Amount	Site	Dc'd	Dc'd By	Assessed	By
	☐ KVO Device:										
	☐ IV Fluid:										

Procedures: Nursing Assistance

☐ Cardiac Monitor Rate____ Rhythm____	☐ Chest Tube Insertion
☐ NIBP Monitor	☐ Central Line Placement
☐ Pulse Oximetry	☐ CVP Monitoring
☐ Endotracheal Intubation	☐ O2

Discharge Instructions

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:

PA/ARNP: Physician's Signature: 6/3 0322

P.10.1

URI / Cough 1 of 2

Chesterfield General Hospital

Demographics and Triage

Date In:06/03/2011 Pres Time:02:51 Pt# MR#

Name: SOWELL, GENNETTE Arrival Mode: AMBULATORY

Age: 61YRS DOB: Sex: F Wt/lbs: 142 kgs: 64.5

PCP: OOT PHYSICIAN

EDP: HOLDREDGE, TIMOTHY

Chief Complaint: COUGH/CHEST CONGESTION

Triage Time: 02:57
T: 98.7 PO
P: 82 regular
R: 22 unlabored
BP: 108/080
O2 Sat: 99 % NL / hypo
Pain / Location: 5/multiple areas

Triage Note:
PT. WITH COUGH/CONGESTION/SOB FOR ABOUT A WEEK.... HAS TAKEN MUSINEX WITHOUT RELIEF...

CC / HPI

Level 1 - 3 elements Level 2 - 4 elements Level 3 - 5 elements

Time seen: 1037 ☐ Translator ☑ Nursing Notes Reviewed Additional History:

Hx Source: patient family spouse EMS neg. home other:

Hx limited by: ALOC poor historian dementia severity hearing intoxication

Onset: indeterminate ___ min ___ hrs ___ days 1 wks ___ mths ago -- sudden / gradual

Duration: constant / intermittent Lasted: 1 secs / mins / hrs / days 6/52

Timing (currently): present / absent decreased / increased wax-wane

Severity: mild / mod / sev / 5 /10 current 8 /10 max denies pain

Current Sxs: sore throat cough: dry sputum: white yellow green brown bloody runny nose congestion: nose sinus chest sinus pain / drainage earache R / L

Exacerbated By: nothing cold exercise med. non-compliance mucus

Relieved By: nothing OTC meds prescribed meds rest

Associated Sxs: chills myalgias N / V wheeze chest pain: with cough only

Context: sick contacts on meds currently seen recently by:

ROS

Level 1 - 8 + systems Level 2 - 10 systems Level 3 - 14 systems

General	Eyes	ENT	Respiratory	Cardiovascular	Gastrointestinal	Genitourinary
Fever / chills Weight loss General Weakness Polyuria Polydipsia	Visual Changes Redness Dryness Diplopia Itching	Sore Throat Hoarse Voice Epistaxis ↓ Auditory Acuity Nasal Drain/Cong.	Shortness of Breath Cough Congestion Hemoptysis	Chest Pain Palpitations PND Orthopnea DOE	Nausea / Vomiting Diarrhea Constipation Rectal Bleeding Black Stool	Dysuria Frequency Vaginal Bleeding Vaginal Discharge Penile Discharge

Musculoskeletal	Neurological	Psychological	Skin	Immunological	All Systems Reviewed
Joint Pain Joint Swelling Neck Pain Back Pain Myalgias	Syncope Headache Focal Weakness Paresthesia Confusion	Anxiety Depression Hallucination Insomnia Stress	Rash Pruritis Lesions Bruising Bleeding	Recurrent Hives HIV / AIDS Anaphylactic Rxn	All other systems negative Unable to obtain due to: acuity ALOC chronic dementia poor historian intoxication

Past/Family/Social Hx

Level 1 - none Level 2 - 1 item Level 3 - 2 items

Past Medical History:
HTN, HYSTERECTOMY

Current Medications:
HCTZ 25MG PO DAILY

Allergies:
NKA

Reproductive History: G___ P___ A___ Last Menstrual Period:
Menses History: Regular / Irregular / Post-partum / Pre-menarch
Last Tetanus:

Additional PMH: none asthma CAD / MI CHF DM CA CVA COPD HTN pneumonia bronchitis seizures TIA
Other:

Past Surgical History: none CABG Appy Choly T&H/BSO
Other:

Family History: negative CAD / MI DM CA CVA
Other:

Social History: Tobacco: N ___ # PPD X ___ years Quit
Alcohol: Denies / Social / Heavy / Alcoholic
Substance Abuse: N / Y :
Occupation: Living: M S D alone

Physical Exam

Level 2 - 2 systems Level 3 - 9 systems Level 5 - 12+ systems N = indicates system examined and negative

General: NL* Distress: NAD -- mild moderate severe well nourished no evidence of trauma anxious cachetic obese disheveled dehydrated chronic ill nsg. home pt. malnourished other:

ENT: NL* NC / AT pharynx NL dare NL nasal congestion sinus tenderness: maxillary: R / L frontal: R / L rhinnorhea: clear / purulent ear canal: R / L erythema / obscured TM: R / L erythema / bulging pharyngeal: exudate erythema abscess oral ulcers:

Eyes: NL* PERRL EOMI conjunctiva NL NL fundus R pupil ___ mm L pupil ___ mm conjunctiva: pale / injected / icterus other:

P.102

Pro-MED Complement (circle positives, \ backslash pertinent negs, provide additional information)

URI / Cough 2 of 2 — **Chesterfield General Hospital**

Name: SOWELL, GENNETTE Date In: 06/03/2011 MR#: Pt#:

Physical Exam

Level 1: 1-2 systems Level 2: 3-4 systems Level 3: 5-7 systems Level 4: 8+ systems **X** = indicates system examined and negative

HEENT: NL* ~~JVD negative~~ ~~no adenopathy~~ ~~supple~~ thyroid NL ~~non-tender~~ ~~ROM NL~~ ~~trachea midline~~ ~~carotids NL~~
JVD R / L adenopathy meningismus thyromegaly vertebral tenderness spasm ROM: limited / painful other:

Chest: NL* ~~chest wall non-tender~~ ~~NL excursion / expansion~~ ~~no retractions~~ ~~breasts NL~~
tender to palpation: R / L chest wall sternum retractions breast R / L mass / tenderness other:

CV: NL* ~~RRR~~ ~~no murmur~~ ~~no gallop~~ ~~PMI NL~~ ~~pulses NL~~
tachycardic bradycardic irregular/irregular rhythm extra systoles murmur __/6 systole/diastole other:

Respiratory: NL* ~~no respiratory distress~~ ~~breath sounds NL~~ ~~effortless~~
unequal / decreased sounds crackles wheezes rales rhonchi labored stridor retractions other:

Abdomen: NL* appearance NL ~~BS NL~~ ~~soft~~ ~~non-tender~~ ~~rectal NL~~ ~~guiac negative~~ ~~no organomegaly~~
obese rigid tender BS: hyper / hypo / absent mass / pulsatile heme + stool / gross blood per rectum other:

Back: NL* ~~ROM NL~~ ~~no CVAT tenderness~~
decreased ROM spasm vertebral tenderness: dorsal lumbar sacral coccyx

Extremities: NL* ~~non-tender~~ ~~full ROM~~ ~~no edema~~
erythema / edema dec ROM RUE RLE LUE LLE other:

Skin: NL ~~warm~~ ~~dry~~ ~~color NL~~ ~~no rash~~
hot cold diaphoretic cyanotic rash edema ecchymosis other:

Neuro: NL* ~~AA&Ox3~~ ~~CN's NL (2-12)~~ ~~motor / sensory NL~~ ~~cerebellar NL~~ ~~DTRs NL~~
altered LOC disoriented to: time / place / person CN deficit #:___ weakness paresthesia
cerebellar dysfunction DTR: diminished / absent other:

Psych: NL* ~~affect NL~~ ~~behavior NL~~
anxious tearful hostile avoids eye contact flat affect depressed hostile other:

GU: ~~NL* ext genitalia NL~~ ~~no lesion~~ ~~no edema~~ circ. / uncirc. inguinal canals NL deferred
external gen: sores / ulcerations / herpes like bleeding erythema edema indwelling foley hernia

Medical Decision Making

NL / except

NL / except

ALT____ Amy____ Trop____ PT____
AST____ Lipase____ CKMB____ INR____

UA: NL / except
WBC ____ LE ____
RBC ____ Blood ____
Nitrites ____ Bacteria ____

Preg Screen: urine/serum: neg / pos
Tox Screen: neg / pos ____

EKG: __ Interpreted by EDP __ NSR
__ other:

CXR: __ Interpreted by EDP __ NAD
__ NAI __ Infiltrate

Abd: __ NSBGP __ obstruction

Other / US / Ct:

Other / Procedures:

Consultation

Time: _____. Disc with Dr. _____
will ___ see patient in office ___ admit ___ see in consult
Time: _____. Disc with Dr. _____
will ___ see patient in office ___ admit ___ see in consult

Clinical Course & Re-evaluation

Meds: Time: ____ Improved / Worse / Unchanged
Time: ____ Improved / Worse / Unchanged
IVF: ☐ Patient re-examined
☐ Critical care: 30-74 minutes / 75-104 minutes ☐ See procedure note ☐ See addendum

Clinical Impression

1. acute bronchitis
2.
3.
4.
5.

Disposition

Time: 0322
Discharge: Home NH Psych Fac Jail
Admit: Floor ICU PCU Obs OR Tele Psych Peds ☐ Orders written
Transfer: Facility: _____ Rcv Physician: _____
AMA LWOT DOA Expired ☐ Transfer forms completed
Condition: Stable Satisfactory Improved Critical Guarded Emergent Non-emergent

Instructions

Follow up with:
☐ PMD
☐ Doctor _____
ED
☐ Other _____
In ___ day(s) ☐ AM

☐ Prescription(s) given:
A-mat
Prednisone
Arm-a-cort 5x12

Follow up care discussed with: patient family spouse other:
Additional Instructions: Call your PCP tomorrow to arrange f/u

Signatures: _____ PA/ARNP _____ MD/DO

Pro-MED Complement (circle positives, \ backslash negs, provide additional information) P.103 Rev. 08/28/07

2

RE: Gennette Sowell
DOB:

Dear Dr. deDios:

We found that in updating the records for Ms. Sowell's hearing, that we have never asked you this one question to which I need an answer and your opinion. As you know, Ms. Sowell was referred to you by Dr. Hammett, who has since left practice in the Hartsville area; Dr. Hammett had taken her out of work on January 6, 2014, and expressed the opinion later on (September 29, 2014) that she continued to be disabled from gainful employment. I simply need your opinion as to whether or not she is disabled from gainful employment at this time due to her condition, particularly occupational asthma, and whether or not in your opinion it is permanent. Therefore, please provide an answer to the following question:

Based on your knowledge and treatment of Ms. Gennette Sowell in reference to her diagnosed occupational asthma, and knowing that she was taken out of work on January 6, 2014 and has not returned to full-time employment since that time, in your opinion to a reasonable degree of medical certainty, does she remain totally disabled from gainful employment at this time and is that condition permanent?

✓ — It is permanent at this point
Yes

No

Dr. Angelo A. deDios

2-23-16
Date:

P. 104a

Facesheet

Demographics

Patient Name	SOWELL, GENNETTE
Sex	F
DOB	
Address	
City/State/Zip	
Home Phone	
Work Phone	
Mobile Phone	/
Insurance	Med Primary: Insurance # : Policy/Group # : Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details
Patient Privacy	• The patient has 1 privacy note in REVIEW status
Default Pharmacy	CVS/PHARMACY #3565 (ERX) 901 MARKET ST. CHERAW SC 29520 Ph (843) 537-4076 Fax (843) 921-4377
Preferred Lab	THE MEDICAL GROUP ANCILLARY 701 MEDICAL PARK DR STE 305B HARTSVILLE Ph (843) 383-5191 Fax (843) 656-1195
Portal Registration	Not invited

Height / Weight / BMI / BP

Height	5 ft 4 in 03/02/2015
Weight	134 lbs 03/02/2015
BMI	23 03/02/2015
Blood Pressure	166 / 97 03/02/2015

Problems

- Hypokalemia
- Obesity
- Obstructive sleep apnea syndrome
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Exacerbation of asthma
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Cough

Surgical History

None recorded.

Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed for 30 days.	03/02/15 prescribed

Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime for 30 days.	03/02/15 prescribed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days. stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	12/22/14 renewed
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days.	03/02/15 prescribed
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 1 tablet(s) twice a day by oral route for 30 days.	03/02/15 prescribed
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	03/02/15 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Allergies / Adverse Reactions
ZYRTEC: Hives

Past Medical History

Asthma	Y	Sleep Disorder	Y, hypersomnia
GERD/Reflux	Y		

Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol Intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)

- Coronary arteriosclerosis

GYN History
None recorded.

Patient History - Other
None recorded.

Past Pregnancies
None recorded.

Obstetric History
None recorded.

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 03/02/2015

Patient

Name	SOWELL, GENNETTE (64, F) ID#	**Appt. Date/Time**	03/02/2015 08:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # Policy/Group # Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

f/u asthma/osa/pt seen by dr dyce for cough...

HPI

Pt is here for f/u on her asthma and osa.

Since last seen, she states her asthma has been doing well except last week.
She was exposed to trash and cold air and had flare.
Was given pred shot. Some better.
More SOB recently. More wheezing.

Did not receive xolair 1 wwk ago as medication was spoiled from the recent snow.

She was doing OK until last. week.

Uses cpap. Feels better using it. More energy. less sleepiness.
Has a FFM. Has not received supplies.

Problems

- Hypokalemia
- Obesity
- Obstructive sleep apnea syndrome
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Exacerbation of asthma
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
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Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has lived at present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: **Y**
GERD/Reflux: **Y**

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Document Review

Discussed the following orders:
- CPAP SUPPLIES - 03/02/15
- CPAP COMPLIANCY - 03/02/15

- Nexium 40 mg capsule,delayed release - 03/02/15
- prednisone 10 mg tablet - 03/02/15
- Flonase 50 mcg/actuation nasal spray,suspension - 03/02/15
- albuterol sulfate HFA 90 mcg/actuation aerosol inhaler - 03/02/15
- Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - 03/02/15
- CPAP COMPLIANCY - 02/15/15

Discussed the following results:

- Imaging/Diagnostic Result - 03/02/15
  Notes - Compliance Report 12/13/14 to 2/10/15
- Imaging/Diagnostic Result - 02/26/15
  Notes - Compliance report 1/19/15 to 2/17/15
- Consult Note - 02/24/15
- Imaging/Diagnostic Result - 02/11/15
  Notes - Compliance report 1/12/15 to 2/10/15
- Imaging/Diagnostic Result - 03/02/14
  Notes - Epworth Sleepiness Scale

Vitals

Wt: 134 lbs 03/02/2015 08:37 am	**BP:** 166/97 03/02/2015 08:37 am	**Pulse:** 75 bpm 03/02/2015 08:37 am
RR: 20 03/02/2015 08:37 am	**O2Sat:** 95% Room Air at Rest 03/02/2015 08:37 am	**T:** 97.5 F° 03/02/2015 08:37 am
Ht: 5 ft 4 in 03/02/2015 09:03 am	**BMI:** 23 03/02/2015 09:03 am	

ROS

Constitutional: Constitutional: no fever, night sweats, or significant weight gain and **weight loss (5 lbs)** and normal activity.

Eyes: Eyes: no dry eyes. Eyes no itchiness, discharge, swelling, or redness.

ENMT: Ears: no difficulty hearing. Nose: no sinus problems. Mouth/Throat: no sore throat or bleeding gums.

Cardiovascular: Cardiovascular: no cyanosis, palpitations, fainting, chest pain, or rapid heart rate.

Respiratory: Respiratory: **cough, wheezing,** and **shortness of breath.**

Gastrointestinal: Gastrointestinal: no vomiting, diarrhea, nausea, constipation, or abdominal pain and normal appetite.

Genitourinary: Genitourinary: no incontinence or difficulty urinating. Genitourinary: no difficulty in urination.

Musculoskeletal: Musculoskeletal: no joint pain, swelling, or deformity and no muscle weakness.

Integumentary: Skin: no jaundice, rashes, itching, or swelling.

Neurologic: Neurologic: no seizures, headache, lethargy, or loss of consciousness.

Psychiatric: Psych: no hyperactivity or aggressive behavior.

Endocrine: Endocrine: no thirst, polyuria, or temperature intolerance.

Hematologic/Lymphatic: Hematologic/Lymphatic no bruising or swollen glands.

Allergic/Immunologic: Allergy/Immunologic: no hives, runny nose, sinus pressure, or frequent sneezing.

ENMT: ENMT: no runny nose or nasal itching.

Additionally reports: All 14 Systems were reviewed and everything else not mentioned in the HPI and ROS was negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: well nourished and developed and appears stated age. Level of Distress: no acute distress. Ambulation: ambulating normally.

ENMT: Nasal Mucosa: normal, no discharge, and pink and moist. Septum: not markedly deformed. Turbinates: normal

turbinate. Lips, Teeth, and Gums: normal lips, dentition, and gums. Oral Mucosa: no ulcer, mass, pallor, cyanosis, inflammation, swelling, rash, or leukoplakia and moist. Palate: normal hard palate and oropharynx: soft palate. Tongue: no erythema, lesions, or enlargement. Tonsils: no enlargement. Posterior pharynx: no enlargement and mallampati (class 3).

Neck: Neck: supple, trachea midline, no masses, and Full ROM. Thyroid: non-tender and no enlargement; **no nodules palpated.** Jugular Veins: normal jugular venous pressure and no cannon a waves present.

Lungs: Respiratory effort: unlabored. Inspection: normal curve and chest wall expansion; no deformity, tenderness, or swelling; and tactile fremitus present and equal on both sides; **no intercostal retraction no use of accessory muscles.** Auscultation: no rales/crackles or rhonchi and **wheezing,inspiratory,bilaterally,bases** and **decreased breath sounds,bilateral,bases; no egophony. no rubs appreciated.**. Percussion: no dullness, flatness, or hyperresonance.

Cardiovascular: Precordial Exam: non displaced focal PMI. Heart Rate And Rhythm: normal heart rate and rhythm. Heart Sounds: no gallop, click, physiologically split S2, or pericardial friction rub and normal s1. Systolic Murmur: no systolic murmurs. Diastolic Murmur: no diastolic murmurs. Observation/Palpation of peripheral vascular system: no cyanosis, edema, or varicosity changes.

Abdomen: Inspection and Palpation: no tenderness or masses and soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Bowel Sounds: normal. Lymphatic: no cervical LAD or supraclavicular LAD.

Musculoskeletal:: Motor Strength and Tone: normal bulk, tone, and motor strength. Gait and Station: normal gait and station. Joints, Bones, and Muscles: normal movement of all extremities.

Extremities: Inspection/Palpation of digits and nails: no clubbing, cyanosis, petechiae, infection, edema, or nodular lesions.

Skin: Inspection and palpation: no rash, lesions, or jaundice.

Neurologic: Mental Status/Orientation: oriented to person, place, problem/situation, and time. Mood/Affect: normal mood.

Assessment / Plan

pt was given Xolair 300mg only nurse visit only

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her baseline IgE was 480.
   Never had asthma when she was a child.
   Started with asthma sx while she was exposed to certain chemicals at work (2011).
   Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment.
   I think she might also have Occupational asthma judging by the onset of her sx and her sx being better once away from work.
   Asthma is worse during winter/spring/season changes.

   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.

   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Gets alb from CVS.
   Cont xolair q 2 weeks. Started it in July 1, 2013.Has not been working since Jan 2014.
   patient was worse off xolair.
   Plan to be on xolair q 2 weeks.
   Asthma is better since being back on xolair.
   Got pna vaccine 2012.
   Needs prevnar 13 on f/u -- when 65.
   plan to dec to monthly xolair eventually.
   d/w pt regarding recent FDA warning of potentially inc risk of CVA/TIA with xolair. she knows and accepts risks. she wants to cont with xolair. advised to take ASA 81 mg/d.

   Recent flare of asthma as her xolair was not given since our supply got spoiled from the snow. Start pred 10-20 mg/d while waiting for xolair.

   493.90: Asthma, unspecified type, unspecified
- Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use the inhaler with a spacer. Thank you.
- albuterol sulfate HFA 90 mcg/actuation aerosol inhaler - Inhale 2 puff(s) every 4 hours by inhalation route as needed for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

2. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
DME is AHP.
Autocpap 5-15.
Got machine 11/11/2014.
Needs supplies.
DL for Feb - 78%, AHI 1.8
327.23: Obstructive sleep apnea (adult)(pediatric)
- CPAP COMPLIANCY - pls do AHI and compliance for april Qty: 1 Unit Refills: 0 Supplier: AMERICAN HOMEPATIENT - FLORENCE
- CPAP SUPPLIES - pt needs mask, tubings, filter. Mask type: FFM. Pt has not received supplies since Oct. Qty: 1 Unit Refills: 0 Supplier: AMERICAN HOMEPATIENT - FLORENCE

3. Gastroesophageal reflux disease - Reflux is stable.
Cont nexium daily.
530.81: Esophageal reflux
- Nexium 40 mg capsule,delayed release - Take 1 capsule(s) every day by oral route for 30 days. Qty: 30 capsule(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

4. Cough - Cough is better.
Cont flonase.
786.2: Cough
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime for 30 days. Qty: 60 spray(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

5. Hypertensive disorder - watch BP.
cont cpap.
401.9: Unspecified essential hypertension

6. Obesity
278.00: Obesity, unspecified
- ADVISED TO LOSE WEIGHT

7. Exacerbation of asthma - New Problem (no further w/u) - Start pred 10-20 mg/d pending xoliar.
pt will call if she gets worse.
Has wheezing today.
493.92: Asthma, unspecified type, with (acute) exacerbation
- prednisone 10 mg tablet - Take 1 tablet(s) twice a day by oral route for 30 days. Qty: 60 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565

Discussion
Discussion Notes
I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

Return to Office
- Luz Mendez, MD for NEW PATIENT 20 at TMG_The Medical Group Suite 207 on 03/12/2015 at 09:50 AM
- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 05/02/2015
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 05/04/2015 at 01:30 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 05/26/2015 at 08:15 AM

Encounter Sign-Off
Encounter signed-off by Jose Dedios, MD, 03/03/2015.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 03/03/2015 at 4:36am

Encounter Date: 01/13/2015

Chief Complaint
fu asthma

Vitals
01/13/2015 10:00 am

Wt: 139.5lbs **BP:** 152/85 **Pulse:** 79 bpm

RR: 20	**O2Sat:** 97% Room Air at Rest	**T:** 97 F°
Ht: 5 ft 4 in	**BMI:** 23.9	

Allergies

Reviewed Allergies
ZYRTEC: Hives

Patient's Pharmacies

CVS/PHARMACY #3565 (ERX): 901 MARKET ST., CHERAW SC 29520, Ph (843) 537-4076, Fax (843) 921-4377

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
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EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto/inj as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
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prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	VIS	Exp Date	VIS Date	Vaccinator

Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol Intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: **Y**
GERD/Reflux: **Y**

Surgical History

Surgical History not reviewed (last reviewed 12/30/2014)

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Assessment / Plan

None recorded.

Return to Office

- TMG_NURSE for NURSE VISIT 10 at TMG_The Medical Group Suite 302 303 on 01/27/2015 at 09:00 AM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 01/18/2015.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 01/18/2015 at 2:52pm

Encounter Date: 12/30/2014

Patient

Name	SOWELL, GENNETTE (64, F) I	**Appt. Date/Time**	12/30/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # Policy/Group # Prescription: check now		

Chief Complaint

injections

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZES EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days., stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	12/22/14 renewed
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History

General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol Intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: **Y**
GERD/Reflux: **Y**

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Vitals

12/30/2014 09:31 am

Wt: 140 lbs	**BP:** 150/83	**Pulse:** 87 bpm
RR: 20	**O2Sat:** 97% Room Air at Rest	**T:** 97.1 F°
Ht: 5 ft 4 in	**BMI:** 24	

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.
Return to Office
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 01/13/2015 at 10:00 AM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 01/05/2015.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 01/05/2015 at 6:34am

Encounter Date: 12/16/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID:	**Appt. Date/Time**	12/16/2014 01:45PM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary Insurance Policy/Group #		

Prescription: CMX - Member is eligible. details
Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details
Prescription: CMX - Member is eligible. details
Prescription: ESI1 - Member is eligible. details

Chief Complaint

f/u pt asthma/injections

HPI

Pt is here for f/u on her asthma.

Since last seen, she has been getting her shots q weeks.
Feels better with it.
Her asthma has been stable.
Has been off Pred 3 weeks now.

Has not been admitted nor has been on Abx since last seen.

Got her cpap -- over 1 month.
feels better using it.
More energy. Less sleepiness.
Has soreness with mask. Feels

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days., stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered

Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	12/17/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Data from VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Document Review

Discussed the following orders:
- CPAP COMPLIANCY - 12/16/14
- Xolair 150 mg subcutaneous solution - 12/16/14

Vitals

12/16/2014 02:19 pm

Wt: 139 lbs	**BP:** 153/86	**Pulse:** 71 bpm
RR: 20	**O2Sat:** 95% Room Air at Rest	**T:** 71 F°
Ht: 5 ft 4 in	**BMI:** 23.9	

ROS

Constitutional: Constitutional: no significant weight gain or loss, no fever or night sweats, and normal activity.

Eyes: Eyes: no dry eyes. Eyes no itchiness, discharge, swelling, or redness.

ENMT: Ears: no difficulty hearing. Nose: **sinus problems.** Mouth/Throat: no sore throat or bleeding gums.

Cardiovascular: Cardiovascular: no cyanosis, palpitations, fainting, chest pain, or rapid heart rate.

Respiratory: Respiratory: **cough, wheezing,** and **shortness of breath; sx are better with xolair.**

Gastrointestinal: Gastrointestinal: no vomiting, diarrhea, nausea, constipation, or abdominal pain and normal appetite.

Genitourinary: Genitourinary: no difficulty in urination.

Musculoskeletal: Musculoskeletal: no joint pain, swelling, or deformity and no muscle weakness.

Integumentary: Skin: no jaundice, rashes, itching, or swelling.

Neurologic: Neurologic: no seizures, headache, lethargy, or loss of consciousness.

Psychiatric: Psych: no hyperactivity or aggressive behavior.

Endocrine: Endocrine: no thirst, polyuria, or temperature intolerance.

Hematologic/Lymphatic: Hematologic/Lymphatic no bruising or swollen glands.

Allergic/Immunologic: Allergy/Immunologic: no hives, runny nose, sinus pressure, or frequent sneezing.

ENMT: ENMT: no runny nose or nasal itching.

ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: well developed, appears stated age, and **overweight.** Level of Distress: no acute distress. Ambulation: ambulating normally.

ENMT: Nasal Mucosa: normal, no discharge, and pink and moist. Septum: not markedly deformed. Lips, Teeth, and Gums: normal lips. Oral Mucosa: no ulcer, mass, or pallor. Palate: normal hard palate and oropharynx: soft palate. Tongue: no erythema, lesions, or enlargement. Tonsils: no enlargement. Posterior pharynx: no enlargement and mallampati (class 3).

Neck: Neck: supple and trachea midline. Thyroid: no enlargement. Jugular Veins: normal jugular venous pressure.

Lungs: Respiratory effort: unlabored. Inspection: normal chest wall expansion. Auscultation: no wheezing, rales/crackles, or rhonchi and **decreased breath sounds,bilateral,bases; no egophony..** Percussion: no dullness, flatness, or hyperresonance.

Cardiovascular: Precordial Exam: non displaced focal PMI. Heart Rate And Rhythm: normal heart rate and rhythm. Heart Sounds: no gallop, click, physiologically split S2, or pericardial friction rub and normal s1. Systolic Murmur: no systolic murmurs. Diastolic Murmur: no diastolic murmurs. Observation/Palpation of peripheral vascular system: no cyanosis or edema.

Abdomen: Inspection and Palpation: soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Bowel Sounds: normal. Lymphatic: no cervical LAD.

Musculoskeletal:: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: normal movement of all extremities.

Extremities: Inspection/Palpation of digits and nails: no clubbing, cyanosis, or petechiae.

Skin: Inspection and palpation: no rash, lesions, or jaundice.

Neurologic: Mental Status/Orientation: oriented to person, place, problem/situation, and time. Mood/Affect: normal mood.

Assessment / Plan

pt was given Xolair 300mg only nurse visit only

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her baseline IgE was 480.
   Never had asthma when she was a child.
   Started with asthma sx while she was exposed to certain chemicals at work (2011).
   Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment.
   I think she might also have Occupational asthma judging by the onset of her sx and her sx being better once away

from work.
Asthma is worse during winter/spring/season changes.

PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
ABG (4/2014) 7.4, 43, 75
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.

Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Gets alb from CVS.
Cont xolair q 2 weeks. Started it in July 1, 2013.Has not been working since Jan 2014.
patient was worse off xolair.
Plan to be on xolair q 2 weeks.
Asthma is better since being back on xolair.
Off prednisone 3 weeks now.
Got pna vaccine 2012. Got flu shot already.
Needs prevnar 13 on f/u.
plan to dec to monthly xolair eventually.
d/w pt regarding recent FDA warning of potentially inc risk of CVA/TIA with xolair. she knows and accepts risks. she wants to cont with xolair. advised to take ASA 81 mg/d.

493.90: Asthma, unspecified type, unspecified
- Xolair 150 mg subcutaneous solution - Inject 300 mg by subcutaneous route. Administered Route: SUB-Q Administer Qty: 300 mg

2. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
DME is AHP.
Autocpap 5-15.
Got machine 11/11/2014.
needs DL.

327.23: Obstructive sleep apnea (adult)(pediatric)
- CPAP COMPLIANCY:- pls do AHI and compliance for the first 4 weeks Qty: 1 Unit Refills: 0 Supplier: AMERICAN HOMEPATIENT - FLORENCE

3. **Gastroesophageal reflux disease** - Reflux is stable.
Cont nexium daily.
530.81: Esophageal reflux

4. **Cough** - Cough is better.
Cont flonase.
786.2: Cough

5. **Hypertensive disorder** - watch BP.
cont cpap.
401.9: Unspecified essential hypertension

6. **Obesity**
278.00: Obesity, unspecified
- ADVISED TO LOSE WEIGHT

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands.

Return to Office

- Jose Dedios, MD for INJECTION 30 at TMG_The Medical Group Suite 302 303 on 12/30/2014 at 10:00 AM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 12/17/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 12/17/2014 at 12:53pm

Encounter Date: 12/03/2014

Patient

Name	SOWELL, GENNETTE (64, F)	**Appt.Date/Time**	12/03/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSEDEDIOS, MD		
Insurance	Med Primary: Insurance # Policy/Group # Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

injections

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Dalresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days, stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled

Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	11/17/14 renewed
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	11/11/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol Intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Vitals

12/03/2014 09:21 am

Wt: 140.5 lbs **BP:** 147/88 **Pulse:** 80 bpm
RR: 20 **O2Sat:** 97% Room Air at Rest **T:** 97.6 F°
Ht: 5 ft 4 in **BMI:** 24.1

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 12/16/2014 at 01:45 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 12/03/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 12/03/2014 at 4:28pm

Encounter Date: 11/19/2014

Patient

Name	SOWELL GENNETTE (64, F)	**Appt. Date/Time**	11/19/2014 10:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # : Policy/Group : Prescription: check now		

Chief Complaint

None recorded.

Problems

- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypertensive disorder
- Obesity
- Hypokalemia
- Cough
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications	
Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet	09/22/14 entered

Take 1 tablet(s) every day by oral route.	
Klor-Con 20mEq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days. Stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	11/17/14 renewed
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered
Xolair 150 mg subcutaneous solution Inject 300 mg by subcutaneous route.	11/11/14 administered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Date of VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Neversmoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: **Y**
GERD/Reflux: **Y**

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)

- Coronaryarteriosclerosis

Vitals

None recorded.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

pt was given Xolair 300mg only nurse visit only

Return to Office
- Jose Dedios, MD for INJECTION 30 at TMG_The Medical Group Suite 302 303 on 12/03/2014 at 10:00 AM
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 12/16/2014 at 01:45 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 02/24/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 11/21/2014.

Encounter performed and documented by Donna Catoe
Encounter reviewed & signed by Jose Dedios, MD on 11/21/2014 at 6:55am

Encounter Date: 11/04/2014

Patient

Name	SOWELL, GENNETTE (64, F)	**Appt.Date/Time**	11/04/2014 03:00PM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS, MD		
Insurance	Med Primary: Insurance # : Policy/Group # : Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

fu asthma/sob. pt states she is doing better

HPI

Pt is here for f/u on hr asthma.

Since last seen, she states that her asthma has been stable.

She has been getting xolair q 2 weeks.
She is on Pred 2.5 mg EOD for a month now.

Has not been admitted nor has been on Abx since last seen.

Took flu shot already.

Problems

- Hypokalemia
- Obesity
- Hypertensive disorder
- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014
- Obstructive sleep apnea syndrome
- Cough

Allergies

Reviewed Allergies

ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 unit(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	10/23/14 renewed
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release Take 1 tablet(s) every day by oral route for 30 days. stop 12/04/2014	11/04/14 prescribed
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	11/04/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History
General IM

Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
Father - Asthma (died age: 84)
- Coronary arteriosclerosis

Document Review

Discussed the following orders:
- Xolair 150 mg subcutaneous solution - 11/04/14
- Klor-Con M20 mEq tablet,extended release - 11/04/14
- Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - 11/04/14

Vitals

11/04/2014 03:22 pm

Wt: 140.5 lbs	**BP:** 152/93	**Pulse:** 88 bpm
RR: 20	**O2Sat:** 97%	**T:** 96.9 F°
Ht: 5 ft 4 in	**BMI:** 24.1	

ROS

Constitutional: Constitutional: no fever, night sweats, or significant weight gain and **weight loss (3 lbs)** and normal activity.

Eyes: Eyes: no dry eyes. Eyes no itchiness, discharge, swelling, or redness.

ENMT: Ears: no difficulty hearing. Nose: **sinus problems**. Mouth/Throat: no sore throat or bleeding gums.

Cardiovascular: Cardiovascular: no chest pain or pain and no cyanosis, palpitations, fainting, or rapid heart rate.

Respiratory: Respiratory: **cough**, **wheezing**, and **shortness of breath**.

Gastrointestinal: Gastrointestinal: no vomiting, diarrhea, nausea, constipation, or abdominal pain and normal appetite.

Genitourinary: Genitourinary: no difficulty in urination.

Musculoskeletal: Musculoskeletal: no joint pain, swelling, or deformity and no muscle weakness.

Integumentary: Skin: no jaundice, rashes, itching, or swelling.

Neurologic: Neurologic: no seizures, headache, lethargy, or loss of consciousness.

Psychiatric: Psych: no hyperactivity or aggressive behavior.

Endocrine: Endocrine: no thirst, polyuria, or temperature intolerance.

Hematologic/Lymphatic: Hematologic/Lymphatic no bruising or swollen glands.

Allergic/Immunologic: Allergy/Immunologic: no hives, runny nose, sinus pressure, or frequent sneezing.

ENMT: ENMT: no runny nose or nasal itching.

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: well developed, appears stated age, and **overweight.** Level of Distress: no acute distress. Ambulation: ambulating normally.

ENMT: Nasal Mucosa: normal, no discharge, and pink and moist. Septum: not markedly deformed. Lips, Teeth, and Gums: normal lips. Oral Mucosa: no ulcer, mass, or pallor. Palate: normal hard palate and oropharynx: soft palate. Tongue: no erythema, lesions, or enlargement. Tonsils: no enlargement. Posterior pharynx: no enlargement and mallampati (class 3).

Neck: Neck: supple and trachea midline. Thyroid: no enlargement. Jugular Veins: normal jugular venous pressure.

Lungs: Respiratory effort: unlabored. Inspection: normal chest wall expansion. Auscultation: no wheezing, rales/crackles, or rhonchi and **decreased breath sounds,bilateral,bases; no egophony.**. Percussion: no dullness, flatness, or hyperresonance.

Cardiovascular: Precordial Exam: non displaced focal PMI. Heart Rate And Rhythm: normal heart rate and rhythm. Heart Sounds: no gallop, click, physiologically split S2, or pericardial friction rub and normal s1. Systolic Murmur: no systolic murmurs. Diastolic Murmur: no diastolic murmurs. Observation/Palpation of peripheral vascular system: no cyanosis or edema.

Abdomen: Inspection and Palpation: soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Bowel Sounds: normal. Lymphatic: no cervical LAD.

Musculoskeletal:: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: normal movement of all extremities.

Extremities: Inspection/Palpation of digits and nails: no clubbing, cyanosis, or petechiae.

Skin: Inspection and palpation: no rash, lesions, or jaundice.

Neurologic: Mental Status/Orientation: oriented to person, place, problem/situation, and time. Mood/Affect: normal mood.

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her baseline IgE was 480.
   Never had asthma when she was a child.
   Started with asthma sx while she was exposed to certain chemicals at work (2011).
   Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment.
   I think she might also have Occupational asthma judging by the onset of her sx and her sx being better once away from work.
   Asthma is worse during winter/spring/season changes.

   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.

   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Gets alb from CVS.
   Cont xolair q 2weeks. Started it in July 1, 2013.Has not been working since Jan 2014.
   patient was worse off xolair.
   Plan to be on xolair q 2 weeks.
   Asthma is better since being back on xolair.
   Plan to taper off pred and Bactrim. She takes pred 2.5 mg EOD.
   Got pna vaccine 2010. Got flu shot already.

   493.90: Asthma, unspecified type, unspecified
   - Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use the inhaler with a spacer. Thank you.
   - Xolair 150 mg subcutaneous solution - Inject 300 mg by subcutaneous route. Administer Route: SUB-Q Administer Qty: 300 mg

2. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to start autocpap.
   DME is MH. Wants a FFM.
   327.23: Obstructive sleep apnea (adult)(pediatric)

- AUTO CPAP - To be submitted on or around 11/05/2014 Pt needs autocpap with heated humidifier with EPR/IPR with 5-15 cm H2O Qty: 1 Unit Refills: 0 Supplier: MEDI HOME CARE
- CPAP COMPLIANCY - To be submitted on or around 11/05/2014 pls do AHI and compliance for the first 4 weeks Qty: 1 Unit Refills: 0 Supplier: MEDI HOME CARE
- CPAP SUPPLIES - To be submitted on or around 11/05/2014 pt needs mask, tubings, filter. Mask type: pt wants a FFM. Needs a mask fitting session Qty: 1 Unit Refills: 0 Supplier: MEDI HOME CARE

3. Gastroesophageal reflux disease - Reflux is stable.
Cont nexium daily.
530.81: Esophageal reflux

4. Cough - Cough is better.
Cont flonase.
786.2: Cough

5. Hypertensive disorder - Need to start cpap.
401.9: Unspecified essential hypertension

6. Obesity
278.00: Obesity, unspecified
- ADVISED TO LOSE WEIGHT

7. Hypokalemia
276.8: Hypopotassemia
- Klor-Con M20 mEq tablet,extended release - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3565

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 40 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands.

Return to Office

- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM
- Jose Dedios, MD for INJECTION 15 at TMG_The Medical Group Suite 302 303 on 11/19/2014 at 10:30 AM
- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 12/16/2014
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 12/16/2014 at 01:45 PM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 11/05/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 11/05/2014 at 3:31am

Encounter Date: 10/20/2014

Patient

Name	SOWELL GENNETTE (64, F)	**Appt. Date/Time**	10/20/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	MICHELLE-ANNE K IVERSON, DO		
Insurance	Med Primary: Insurance # Policy/Group Prescription: check now		

Chief Complaint

injections

Problems

- Asthma - Onset: 10/21/2014
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Hypersomnia - Onset: 10/21/2014

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL PER NEBULIZER EVERY 4 HOURS AS NEEDED FOR 30 DAYS	10/20/14 entered
Calcium 500	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route.	09/22/14 entered
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
Klor-Con M20 mEq tablet,extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS	10/20/14 entered
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route.	09/22/14 entered
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	10/20/14 entered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2014									
Influenza, high dose seasonal	2013									
Pneumococcal										
Pneumococcal Conjugate	2010									

Social History

Reviewed Social History

General IM
Occupation: (Notes: worked at deli piggly wiggly).
Marital status: Widowed (Notes: 7 children).
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History

Vitals

10/20/2014 10:06 am:

Wt: 143 lbs	**BP:** 167/95	**Pulse:** 74 bpm
RR: 20	**O2Sat:** 97% Room Air at Rest	**T:** 97.4 F°
Ht: 5 ft 4 in	**BMI:** 24.5	

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 11/04/2014 at 03:00 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 10/21/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO
Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 10/21/2014 at 7:42pm

Encounter Date: 10/06/2014

Patient

Name	SOWELL, GENNETTE (64, F)	**Appt. Date/Time**	10/06/2014 10:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite 302 303
Provider	MICHELLE-ANNE K IVERSON, DO		
Insurance	Med Primary: Insurance # Policy/Group # Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

injections

Problems

- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
Calcium 500 1 tad daily	09/22/14 entered
Daliresp 500 mcg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL 4 times a day by nebulization route.	09/22/14 entered
EpiPen 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route.	09/22/14 entered
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route.	09/22/14 entered
hydrochlorothiazide 25 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Klor-Con 20meq daily	09/22/14 entered
methylprednisolone 4 mg tablets in a dose pack	11/21/13 filled
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Nasonex 50 mcg/actuation Spray	12/07/13 filled
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route.	09/22/14 entered
Norvasc 10 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route.	09/22/14 entered
prednisone 2.5 mg tablet	04/03/14 filled
simvastatin 40 mg tablet Take 1 tablet(s) every day by oral route.	09/22/14 entered
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route.	09/22/14 entered
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route.	09/22/14 entered
Xolair 150 mg subcutaneous solution Inject 2 mL every 2 weeks by subcutaneous route.	09/22/14 entered

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt	Route	Site	Lot #	Mfr	Exp. Date	Date Vis	Vis Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Occupation: worked at deli piggly wiggly.

Marital status: Widowed 7 children.
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work,has livedat present home for 25 yrs (+)dogs,(-)birds,(-)molds,tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Vitals

10/06/2014 12:05 pm

Wt: 142 lbs	**BP:** 152/82	**Pulse:** 84 bpm
RR: 22	**O2Sat:** 94% Room Air at Rest	**T:** 97.4 F°
Ht: 5 ft 4 in	**BMI:** 24.4	

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office

- Michelle-Anne K Iverson, DO for LAB 20 at TMG_The Medical Group Suite 302 303 on 10/20/2014 at 10:00 AM
- Jose Dedios, MD for ESTABLISHED PATIENT 15 at TMG_The Medical Group Suite 302 303 on 11/04/2014 at 03:00 PM
- Orville Dyce, MD for ESTABLISHED PATIENT 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 10/07/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO
Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 10/07/2014 at 7:56am

Imaging Results

Imaging/Diagnostic Result

(#616805, 03/02/2015)

ResMed

AirView™

Sowell, Gennette

12/13/2014 - 02/10/2015
Patient ID:
DOB:
Age: 64 years

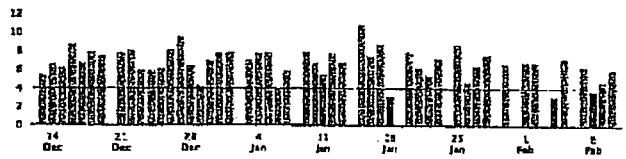
Compliance Report

Usage	12/13/2014 - 02/10/2015
Usage days	60/60 days (83%)
>= 4 hours	47 days (78%)
< 4 hours	3 days (5%)
Usage hours	336 hours 11 minutes
Average usage (total days)	5 hours 38 minutes
Average usage (days used)	6 hours 46 minutes
Median usage (days used)	6 hours 50 minutes

S9 AutoSet	
Serial number	23141812954
Mode	AutoSet
Min Pressure	5 cmH2O
Max Pressure	16 cmH2O
EPR	Fulltime
EPR level	3

Therapy						
Pressure - cmH2O	Median:	5.9	95th percentile:	8.6	Maximum:	9.8
Leaks - L/min	Median:	4.5	95th percentile:	27.5	Maximum:	137.5
Events per hour	AI:	1.7	HI:	0.1	AHI:	1.8
Apnea Index	Central:	0.2	Obstructive:	0.8	Unknown:	0.6

Usage - hours



ResMed

AirView™

American HomePatient - Florence, SC
South Carolina

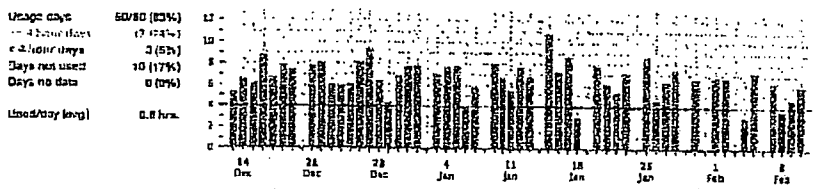
Sowell, Gennette
12/13/2014 - 02/10/2015

Patient ID:
DOB:
Age: 64 years

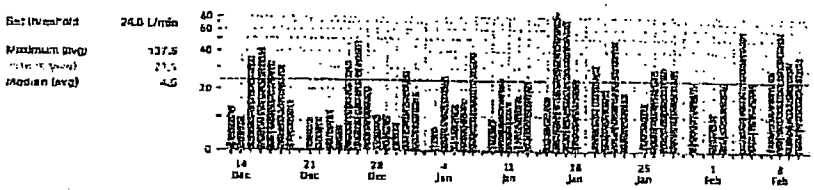
Therapy Report

S9 AutoSet SN: 23141912254

Usage (hours)

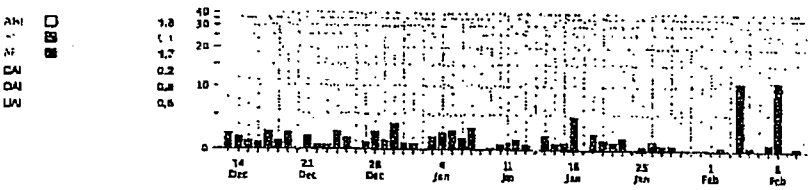


Leak (L/min)



Pressure (cmH2O)

AHI (events/hour)



Imaging/Diagnostic Result

(# , 02/26/2015)

ResMed

AirView™

Sowell, Gennette

01/19/2015 - 02/17/2015
Patient ID
DOB: (
Age: 64 years

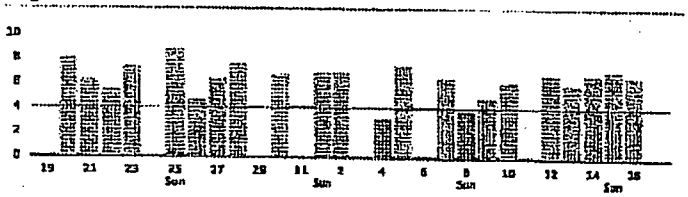
Compliance Report

Usage	30 days (02/17/2015)
Usage days	22/30 days (73%)
>= 4 hours	20 days (67%)
< 4 hours	2 days (7%)
Usage hours	138 hours 43 minutes
Average usage (total days)	4 hours 37 minutes
Average usage (days used)	6 hours 18 minutes
Median usage (days used)	6 hours 34 minutes

Settings	
Serial number	23141312364
Mode	AutoSet
Min Pressure	6 cmH2O
Max Pressure	15 cmH2O
EPR	Full time
EPR level	3

Therapy						
Pressure - cmH2O	Median:	5.6	95th percentile:	8.4	Maximum:	9.8
Leaks - L/min	Median:	6.1	95th percentile:	28.3	Maximum:	129.9
Events per hour	AI:	1.6	HI:	0.0	AHI:	1.6
Apnea Index	Central:	0.1	Obstructive:	0.8	Unknown:	0.7

Usage - hours



From: 03/02/2015 11:50 #930 P.003/011

American HomePatient 2/26/2015 1:57:06 PM PAGE 3/003 Fax Server

TO:Dr. De Dios COMPANY:

ResMed

American HomePatient - Florence, SC
South Carolina

Sowell, Gennette
01/19/2015 - 02/17/2015

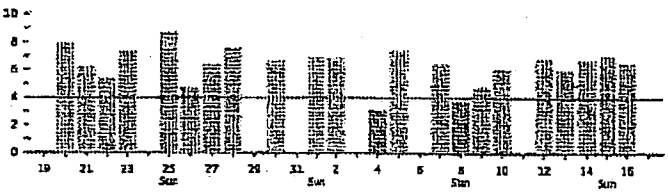
Patient ID:
DOB:
Age: 64 years

AirView™

Therapy Report

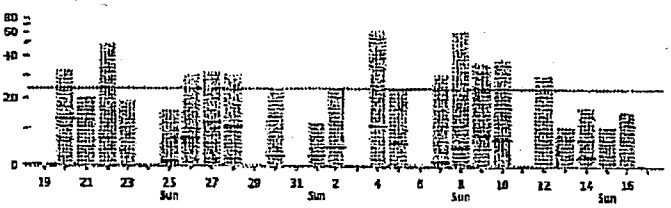
Usage (hours)

Usage days	22/30 (73%)
[illegible]	[illegible]
< 4 hour days	2 (7%)
Days not used	8 (27%)
Days no data	0 (0%)
Used/day (avg)	6.3 hrs.



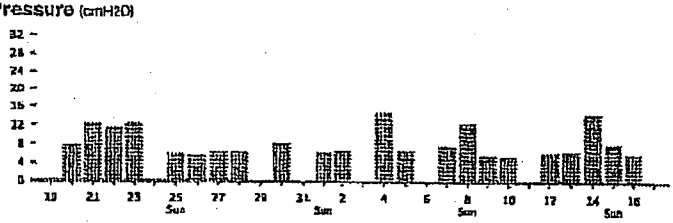
Leak (L/min)

Set threshold	24.0 L/min
Maximum (avg)	129.9
[illegible]	[illegible]
Median (avg)	5.1



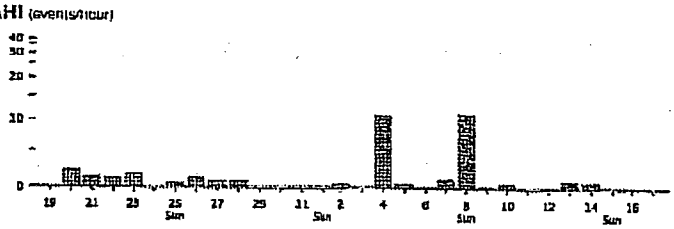
Pressure (cmH2O)

Set mode	AutoSet
Set EPR	Full time, 3.0
Set Max Pressure	15.0
Set Min Pressure	5.0
Maximum (avg)	9.6
[illegible] (avg)	[illegible]
Median (avg)	8.8



AHI (events/hour)

AHI	1.8
[illegible]	[illegible]
AI	1.8
CAI	0.1
OAI	0.8
UAI	0.7



02/26/2015 14:57:44 # P.003/003

Imaging/Diagnostic Result

(# 02/11/2015)

American HomePatient - Florence, SC
North Carolina

Sowell, Gennette

ResMed

AirView™

01/12/2015 - 02/10/2015

Patient ID:
DOB:
Age: 64 years

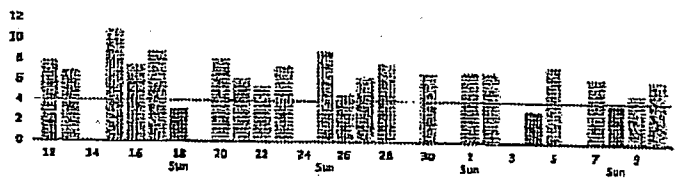
Compliance Report

Usage	01/12/2015 - 02/10/2015
Usage days	23/30 days (77%)
>= 4 hours	20 days (67%)
< 4 hours	3 days (10%)
Usage hours	150 hours 42 minutes
Average usage (total days)	5 hours 1 minutes
Average usage (days used)	6 hours 33 minutes
Median usage (days used)	6 hours 48 minutes

S9 AutoSet	
Serial number	23141812364
Mode	AutoSet
Min Pressure	5 cmH2O
Max Pressure	15 cmH2O
EPR	Fulltime
EPR level	3

Therapy						
Pressure - cmH2O	Median:	5.8	95th percentile:	8.9	Maximum:	10.2
Leaks - L/min	Median:	5.7	95th percentile:	35.7	Maximum:	137.4
Events per hour	AI:	1.9	HI:	0.1	AHI:	2.0
Apnea Index	Central:	0.1	Obstructive:	0.9	Unknown:	0.8

Usage - hours



American HomePatient Florence SC
South Carolina

ResMed

AirView™

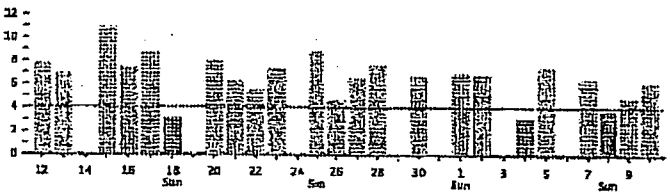
Sowell, Gennette
01/12/2015 - 02/10/2015

Patient ID:
DOB:
Age: 64 years

Therapy Report

Usage (hours)

Usage days	23/30 (77%)
Days not used	7 (23%)
Days no data	0 (0%)
Used/day (avg.)	5.5 hrs



Leak (L/min)

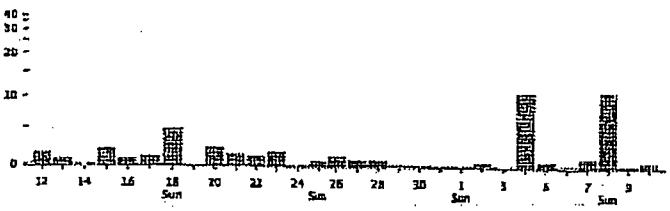
Set threshold	24.0 L/min
Maximum (avg)	137.4
Median (avg)	5.7

Pressure (cmH2O)

Set mode	AutoSet
Set EPR	FullTime, 3.0
Set Max Pressure	15.0
Set Min Pressure	5.0
Maximum (avg)	10.2
95th % (avg)	9.9
Median (avg)	6.8

AHI (events/hour)

AHI	2.5
HI	0.1
AI	1.5
CAI	0.1
OAI	0.9
UAI	0.0



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SOWELL, GENNETTE (id [illegible], dob: [illegible]

Encounter Summary

Last amended by Jose Dedios, MD on 10/17/2014 at 1:38pm

Patient

Name	SOWELL, GENNETTE (64, F) ID#	Appt. Date/Time	09/22/2014 01:30PM
DOB		Service Dept.	TMG_The Medical Group Suite 302 303
Provider	JOSE DEDIOS MD		
Insurance	Med Primary:		

Insurance # :
Policy/Group # :
Employer Name : UNKNOWN
Prescription: CMX - Member is eligible. details
Prescription: CMX - Member is Ineligible. Patient found on payor's files, but not covered on date of inquiry. details
Prescription: ESI1 - Member is eligible. details

Chief Complaint

f/u for asthma and SOB.

HPI

Pt is here for f/u on her asthma.

Since last seen, she states her asthma generally has been doing OK. Little flare with the recent weather change.
Was off pred for3 weeks -- she was doing great.
Now on 2.5 mg EOD for a week.

Has not been admitted nor has been on Abx since last seen.

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization Inhale 2 mL every 4 hours by nebulization route as needed for 30 days.	09/22/14 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/25/14 filled
Calcium 500	04/08/13 entered
Daliresp 500 mcg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	09/09/14 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed.	01/07/14 sample given

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SOWELL, GENNETTE (id dob:

Internal Note: pls give duloneb now.	
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	09/09/14 filled
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/25/14 filled
Klor-Con M20 mEq tablet,extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	08/12/14 filled
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	08/25/14 renewed
Nexium 40 mg capsule,delayed release Take 1 capsule(s) twice a day by oral route at bedtime for 30 days.	09/22/14 prescribed
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	09/12/14 renewed
simvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH DAILY	08/12/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 2 puff(s) twice a day by inhalation route for 30 days.	09/22/14 prescribed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs: (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y

P.003/006
P.141
RECEIVED 10/20/2014 13:29
Oct-28-2014 13:16

SOWELL, GENNETTE (ic dob:

Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

09/22/2014 01:08 pm

Wt: 145 lbs	BP: 158/83	Pulse: 80 bpm
RR: 22	O2Sat: 93%	T: 97.8 F°
Ht: 5 ft 4 in	BMI: 24.9	

ROS

Patient reports weight loss (3 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and sputum production but reports no coughing up blood, no stridor, and no painful respiration; Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI. Better wheeze,cough.. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no edema, no varicose veins, and no pain.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: overweight. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and decreased breath sounds and diminished air movement; (-) egophony.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

SOWELL, GENNETTE (id dob:

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 85%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Gets alb from CVS.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013.Has not been working since Jan 2014.
   patient was worse off xolair.
   Plan to be on xolair q. 2 weeks.
   Asthma is better since being back on xolair.
   Continue xoliar. feels better on it.
   Cont Bactrim for PCP prophylaxis. Plan to wean off once off pred.
   Asthma is worse during winter/spring/season changes.
   Pt had a flare off pred for a week while she was on xolair and not working.
   will wean off pred -- on 2.5 mg EOD.

   Addendum 10/17/14 Patient has Work-related Asthma (WRA), specifically Work-exacerbated asthma (WRE). Her asthma was worse while she was in her work environment. She clinically improved while she was away from her work environment.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler - Inhale 2 puff(s) twice a day by inhalation route for 30 days. Qty: 1 unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use the inhaler with a spacer, thanks.
   - albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization - Inhale 2 mL every 4 hours by nebulization route as needed for 30 days. Qty: 120 3 mL vial(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
   Try to dec Nexium to daily.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT
   - Nexium 40 mg capsule,delayed release - Take 1 capsule(s) twice a day by oral route at bedtime for 30 days. Qty: 60 capsule(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

3. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on f/u.
   She wants to hold off on cpap. Will force the issue if BP remains a problem.
   Will discuss sleep apnea in followup.
   327.23: Obstructive sleep apnea (adult)(pediatric)

4. **Obesity**
   278.00: Obesity, unspecified
   - STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
   - ADVISED TO LOSE WEIGHT

5. **Essential hypertension** - Told pt to observe in the next days.
   If BP remains high, need to discuss re: CPAP.

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SOWELL, GENNETTE (id , dob:

401.9: Unspecified essential hypertension

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds.

Return to Office

- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 11/03/2014
- Orville Dyce, MD for Established Patient 10 at TMG_Cheraw Practice on 11/18/2014 at 08:45 AM

Amendment Sign-Off

Encounter signed-off by Jose Dedios, MD, 10/17/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 09/22/2014 at 1:39pm
Amendment closed by Jose Dedios, MD on 10/17/2014 at 1:38pm

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SOWELL, GENNETTE (i , dob:

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 07/21/2014

Patient

Name	SOWELL, GENNETTE (64, F) (i	**Appt. Date/Time**	07/21/2014 01:30PM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	MICHELLE-ANNE K IVERSON DO		
Insurance	Med Primary:) Insurance # Policy/Group # Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu Prescription: ESI1 - Member is eligible. details		

Chief Complaint

here for injections

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duloneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route.	04/08/13	entered

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SOWELL, GENNETTE (ic dob:

Internal Note: a

K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Asthma: Y
GERD/Reflux: Y

Family History

Reviewed Family History
Mother – Diabetes mellitus (died age: 86)
– previously recorded as Diabetes
Father – Asthma

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SOWELL, GENNETTE (id , dob:)

- Coronary arteriosclerosis (died age: 84)
  - previously recorded as Coronary Artery Disease

GYN History

Reviewed GYN History

Surgical History

Reviewed Surgical History
- Hysterectomy

Vitals

07/21/2014 12:57 pm

Wt:	148 lbs	**BP:**	160/89	**Pulse:**	87 bpm
RR:	22	**O2Sat:**	97%	**T:**	97.8 F°
Ht:	5 ft 4 in	**BMI:**	25.4		

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off

Encounter signed-off by Michelle-Anne K Iverson, DO, 07/22/2014.

Encounter performed and documented by Michelle-Anne K Iverson, DO
Encounter reviewed & signed by Michelle-Anne K Iverson, DO on 07/22/2014 at 11:08am

Encounter Date: 07/17/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	**Appt. Date/Time**	07/17/2014 01:00PM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # . Policy/Group # . Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu Prescription: ESI1 - Member is eligible. details		

Chief Complaint

None recorded.

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

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SOWELL, GENNETTE (id /, dob:

Allergies

Allergies not reviewed (last reviewed 07/07/2014)
ZYRTEC: Hives

Medications

Medications not reviewed (last reviewed 07/07/2014)

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed

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SOWELL, GENNETTE (id dob:

Xolair 150 mg subcutaneous solution
Inject 300 mg every 2 weeks by subcutaneous route. 04/23/13 prescribed

Vaccines

Vaccines not reviewed (last reviewed 07/07/2014)

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Social History not reviewed (last reviewed 07/07/2014)
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli pinoly wiggly.
Marital status.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Past Medical History not reviewed (last reviewed 07/07/2014)
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Surgical History not reviewed (last reviewed 07/07/2014)
- Hysterectomy

Family History

Family History not reviewed (last reviewed 07/07/2014)
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

None recorded.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

None recorded.

Return to Office
- Michelle-Anne K Iverson, DO for Injection 15 at TMG_The Medical Group Suite 302 303 on 07/21/2014 at 01:30 PM
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 07/29/2014 at 03:00 PM
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 08/07/2014 at 01:00 PM

Encounter Sign-Off
Encounter signed-off by Jose Dedios, MD, 07/18/2014.

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SOWELL, GENNETTE (id dob: /

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 07/18/2014 at 7:07pm

Encounter Date: 07/07/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	**Appt. Date/Time**	07/07/2014 09:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # : Policy/Group # Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

f/u for asthma / pt to receive injections. patient is here for dyspnea as well.

HPI

patient is here for followup on her asthma. Since last seen, she had to change insurance and because of that, she was not cc infusion Center for her Xolar. She has not received Xolair since April. Since being off it, she has more dyspnea, wheezing, cc had to be on prednisone at 20 mg a day to control her asthma since April.

Patient also had an accident where in she blanked out while driving. This was started July. Her potassium was low. She takes

Asthma seems stable with high dose of prednisone.

Patient has not been admitted nor has been an antibiotic since last seen.

Problems

Reviewed Problems
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled

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SOWELL, GENNETTE (id dob:

DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.

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SOWELL, GENNETTE (id , dob:

exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- BASIC METABOLIC PANEL - 07/07/14

Discussed the following results:
- Clinical Document - 06/30/14
- Clinical Document - BRIOVARX - CORNELIA GA - BRIOVARX - CORNELIA GA - 06/24/14
- Clinical Document - 05/09/14

Vitals

07/07/2014 09:06 am

Wt:	145 lbs	**BP:**	168/88	**Pulse:**	80 bpm
RR:	20	**O2Sat:**	97%	**T:**	96.9 F°
Ht:	5 ft 4 in	**BMI:**	24.9		

ROS

Patient reports **cough, wheezing, shortness of breath, and sputum production** but reports no coughing up blood, no strid painful respiration; **Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI.**. She reports no fever, no significa loss, no fatigue, no generalized weakness, and no pallor. She reports no dry eyes and no vision change. She reports no diffic She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no parox nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinenc difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. Sh increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no e varicose veins, and no pain.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: **overweight**. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and

SOWELL, GENNETTE (id , dob:

Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**, Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing**, and **expiratory wheezing; less wheezi last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal**.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
   She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013.Has not been working since Jan 2014.
   patient was all was worse off xolair. Patient to take medication today.
   Plan to be on xolair q. 2 weeks.
   We need to call the company so she can get a discounted price. She P. $69 a month. She was being 1000 dollars when getting it in Florence.
   Continue xoliar. feels better on it.
   Plan to wean off prednisone for the next month. Decrease to 10 mg a day for 2 weeks then 5 mg a day for 2 weeks until I
   Cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter/spring/season changes.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on f/u.
   She wants to hold off on cpap. Will force the issue if BP remains a problem.
   Will discuss sleep apnea in followup.
   327.23: Obstructive sleep apnea (adult)(pediatric)

4. **Obesity**
   278.00: Obesity, unspecified
   - STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
   - ADVISED TO LOSE WEIGHT

5. **Hypokalemia** - patient had hypokalemia causing her to black out start of July.
   She is on a higher dose of potassium.
   We'll talk about sleep apnea in 2 weeks.
   276.8: Hypopotassemia
   - BASIC METABOLIC PANEL

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SOWELL, GENNETTE (' . dob: '

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating c extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds.

Return to Office

- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 07/10/2014 at 08:30 AM
- Orville Dyce, MD for Procedures 60 at TMG_Hartsville ENT on 08/05/2014 at 03:00 PM
- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 08/07/2014

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 07/07/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 07/07/2014 at 9:59am

Encounter Date: 04/03/2014

Patient

Name	SOWELL, GENETTE (64, F) ID#	**Appt. Date/Time**	04/03/2014 08:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Chief Complaint

f/u asthma/pt file worker com/not working at this time/feeling great

HPI

Pt is here for f/u on her asthma and SOB.
Since last seen, she states that she has been getting xolair q 2 weeks. Has not missed a dose.
She has filed workmans comp.
She has not gone back to work and has felt better and asthma is better since not being back to work.
She was able to drop predsnisone to 5 mg/d for a month now but had to inc to 10 mg/d since last week 2 to spring.
Her sx are not as bad as when she was working though.
She is OK with 10 mg/d.
Almost daily wheeze.
On and off cough.
SOB with more than ADLs.
Hs woken up 2 nights 2 to wheeze last week.
(-) fevers, chills, cp.

Has not been admitted to the hospital nor has been sick since last seen.

She is happy with the way her asthma is right now.

Problems

Problems not reviewed (last reviewed 02/04/2014)

- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

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SOWELL, GENNETTE (id dob:

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
Bactrim DS 800 mg-160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	04/03/14	prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route as directed for 30 days.	04/03/14	prescribed
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	03/26/14	filled
hydrochlorothiazide 25 mg tablet	03/23/14	filled
Ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	03/08/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	03/12/14	filled
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	03/27/14	filled
prednisone 2.5 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	04/03/14	prescribed
simvastatin 40 mg tablet	03/08/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

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SOWELL, GENNETTE (id , dob

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Vitals

04/03/2014 08:28 am

Wt:	146 lbs	**BP:**	159/81	**Pulse:**	86 bpm
RR:	20	**O2Sat:**	95%	**T:**	97.3 F°
Ht:	5 ft 4 in	**BMI:**	25.1		

ROS

Patient reports **weight gain (4lbs)** but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports **cou wheezing, shortness of breath, and chest tightness** but reports no coughing up blood and no stridor; **less SOB and whee compared to mos ago.**. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no blee She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abd no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle s muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, a numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no e bleeding. She reports no edema.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

SOWELL, GENNETTE (id , dob:

Constitutional: General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and
Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezi last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
   She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 1-2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it InJUly 1, 2013.Has not been working since Jan 2014.
   Cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter/spring/season changes.
   Plan to dec symbicort to 1P BID once present flare is better.
   She is on Pred 10 mg/d now. Once asthma is better, she will dec pred to 5 mg/d, then 2.5 mg/day, then EOD then dc if a

   Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - Bactrim DS 800 mg-160 mg tablet - Take 1 tablet(s) 3 times a week by oral route for 30 days. Qty: 12.86 tablet(s) R
     Pharmacy: CVS/PHARMACY #3565
   - prednisone 2.5 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharma
     CVS/PHARMACY #3565
   - epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector - Take 1 auto(s) as needed by injection route as directed for
     Qty: 1 auto(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on f/u.
   She wants to hold off on cpap. Will force the issue if BP remains a problem.
   327.23: Obstructive sleep apnea (adult)(pediatric)

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SOWELL, GENNETTE (id [redacted] dob: [redacted]

4. Obesity
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
Will observe.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds.

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Obstructive Sleep Apn discussed with the patient that untreated OSA is a cardiovascular risk factor, risk factor for arrhythmias and stroke. Untre would make it more difficult to control pulmonary problems such as asthma or COPD. Patient understands.

Return to Office

- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 07/03/2014
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 07/10/2014 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 04/03/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 04/03/2014 at 9:25am

Encounter Date: 02/04/2014

Patient

Name	SOWELL, GENETTE (63, F) ID	**Appt. Date/Time**	02/04/2014 09:00AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: ; Insurance # : Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Chief Complaint

f/u for asthma

HPI

Pt is here for f/u on her asthma.
Since last seen, she states that her asthma has been better since she has been on medical leave.
(-) wheeze.
Less SOB.
(-) cough, cp, fevers, chills.
Still gets Xolair q 2 weeks.

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SOWELL, GENNETTE (id dob:

Problems

Reviewed Problems
- Gastroesophageal reflux disease
- Asthma
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duloneb now.	01/07/14	sample given
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14	filled
hydrochlorothiazide 25 mg tablet	01/27/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days.	01/07/14	filled
magnesium take 1 tab	04/08/13	entered
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	02/03/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	12/07/13	filled
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	01/07/14	filled
simvastatin 40 mg tablet	01/09/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	01/12/14	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler	04/23/13	prescribed

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SOWELL, GENNETTE (id dob

Inhale 2 puff(s) every 4 hours by inhalation route as needed.

Xolair 150 mg subcutaneous solution 04/23/13 prescribed
Inject 300 mg every 2 weeks by subcutaneous route.

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- COMPLETE PFT W/ POST BRONCHODILATOR SPIROMETRY - 02/04/14
- ABG (ARTERIAL STICK ONLY) - 02/04/14

Discussed the following results:
- TWO VIEW- X-RAY, CHEST - 01/07/14

Vitals

02/04/2014 09:04 am

Wt:	142 lbs	BP:	157/95	Pulse:	84 bpm
RR:	18	O2Sat:	99%	T:	96.8 F°

ROS

Patient reports **weight loss (6 lbs)** but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cou

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SOWELL, GENNETTE (id , dob:

wheezing, shortness of breath, and chest tightness but reports no coughing up blood and no stridor; less SOB and whee reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no ch exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vc normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakne reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She r depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She repo edema.

Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezi last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
   She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   Chest CTA (Chesterfield, 12/2011) – No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013. cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter.
   Pt will wean off daliresp 2 to psych issues.
   Cont symbicort, singulair, flonase, xolair.
   Will consider BT consult at MUSC if asthma gets worse again.
   Plan to dec symbicort to 1P BID. Dec pred to 5 mg daily for 1 month then 5 mg EOD. Has been on pred for at least 1 yr.
   Need PFT.
   Plan is for pt to be on med leave until April then resume work then.
   Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - ABG (ARTERIAL STICK ONLY)
   - COMPLETE PFT W/ POST BRONCHODILATOR SPIROMETRY

2. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.

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SOWELL, GENNETTE (id [illegible], dob:

530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

4. Obesity - Lost 6 lbs.
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating c extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds,

Return to Office

- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 04/03/2014 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 02/04/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 02/04/2014 at 2:17pm

Encounter Date: 01/07/2014

Patient

Name	SOWELL, GENETTE (63, F) IDi	**Appt. Date/Time**	01/07/2014 09:30AM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: I Insurance # Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Chief Complaint

f/u asthma very sob. asthma flaring up.

HPI

Pt is here for f/u on her asthma.
Since last seen, she states that her asthma has been stable until 3 weeks ago.
She started coughing -- yellow sputum. More SOB, wheeze.
(-) fevers, chills.
She took ZPAK which made her feel better for a bit but her sx got worse.

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SOWELL, GENNETTE (id ? **Job:**

She was tapering down steroids to 5 mg/day when sx got worse. She is back on 10 mg of Pred for a month now.
Last xolair was dec 31. she gets xolair q 2 weeks.
She is working on getting disability.
(-) hemoptysis.
Has nightly sx.
(-) sick contacts.
She got the flu shot in 2013.

Problems

Reviewed Problems
- Gastroesophageal reflux disease
- Asthma
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled
Depo-Medrol 40 mg and Decadron 4 mg Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now	01/07/14	sample given
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. **Internal Note:** pls give duioneb now.	01/07/14	sample given
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Inject 1 injector(s) by intramuscular route.	04/23/13	prescribed
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14	prescribed
hydrochlorothiazide 25 mg tablet	12/28/13	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. **Internal Note:** a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 7 days., stop 01/14/2014	01/07/14	prescribed
magnesium take 1 tab	04/08/13	entered
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	12/07/13	filled
prednisone 10 mg tablet	01/07/14	prescribed

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SOWELL, GENNETTE (ic dob:

Take 2 tablet(s) every day by oral route for 30 days.

Singulair 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	01/07/14	prescribed
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	11/03/13	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 1 puff(s) twice a day by inhalation route.	12/08/13	filled
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
Influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- TWO VIEW- X-RAY, CHEST - 01/07/14
- DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - 01/07/14
  Notes - pls give duioneb now.
- Depo-Medrol 40 mg and Decadron 4 mg - 01/07/14
- Flonase 50 mcg/actuation nasal spray,suspension - 01/07/14

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SOWELL, GENNETTE (id , dob:

- Singulair 10 mg tablet - 01/07/14
- levofloxacin 750 mg tablet - 01/07/14
- prednisone 10 mg tablet - 01/07/14

Discussed the following results:

- Clinical Document - 12/04/13

Vitals

01/07/2014 10:04 am

Wt:	139 lbs	**BP:**	157/97	**Pulse:**	99 bpm
RR:	22	**O2Sat:**	99%	**T:**	97.1 F°
Ht:	5 ft 4 in	**BMI:**	23.9		

ROS

Patient reports **weight loss (6 lbs)** but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports **cou wheezing, shortness of breath, sputum production, painful respiration, and chest tightness** but reports no coughing up no stridor. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. Sh chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no m weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no n She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive ble reports no edema.

Additionally reports: A full and complete Review of Systems was done and all other systems are negative.

ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: **mild distress**. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and **decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; more whee compare to last seen.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **Exacerbation of asthma** - Pt's asthma get worse during the winter time plus the fact that she probably has bronchitis.
   CXR today was reveiwed and did not show infiltrates.
   Will give steroid shot and inc pred to 20 mg/day/ Will treat for bronchitis with levaquin.
   Will discuss about BT at MUSC on f/u. She is working on getting disability. Her work environment makes her asthma wor

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SOWELL, GENNETTE (id dob:

asthma is still not controlled despite being on disablity, will pursue consulting MUSC for bronchial thermoplasty. I discussed th the pt and she is in agreement.
493.92: Asthma, unspecified type, with (acute) exacerbation
- ASTHMA ACTION PLAN: AFTER YOUR VISIT
- Depo-Medrol 40 mg and Decadron 4 mg - Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now S: dispensed. Sample Qty: 1
- DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - Inhale 3 mL every 4 hours by nebulization route as n Sample dispensed. Sample Qty: 120 3 mL blist pack(s)

2. **Asthma** - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen She is steroid dependent. Her IgE is 480.
PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Cont xolair q 2 weeks. Started it inJUly 1, 2013. cont Bactrim for PCP prophylaxis.
Asthma is worse during winter.
Pt will wean off daliresp 2 to psych issues.
Will need PFT and chest ct scan on f/u prior to BT.
Asthma is flared up now. Cont symbicort, singulair, flonase, xolair. Will inc Pred to 20 mg/day. Will treat for bronchitis.
Will consider BT consult at MUSC on F/U.
493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- prednisone 10 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3 Pharma CVS/PHARMACY #3565
- Singulair 10 mg tablet - Take 1 tablet(s) every day by oral route at bedtime. Qty: 30 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime. Qty: 1 Refills: 3 Pharmacy: CVS/PHARMACY #3565

3. **Gastroesophageal reflux disease** - Reflux is stable. cont nexium BID.
530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

4. **Obstructive sleep apnea syndrome** - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

5. **Obesity** - Lost 6 lbs.
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

6. **Bronchitis** - S/P ZPAK in dec. Will start levaquin.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT
- TWO VIEW- X-RAY, CHEST
- levofloxacin 750 mg tablet - Take 1 tablet(s) every day by oral route for 7 days. Qty: 7 tablet(s) Refills: 0 Pharmac CVS/PHARMACY #3565

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient under stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion c Florence which gives pt's meds,

I extensively discussed with the patient the diagnosis of Bronchitis. I told the patient to watch out for worsening of sympt patient has worse symptoms despite the medications prescribed, the patient was instructed to call our clinic or his/her Pr

SOWELL, GENNETTE (id dob:

go to the Emergency Room. Patient verbalizes understanding of the plan.

I extensively discussed with the patient potential side effects of Levofloxacin/Fluoroquinolone such as kidney failure and t patient understands. Patient is instructed to call us if with untoward side effects.

Return to Office

- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 02/04/2014 at 09:00 AM

Encounter Sign-Off

Encounter signed-off by Jose Dedios, MD, 01/07/2014.

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 01/07/2014 at 11:17am

CAROLINA PINES REGIONAL MEDICAL CENTER

PULMONARY FUNCTION TEST

NAME: SOWELL, GENNETTE
MR #:
ROOM #:
DICTATING: Jose Angelo A. De Dios, MD

HOSPITAL #: 1934564
DOB:
DATE: 02/07/2014
ATTENDING: Jose Angelo A. De Dios, MD

PATIENT DEMOGRAPHICS: The patient is a 63-year-old African-American female being seen for asthma. Weight of 143 pounds. Height of 64 inches.

INTERPRETATION: FEV1/FVC ratio is decreased at 60 percent. FEV1 is moderately diminished at 1.050 or 67 percent predicted. FVC is normal at 2.45 at 80 percent predicted. Lung volumes are normal. Diffusion capacity is normal at 79 percent. ABG shows pH 7.43, pCO2 43, pO2 75 on room air.

IMPRESSION:
1. Chronic asthma with fixed airway obstruction.
2. Moderate obstructive defect likely secondary to chronic asthma.

Jose Angelo A. De Dios, MD

DATE: _____

TIME: _____

cm:
[0196 \637709] VD: Fri Feb 07 13:11:17 2014 VTD: Fri Feb 07 13:57:36 2014

THE MEDICAL GROUP
701 MEDICAL PARK DRIVE
HARTSVILLE SC 29550

NAME: SOWELL, GENESTE DOB: DR: Jose Angelo A. De Dios, MD

CHART:

DATE OF STUDY: 1/7/2014

PA AND LATERAL CHEST

INDICATION: Pain.

FINDINGS: The lung fields are free of active infiltrate. Vasculature is normal. The heart and mediastinal structures are normal.

IMPRESSION: No active disease.

Charles M. Davis, M.D.

DATE:

TIME:

cc: Jose Angelo A. De Dios, MD
213x66 \ RRD: Mon Jan 13 07:20:00 2014 XTD: Mon Jan 13 07:20:01 2014

Copy for Jose Angelo A. De Dios MD

Gennette Sowell
DOB:

Dear Dr. deDios:

In reference to your patient, Ms. Gennette Sowell, and your statements and opinions in your medical records that:

> (1/7/14): "1. **exacerbation of asthma** . . . her work environment makes her asthma worse."; (2/4/14), "pt. is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse."; (10/17/14), "Addendum 10/17/14 Patient has work-related asthma (WRA), specifically work exacerbated asthma (WRE).

Would you provide answers and opinions to the following questions:

1. As part of answering these questions, did you in fact review the medical records from the hospitalizations in June of 2011, and the description of exposure as contained in the Description of Accident filed with the Workers' Compensation Commission that is attached to this Questionnaire?

V
Yes

No

AD
AAD (initials)

2. After review of your intake recorded on January 7, 2014, including Past Medical History, is that history consistent with the history recorded in the hospital records of June 2011 under, "**PAST MEDICAL HISTORY:** hypertension, mild. Other than that, patient denies any significant past history of any pulmonary disease, cardiac disease, renal disease, neurological disease, or gastrointestinal disease; and **SOCIAL HISTORY:** smoking, no and never. Alcohol use: very occasional" and thus is it consistent with the fact that she had no previous history of any type of pulmonary or respiratory disease or treatment for asthma before June, 2011?

Yes

No

AAD (initials)

I first saw her 4-08-13 & mentioned that pt. has hx of asthma & complains of yrs. now.
- AD

AAD (initials)

Gennette Sowell
DOB:

Dear Dr. deDios:

In reference to your patient, Ms. Gennette Sowell, and your statements and opinions in your medical records that:

> (1/7/14) "1. exacerbation of asthma . . . her work environment makes her asthma worse."; (2/4/14), "pt. is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making worse."; (10/17/14), "Addendum 10/17/14 Patient has work-related asthma (WRA), specifically work exacerbated asthma (WRE).

Would you provide answers and opinions to the following questions:

1. As part of answering these questions, did you in fact review the medical records from the hospitalizations in June of 2011, and the description of exposure as contained in the Description of Accident filed with the Workers' Compensation Commission that is attached to this Questionnaire?

✓ Yes ____ No

AD
AAD (initials)

2. After review of your intake recorded on ~~January 7, 2014~~, including Past Medical History, is that history consistent with the history recorded in the hospital records of June 2011 under, "PAST MEDICAL HISTORY: hypertension, mild. Other than that, patient denies any significant past history of any pulmonary disease, cardiac disease, renal disease, neurological disease, or gastrointestinal disease; and SOCIAL HISTORY: smoking, no and never. Alcohol use: very occasional" and thus is it consistent with the fact that she had no previous history of any type of pulmonary or respiratory disease or treatment for asthma before June, 2011?

✓ Yes ____ No

AD
AAD (initials)

I first saw her 4-08-13 & mentioned that pt. has hx asthma & complains of yrs. now.

AAD (initials)

Dec. 3. 2015 4:20PM P.169 B
NOV. 23. 2015 1:10PM No. 2358 P. 3
326

3. Based on the history as detailed in the Description of Accident (filed with the Workers' Compensation Commission) that:

She worked from 2001 until 2011 in the Deli at Piggly Wiggly without any problems with or treatment for asthma and/or asthma related type problems; that she was exposed daily and repeatedly for a 2-3 month period prior to June of 2011 to large quantities of waste water and sewage from the meat and deli department, sometimes ankle deep and with a horrible odor; that she required hospitalization on two occasions in June of 2011; and that thereafter she has been under continual and increasing treatment for at first chronic bronchitis and then was eventually diagnosed with asthma, and based on your treatment experience with and your opinions/statements concerning Ms. Sowell as set forth above, is it your opinion that triggering factor triggering her adult onset asthma, was her daily and repeated and unusual and extraordinary exposure during that two to three month period prior to June 2011 to the Deli waste water containing all of the molds, fungus, bacteria etc., involved in the preparation of meat, fish, poultry and vegetable products and the chemicals necessary to clean and sanitize that sewage water?

✓
Yes

No

AAD
AAD (initials)

4. Where a person has developed or has the onset of asthma, thereafter if that person is continually exposed to the offending agent that triggered the condition, will that continual, repeated exposure cause an ever-increasing hypersensitivity and severity in their condition?

✓
Yes

No

AAD
AAD (initials)

5. Based on your statements in your records and your review of your history and your knowledge of Ms. Sowell, in your opinion did her continual and repeated exposure in her job in the Deli after her asthma was triggered (her onset of asthma), exacerbate and make her condition worse?

✓
Yes

No

AAD
AAD (initials)

The above referenced answers and opinions constitute my opinions and answers to the questions posed to a reasonable degree of medical certainty concerning Ms. Gennette Sowell.

Angelo A. deDios, M.D.

11-23-15
Date:

#1 ATTACHMENT

This claim is based upon injury by accident; disease as an injury by accident; repetitive trauma injury due to repetitive exposures over a long period of time; and/or as an occupational disease:

The facts pertinent to a history of the onset of her injury by accident, repetitive trauma, and/or occupational disease will establish that she has lived in the same home for the last twenty-five (25) years and has been a Manager in the Deli Department of the Bennettsville Piggly Store Since 2001. In her capacity as a Deli Manager, her regular duties consist of cleaning and disinfecting Deli Department Equipment and work area. She is regularly exposed in the work environment to grease and cooking oils and fluids that are consistently in the atmosphere and is exposed to bacteria, mold and all regular and normal food allergens from the preparation, cooking and disposal of foods normally and consistently used and found in a Deli or Restaurant or other food preparation type facilities wherein food is prepared, cooked and processed for sale and consumption by the general public. She regularly and repetitively used commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. That the allergens, mold and bacteria and the products used to disinfect and clean are hazards that are particular to the food service industry and her condition is a direct result of the continuous exposure to the normal working conditions of her particular trade, process, occupation or employment, that being the food service industry and in particular in the area of preparation of food for consumption by the general public and is a hazard to which she was exposed in her employment on a regular and consistent basis with Piggly Wiggly in Bennettsville, SC.

In addition to her normal and usual and consistent exposures in her job and industry beginning in the early part of 2011, and no more than two months before May 2011, the Store and the Deli/food preparation area developed significant and continual problems with the waste disposal drains in that department and area, 3 in the kitchen and 1 of 2 in the serving area for a total of 5 drains, in the Deli Department that would back up every day resulting in the employees and particularly the Claimant in this case, having to mop and push the sewage and waste disposal water and liquid containing all types of uncooked and cooked food byproducts, oils, greases and fluids from meat, poultry, fish and seafood byproducts into the one drain. The severe backup in the drain system during this period of time would occur every time they would wash the dishes and other food preparation utensils which occurred at least 3 times per day.

The sewage and waste water backup had a horrible smell and had a greasy, oily and slimy appearance. To try to prevent the backups, the Claimant used degreasers, which were regularly used in cleanup and with which the wastewater contained large quantities including but not limited to a product known as "spitfire" and another "Mr. Muscle". During this period of time the store manager, Ms. Quick, had to call in a private company repeatedly at least one time per month, both before and after June of 2011 to try to correct the problem which would come into the store location to unclog the drains. This would partially work for one to two days and then the backup would again occur. During the first week of June 2011 and specifically on June 3, 2011, the Claimant had to go to the Emergency Room at Chesterfield General Hospital where she was diagnosed with bronchitis. She returned to work and again on June 11th due to shortness of breath and cough, she had to again seek medical care at Chesterfield General Hospital. She had worked right up until the time that she went to the Emergency Department. The impression of the doctor at that time was that of worsening bronchitis associated with bronchospasm and due to her condition she was admitted to the hospital for treatment. After being discharged on June 14th, she returned to her work as the Deli Manager and thereafter had continual follow-up treatment with her family doctor who has treated her approximately twice monthly ever since 2011. By December 2011, she was carrying a diagnosis of chronic bronchitis and allergic rhinitis and was using a nebulizer and was receiving regular prescriptions for antibiotics and Prednisone and Depo-Medrol dose packs.

The Claimant continued working and on December 22nd, 2011, she was unable to breath and coughing and was sent to and admitted to the hospital and was given a diagnosis at that time (first time) of statusashmaticus and hypokalemia. She was sent to the Emergency Room and she was admitted to the hospital for four (4) days. Discharge Dx. "bronchial asthma exacerbation secondary to exposure to chemicals".

On or about January 2012, the Claimant's treating physician advised the Claimant that due to the fact that every time she was out of work she would be better, and every time she was back in work, she would get worse, it was her belief that something at work was causing her condition, which she immediately reported to her supervisor. Throughout 2012 and 2013 the Claimant continued to work and continued under medical care and required an ever increasing high level of medical treatment. The doctor during this period of time would also on a regular basis tell the Claimant she believed that something at work was

causing her condition or causing her condition at least to get worse. Each time she would report this to her supervisor, Ms. Quick.

The Claimant developed ever increasing problems with performing the duties of her job and by the fall of 2013, employees were regularly helping her to perform her job duties and she was on steroids on a daily basis wherein she could not perform the task such as pushing, carrying, bending over, was constantly coughing and had constant mucus and constant pressure in the eyes. Also during this time in the later part of 2013, the Claimant upon entering the job would immediately become sick.

In November, the Claimant informed her supervisor that her doctor wanted to take her out of work to see specifically what happened but she wanted to work through the Christmas Holidays because she was a manager and did not want to leave her employer hanging. The Claimant's condition continued to deteriorate and her family doctor referred her to pulmonary specialists and in January and specifically on January 6th, her condition deteriorated wherein her family doctor took her out of work. During that time, the pulmonologist told the Claimant that if Dr. Hammett was correct, that the job was the problem that after she was out of work that her condition would improve. Over the next two week period, the Claimant's condition improved markedly. However, she remains disabled from work and requires extensive medical care including multiple (15 plus) and weekly injection to control her debilitated condition allowing her to live. She carries an EpiPen for life threatening emergencies.

3

Chesterfield General Hospital

711 Chesterfield HWY
Cheraw, SC 29520
(843) 537-7881

FACILITY NUMBER: 146
ADVANCE DIRECTIVE: N
MRSA ISOLATION:
VRE:

PATIENT	ACCT#:	ADM DATE: 12/22/11 TIME: 14:01 ROOM #: 102 A
	MED. REC. #:	DCH DATE: 12/25/11 TIME: 13:48 SVRC. CODE: MIP
	NAME: SOWELL GENNETTE	PT. TYPE: P FC: YI
	EMERGENCY NAME: JAMES JANET	PHONE #: RELATION: CHILD
	DCH STATUS: 01 ETHNICITY: NOT HISPANIC OR LAT	PREFERRED LANGUAGE: ENGLISH
	PREV. SERVICE DATE: 11/12/12	ADM TYPE: 1 ADM. SOURCE: 1
	ACC. DATE:	TIME: 00 ACC. SITE:
	ADMITTING DIAGNOSIS: 78605 ASTHMA EXACERBATION	
PATIENT DEMOGRAPHIC	STREET	CITY/ST: ZIP:
	COUNTY:	PHONE: RELIGION: NO PREFER
	SS #:	BIRTHDATE: AGE:
	RACE:	SEX: F MARITAL STATUS:
	SPOUSE'S NAME:	FATHER'S NAME:
PATIENT EMPLOYER	EMPLOYER: PIGGLY WIGGLEY	
	STREET:	CITY/ST: CHESTERFIELD SC ZIP: 29709
	EMP. ID #: 675	EMP. OCCUPATION: CLERK
GUARANTOR	NAME: SOWELL GENNETTE	RELATIONSHIP: SELF
	STREET:	CITY/ST: ZIP:
	SS #:	DOB:
GUARANTOR EMPLOYER	EMPLOYER:	
	STREET:	CITY/ST: ZIP:
	EMP. OCCUPATION: UNKNOWN	
INSURANCE # 1	PAYOR:	410 45 INS. PH #: (800)768-4375
		POLICY #:
	GROUP: PIGGLY WIGGLY 552	AUTH. #:
	HOLDER: SOWELL GENNETTE	REL: SELF DOB:
INSURANCE # 2	PAYOR:	0 0 INS. PH #:
		POLICY #:
	GROUP:	AUTH. #:
	HOLDER:	REL: DOB:
PHYSICIAN	ER/ADMIT PHYS: POLANCO FRANCISCO A	SURGEON:
	ATTENDING PHYS: POLANCO FRANCISCO A	REFERRING PHYS:
	FAMILY PHYS: HAMMETT ROCHELLE	ADMITTED BY: SJH

COMMENTS: PSNDT

>>>> 7006391 MIP 12/22/11 14:01

** 1467006391 FACE146 ADMISSIONS 12/22/11 000090080 SOWELL GENNETTE

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

DISCHARGE SUMMARY

NAME: SOWELL GENNETTE

MRN:	ROOM:	102	DOB:
ACCOUNT#:	BED:	A	AGE:
SERVICE CODE: MIP			SEX:
ADM DATE: 12/22/2011			DIS DATE: 12/25/2011

DICTATED BY: JAN DECAMPS, MD
ATTENDING PHYSICIAN: POLANCO, FRANCISCO A
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

HOSPITAL COURSE: Ms. Sowell is a 61-year-old black female with a past medical history of hypertension, bronchial asthma who was admitted to the hospital with bronchial asthma exacerbation. During the hospital course, the patient was started on IV steroids, and DuoNebs every 4 hours. Her peak flow was monitored every day. Today, her lung examination is clear. Her wheezing has resolved. Her peak flow is around 250 which is her best effort so far during the hospital course. The patient is going to be discharged home today. She is advised to avoid chemical exposures as these were the triggers for her asthma exacerbation. Also, she is going to be started on albuterol MDI p.r.n., and Advair 250/50 b.i.d., and Singulair 10 mg every night. The patient has been educated regarding the asthma action plan, and she is agreeing upon the same so she will be discharged today, and follow up with her PCP in 1 week's notice.

FINAL DIAGNOSES:
1. Bronchial asthma exacerbation secondary to exposure to chemicals.
2. Hypertension which is controlled.

DISCHARGE MEDICATIONS:
1. Albuterol inhaler p.r.n. for shortness of breath.
2. Advair 250/50 mcg b.i.d.
3. Singulair 10 mg every night.
4. Hydrochlorothiazide 25 mg p.o. daily.

DISPOSITION: Home, and self-care, and to follow up with PCP Dr. Rochelle Hammett, and also consider doing an outpatient PFT to determine how severe the patient's bronchial asthma is.

This job has been electronically signed by: Jan M DeCamps MD on 12/25/2011 at 6:02:00 PM (EST) Verification: 5228901220111225180200 .

Print CC:

NAME: SOWELL GENNETTE

MRN: DOB: ADM DATE: 12/22/2011
ACCOUNT#: DIS DATE: 12/25/2011

Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/25/2011 12:50 PM ET
T Date / Time: 12/25/2011 02:05 PM ET
R Date / Time:
S Job #: CGH52289012
D Job #: 5277
MT: 180157

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

HISTORY AND PHYSICAL

NAME: SOWELL GENNETTE

MRN: ROOM: 102 DOB:
ACCOUNT#: BED: A AGE:
SERVICE CODE: MIP SEX: F
ADM DATE: 12/22/2011

DICTATED BY: JAN DECAMPS, MD
ATTENDING PHYSICIAN: POLANCO, FRANCISCO A
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

DATE OF SERVICE: December 23, 2011.

CHIEF COMPLAINT: Shortness of breath and wheezing.

HISTORY OF PRESENT ILLNESS: Ms. Sowell is a 61-year-old black female with a past medical history of hypertension and bronchial asthma, who came to her PCP's office yesterday complaining of shortness of breath and wheezing for 2 days. Her PCP send her to the ER for evaluation and the patient had the following vitals, blood pressure 157/71, pulse rate of 96, respiratory rate of 22, temperature of 98.8, and O2 sat of 100% on room air. On evaluation in the ER, the patient was noted to have diffuse bilateral wheezing, so she was admitted to the hospitalist service with a diagnosis of acute bronchial asthma exacerbation. On my evaluation today, the patient says she is having shortness of breath and wheezing for the past 2 days, but she denies any sick contacts or recent travels. At work, the patient is exposed to strong odors as chloride and ammonia, which are probably are the triggers for her bronchial asthma exacerbation. She denies any smoking history or any secondary smoke. At present moment, she says her breathing has improved a little bit, but she is still feeling tightness in her chest and she is still wheezing. Her last asthma exacerbation was on March this year and she has never had a pulmonary function test on to determine how severe her asthma is.

PAST MEDICAL HISTORY: Consistent with hypertension and bronchial asthma.

SURGICAL HISTORY: Consistent with hysterectomy.

ALLERGIES: THE PATIENT HAS NO KNOWN DRUG ALLERGIES.

FAMILY HISTORY: Consistent with hypertension.

SOCIAL HISTORY: She does not smoke, drink, or use any drugs. Occupation, she is in the cleaning business.

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#: ADM DATE: 12/22/2011 DOB:

HOME MEDICATIONS:
1. Hydrochlorothiazide 25 mg p.o. daily.
2. Albuterol MDI p.r.n. for shortness of breath.

REVIEW OF SYSTEMS:
General: This is a middle-aged black female, in no acute distress. Appears her stated age.
Eyes: Denies any visual problems.
Ent: Denies sore throat or dysphagia.
Cardiovascular: Denies any chest pain or palpitations.
Respiratory: Positive for shortness of breath and wheezing.
GI: Denies any pain, nausea, vomiting, or diarrhea.
Gu: Denies any pain, bleeding, incontinence, or nocturia.
Skin: Denies any rashes or masses.
Psychiatry: Denies depression, fatigue, or insomnia.
Neurologic: Denies numbness, tingling, weakness, headache, or loss of consciousness.

PHYSICAL EXAMINATION:
Vital Signs: Blood pressure of 113/61, pulse rate of 99, respiratory rate of 24, temperature of 98.1, and O2 sat of 96% on 2 L nasal cannula.
HEENT: Her neck is supple. There are no palpable masses or adenopathy.
Heart: She has a regular rate and rhythm with no murmurs, rubs, or gallops.
Lungs: She has diffuse bilateral wheezing with no added sounds.
Abdomen: Soft, nontender. Bowel sounds are present.
Musculoskeletal: She is well developed and well nourished with no abnormalities.
Neurologic: She is alert and oriented x3 with no focal deficits. Her cranial nerves are grossly intact.
Skin: There is no breakdown or masses.

LABORATORY DATA: Her sodium is 140, potassium is 4.1, chloride is 106, bicarb is 27, creatinine is 0.9, glucose is 151, BUN is 10, and calcium is 9.6. Hemoglobin is 11.4, hematocrit is 33.6, white count is 7, and platelet count is 183. BNP is 10.9.

IMAGING: CT of the chest with contrast PE protocol is negative for pulmonary embolism. There is no focal airspace pneumothorax or pleural effusions. There is a non-healed right lateral 7th rib fracture and there is also thoracic spondylosis without focal lesions. EKG is a normal sinus rhythm with a ventricular rate of 76, no acute ST or T-wave changes.

IMPRESSION:

NAME: SOWELL GENNETTE

MRN: DOB:
ACCOUNT#: ADM DATE: 12/22/2011

1. Acute asthma exacerbation, likely secondary to exposure to chemicals.
2. Hypertension, which is controlled.

PLAN:
1. Admit to med surg.
2. Start on Solu-Medrol 60 mg IV every 6 hours.
3. Start on DuoNebs every 4 hours.
4. Monitor her peak flow pre and post treatments.
5. Continue supplemental oxygen 2 L to maintain O2 sats above 95%.
6. DVT prophylaxis with Lovenox 40 mg subcu every day.
7. Start on IV fluids and lactated Ringer's at 100 mL/hr.
8. Repeat labs for tomorrow morning.

This job has been electronically signed by: Jan M DeCamps MD on 12/24/2011 at 10:36:00 AM (EST) Verification: 522625952011122410360O .

Print CC:
Francisco A. Polanco, MD
Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/23/2011 01:30 PM ET
T Date / Time: 12/23/2011 09:53 PM ET
R Date / Time:
S Job #: CGH52262595
D Job #: 5242
MT: 864877

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

PROGRESS NOTE

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#:
SERVICE CODE: MLP
ADM DATE: 12/22/2011
ROOM: 102
BED: A
DOB:
AGE:
SEX: F
DOS: 12/24/2011

DICTATED BY: JAN DECAMPS, MD
ATTENDING PHYSICIAN: POLANCO, FRANCISCO A
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

SUBJECTIVE: The patient did well overnight. She is still requiring IV steroids due to her wheezing. This morning her peak flow was only 225. Says her breathing has improved a little bit.

OBJECTIVE:
Vital Signs: Today are, blood pressure of 132/73, pulse of 83, respiratory rate of 22, temperature of 97.8, and O2 sat of 99% on 2 L nasal cannula.
General: This is an elderly female, in no acute distress. Appears her stated age.
Heart: She has a regular rate and rhythm with no murmurs, rubs, or gallops.
Lungs: She has diffuse bilateral wheezing which is improved compared to yesterday.
Abdomen: Soft and nontender. Her bowel sounds are present.
Extremities: They are symmetrical. There is no edema. Pulses are present.

LABORATORY DATA: Her sodium is 142, potassium is 3.8, chloride is 107, bicarb is 28, creatinine 0.8, glucose is 124, BUN is 14, and calcium is 9.6. Hemoglobin is 11.7, hematocrit is 35.5, white count is 15.3, and platelet count is 225.

IMPRESSION:
1. Acute asthma exacerbation secondary to exposure to chemicals.
2. Hypertension which is controlled.
3. Hypokalemia which is now resolved.
4. Leukocytosis secondary to IV steroids.

PLAN:
1. Continue monitoring in med-surg.
2. Continue DuoNebs every 4 hours and Solu-Medrol 60 every 6 hours.
3. Continue to monitor peak flows pre and post treatment.
4. Continue supplemental oxygen to maintain O2 sats above 95%.
5. Continue DVT prophylaxis with Lovenox 40 mg subcutaneously every day.

NAME: SOWELL GENNETTE

MRN: DOB:
ACCOUNT#: ADM DATE: 12/22/2011

6. Can discontinue IV fluids.
7. Start on docusate 200 mg p.o. every night and give senna 1 tablet p.o. now for constipation.
8. Repeat labs for tomorrow morning.

This job has been electronically signed by: Jan M DeCamps MD on 12/25/2011 at 10:09:00 AM (EST) Verification: 5228209420111225100900 .

Print CC:
Francisco A. Polanco, MD
Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/24/2011 03:25 PM ET
T Date / Time: 12/25/2011 03:45 AM ET
R Date / Time:
S Job #: CGH52282094
D Job #: 5269
MT: 161022

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN:	ROOM: ER05	DOB:
ACCOUNT#:	BED: A	AGE:
PATIENT TYPE: EOP	ORDER DATE: 12/22/2011	SEX: F

ORDER#	EXAM DESCRIPTION	ADM.DIAGNOSIS
900	CTA-CHEST	Elevated D-Dimer SOB

DICTATED BY: MAX BERRY, MD
ORDERING PHYSICIAN: CONNELL, FOY
ATTENDING PHYSICIAN: CONNELL, FOY D
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

FINAL REPORT

CTA OF THE CHEST

INDICATION:
Elevated D-dimer and dyspnea x several months.

COMPARISON:
None.

TECHNIQUE:
Axial images through the thorax after the administration of IV contrast. Multiplanar reformatting was performed. Maximum intensity projections were reviewed.

FINDINGS:
Heart is normal in size. No pericardial effusion or thickening. Ascending aorta measures 3.5 cm, pulmonary trunk measures 3.1 cm. No pulmonary emboli. Left AP window, precarinal, and subcarinal shotty adenopathy. No axillary adenopathy.

No focal airspace disease, pneumothorax, or pleural effusions.

Non-healed right lateral 7th rib fracture. Thoracic spondylosis without focal lesions.

Hiatal hernia. No hepatic lesions or biliary dilatation within the visualized liver. Remaining organs of the upper abdomen are unremarkable.

IMPRESSION:
No pulmonary embolism.

Non-union of a lateral right 7th rib fracture.

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN: DOB: , ,
ACCOUNT#: ORDER DATE: 12/22/2011

ORDER#:	EXAM DESCRIPTION:	ADM DIAGNOSIS:
900	CTA-CHEST	Elevated D-Dimer SOB

AP window, right paratracheal, and subcarinal shotty adenopathy suggestive of sarcoidosis.

This job has been electronically signed by: Max W Berry MD on 12/22/2011 at 4:16:00 PM (EST) Verification: 5223020920111222161600

Print CC:

Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/22/2011 12:27 PM ET
T Date / Time: 12/22/2011 2:19 PM ET
R Date / Time:
S Job #: CGH52230209
D Job #: 4074
MT: 30061

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN:	ROOM: 102		DOB:
ACCOUNT#:	BED: A		AGE: 61 Y
PATIENT TYPE: EOP	ORDER DATE:12/22/2011		SEX: F

ORDER#:	EXAM DESCRIPTION:	ADM DIAGNOSIS:
600	CH-CHEST 2V	SOB

DICTATED BY: MAX BERRY, MD
ORDERING PHYSICIAN: CONNELL, FOY
ATTENDING PHYSICIAN: CONNELL, FOY D
PRIMARY CARE PHYSICIAN: HAMMETT, ROCHELLE

FINAL REPORT

CHEST, 2 VIEWS:

INDICATION:
Dyspnea.

COMPARISON:
None.

TECHNIQUE:
PA and lateral radiographs of the chest.

FINDINGS:
Cardiomediastinal silhouette is within normal limits. Lungs are clear. Osseous structures are intact.

No acute cardiopulmonary disease.

This job has been electronically signed by: Max W Berry MD on 12/23/2011 at 3:08:00 PM (EST) Verification: 52261966201112231508OO

Print CC:

Fax CC:
Rochelle Hammett, MD

D Date / Time: 12/23/2011 12:22 PM ET
T Date / Time: 12/23/2011 1:28 PM ET
R Date / Time:
S Job #: CGHS2261966
D Job #: 4109

IMAGING REPORT

NAME: SOWELL GENNETTE

MRN:
ACCOUNT#:

DOB:
ORDER DATE: 12/22/2011

ORDER#:	EXAM DESCRIPTION:	ADM DIAGNOSIS:
600	CH-CHEST 2V	SOB

MT: 30059

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE DOB: PCP: HAMMETT ROCHELLE
MR# : AGE: SEX: F

COAGULATION

COLLECT	YR	2011		
	DT	12/22	REFERENCE	
	TM	09:10	LOW - HIGH	UNITS
DDIMQT		474 HC	0 - 400	ng/ml

REPORTED DT 12/22/11
TM 09:50

CRITICAL VALUE RESPONSE:
12/22/11 9:49 DDIMQT GLENDA HOWARD notified sherry
on 12/22/11 at 09:49

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE DOB: PCP: HAMMETT ROCHELLE
MR# : AGE: SEX: F

HEMATOLOGY

COLLECT YR	2011	2011	2011	REFERENCE	
DT	12/25	12/24	12/23	LOW - HIGH	UNITS
TM	05:00	06:00	06:10		
WBC	8.5	15.3 H	7.0	3.6 - 11.1	K/MM3
RBC	3.84	4.19	3.99	3.69 - 4.9	m/mmm3
HGB	10.6 L	11.7	11.4	11.4 - 14.4	G/DL
HCT	32.6 L	35.5	33.6	33.3 - 41.4	%
MCV	84.8	84.6	84.3	79.3 - 94.8	FL
MCH	27.5	27.9	28.5	26.8 - 33.2	PG
MCHC	32.5 L	32.9 L	33.9	33.5 - 35.5	G/DL
RDW	14.9	14.7	14.4	12.0 - 15.1	%
PLT	172	225	183	150 - 400	k/mm3
MPV	10.3	10.3	10.2	7.5 - 10.7	fl
NEU#	7.8 H	14.3 H	6.3	1.9 - 7.2	k/mm3
LYM#	0.5 L	0.7 L	0.6 L	1.1 - 2.7	k/mm3
MON#	0.2 L	0.3	0.1 L	0.3 - 0.8	k/mm3
EOS#	0.0	0.0	0.0	0 - 0.5	K/mm3
BAS#	0.0	0.0	0.0	0.0 - 1.1	K/MM3
NEU%	91.6 H	93.1 H	90.0 H	43.3 - 71.9	%
LYM%	5.5 L	4.7 L	8.1 L	16.8 - 43.5	%
MON%	2.8 L	1.8 L	1.6 L	4.6 - 12.4	%
EOS%	0.0	0.1	0.0	0 - 7.8	%
BAS%	0.1	0.3	0.3	0.0 - 1.1	%
REPORTED DT	12/25/11	12/24/11	12/21/11		
TM	06:35	07:38	06:27		

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE DOB: PCP: HAMMETT ROCHELLE
MR# : AGE: 4 SEX: F

HEMATOLOGY

			REFERENCE LOW - HIGH	UNITS
COLLECT YR	2011			
DT	12/22			
TM	09:10			
WBC	5.0		3.6 - 11.1	X/MM3
RBC	4.41		3.69 - 4.9	m/mmm3
HGB	12.1		11.4 - 14.4	G/DL
HCT	37.0		33.3 - 41.4	%
MCV	84.0		79.3 - 94.8	FL
MCH	27.5		26.8 - 33.2	PG
MCHC	32.8	L	33.5 - 35.5	G/DL
RDW	14.2		12.0 - 15.1	%
PLT	192		150 - 400	k/mm3
MPV	9.6		7.5 - 10.7	fl
NEU#	3.4		1.9 - 7.2	k/mm3
LYM#	0.7	L	1.1 - 2.7	k/mm3
MON#	0.3		0.3 - 0.8	k/mm3
EOS#	0.7	H	0 - 0.5	K/mm3
BAS#	0.0		0.0 - 1.1	K/MM3
NEU%	67		43.3 - 71.9	%
LYM%	13	L	16.8 - 43.5	%
MON%	5		4.6 - 12.4	%
EOS%	14	H	0 - 7.8	%
BNP	10.9		5 - 100	PG/ML
BAS%	0		0.0 - 1.1	%
BAND	1		0 - 3	%
REPORTED DT	12/22/11			
TM	09:47			

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE DOB: PCP: HAMMETT ROCHELLE
MR# : AGE: 64 SEX: F

CHEMISTRY

COLLECT	YR	2011	2011	2011	REFERENCE	
	DT	12/25	12/24	12/23	LOW - HIGH	UNITS
	TM	05:00	06:00	06:10		
NA		141	142	140	136 - 145	MMOL/L
K		3.6	3.8	4.1	3.5 - 5.1	MMOL/L
CL		106	107	106	101 - 111	MMOL/L
CO2		24	28	27	22 - 28	MMOL/L
CREA		0.7	0.8	0.9	0.6 - 1.3	MG/DL
GFR		>60	>60	>60		ml/min/1.73 m^2
ANIONGAP		14.6	10.8	11.1	7 - 16	
GLU		114 H	124 H	151 H	70 - 105	MG/DL
BUN		14	14	10	7 - 18	MG/DL
CA		9.1	9.6	9.6	8.4 - 10.2	MG/DL
REPORTED	DT	12/25/11	12/24/11	12/23/11		
	TM	09:02	08:11	05:58		

CHESTERFIELD GENERAL HOSPITAL
711 CHESTERFIELD HWY
CHERAW SC 29520

LAB - CLINICAL
HUANKAI HU, MD

NAME: SOWELL GENNETTE DOB: PCP: HAMMETT ROCHELLE
MR# : AGE: SEX: F

CHEMISTRY

COLLECT YR	2011			
DT	12/22		REFERENCE	
TM	09:10		LOW - HIGH	UNITS
NA	140		136 - 145	MMOL/L
K	3.4	L	3.5 - 5.1	MMOL/L
CL	102		101 - 111	MMOL/L
CO2	29	H	22 - 28	MMOL/L
CREA	1.0		0.6 - 1.3	MG/DL
GFR	>60			ml/min/1.73 n^2
ANIONGAP	12.4		7 - 16	
GLU	112	H	70 - 105	MG/DL
BUN	9		7 - 18	MG/DL
CA	9.7		8.4 - 10.2	MG/DL
CORR CA	9.2		8.4 - 10.2	mg/dl
AST	21		10 - 42	IU/L
ALT	14		10 - 40	IU/L
ALP	80		32 - 92	IU/L
BILT	0.7		0.2 - 1	MG/DL
ALB	4.6		3.5 - 5.0	G/DL
TPROTOT	7.4		6.0 - 7.9	g/dl

REPORTED DT 12/21/11
TM 09:48

GFR is a calculation based on Ethnicity of Patient (African American or Non-African American), age and sex from the patient registration.
Reference Ranges:
Average GFR for Healthy Adults: >60 ml/min/1.73 n^2
Chronic Kidney Disease: 15-60 ml/min/1.73 n^2
Kidney Failure: <15 ml/min/1.73 n^2
Reference ranges are not available for patients <18 or >70 years old and will be resulted with TNP (test not performed).

RN:

12/22/2011 09:22:17
DOB 61 years

SOWELL, GENNETTE
Black Female

Chesterfield Hospital
Dept -1
Room ER6
Tech CH

Rx:
Dx:

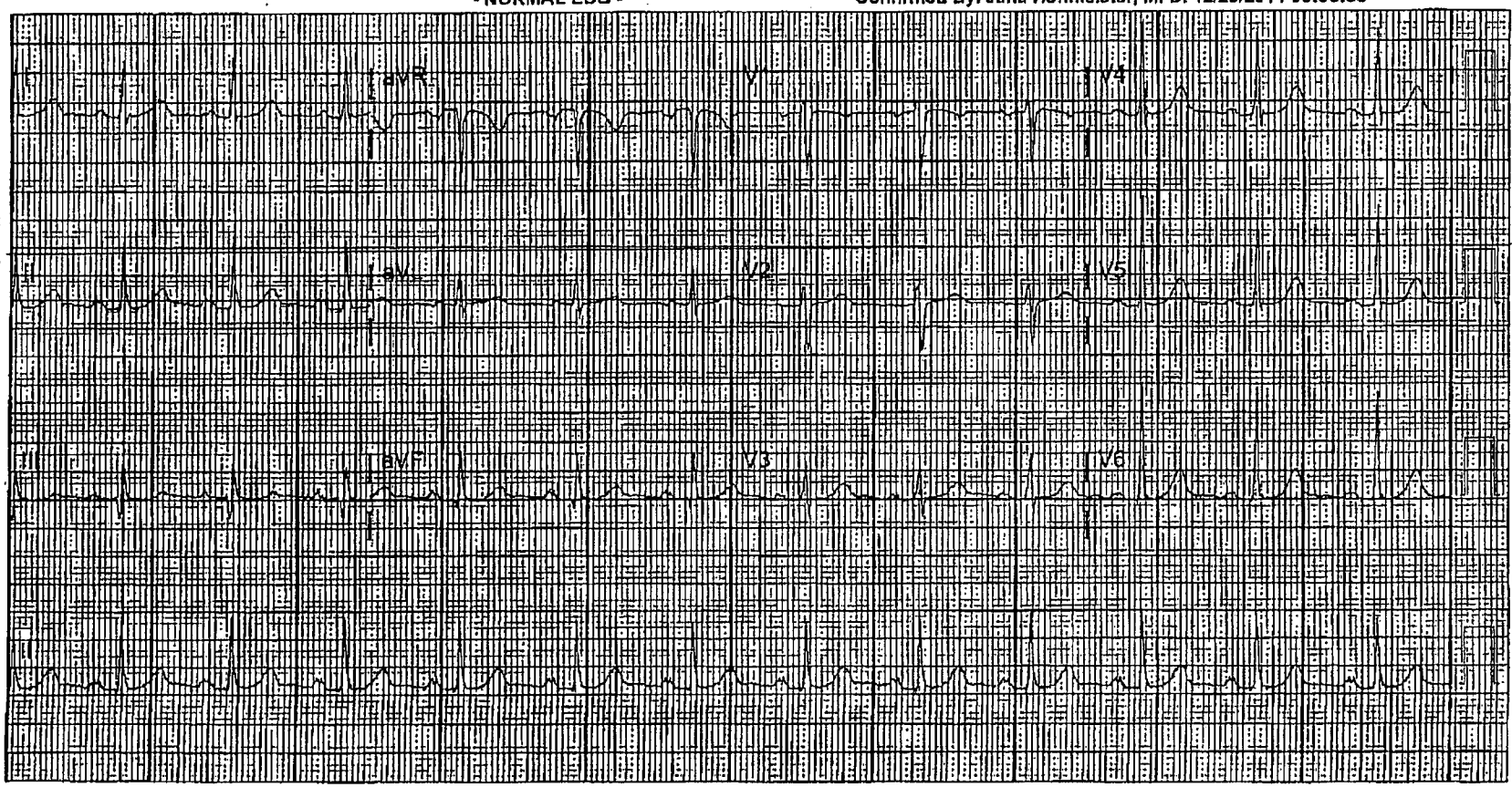
Rate	76	Normal sinus rhythm
PR	180	Normal ECG
QRSD	86	No previous EKG available for comparison
QT	398	
QTc	447	
--AXIS--		
P	58	
QRS	37	
T	37	

Req MD: CONNELL
2nd MD:

350

- NORMAL ECG -

Confirmed By: Jana Hoffmeister, M. D. 12/23/2011 08:06:33



25 mm/sec 10 mm/mV 15 - 150 Hz

P.187

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

ADMIT DATE: 06/11/2011
DISCHARGE DATE: 06/14/2011
DISCHARGE DIAGNOSES:
1. Bronchitis with bronchospasm, improving.
2. Hypertension.

DISPOSITION: The patient is being discharged home. She was instructed to follow with her regular physician at Cheraw Medical Group in the next 1-2 weeks or sooner if any problems arise.

DISCHARGE MEDICATIONS: Discharge medications will include her pre-admit medications of hydrochlorothiazide 25 mg daily. New medication will be Biaxin 500 mg b.i.d., #20, Combivent metered dose inhaler 2 puffs q.4 hours for wheezing, #1, one refill, prednisone tapering dose over the next 12 days, starting at 40 mg a day.

HOSPITAL SUMMARY: The patient is a 61-year-old black woman who had been followed previously by Dr. Mohammed Soliman for medical problem of hypertension. She was brought to the emergency department on the day of admission by family with complaints of being sick over the last 2 weeks with suspected bronchitis. The patient had ongoing cough and chest congestion. The cough was productive of discolored sputum. She also noticed some wheezing and shortness of breath. Her symptoms had worsened over the last several days. She had been treated previously with 1 round of antibiotics that she completed prior to this admission. She denied any fever or chills. In the emergency department, she was noted to have temperature 98.1 degrees, pulse 100, respiratory rate 24, blood pressure 185/103, O2 saturation on room air of 95%. She was evaluated in the emergency department and noted to have a significant amount of wheezing on chest examination as well as increased respiratory rate. Chest exam did not reveal any significant infiltrate. It was felt that she was having bronchitis with associated bronchospasm, failing to respond to outpatient therapy. Thus I was called at this time for admission for same.

For past medical history, past surgical history, details of examination, see history and physical.

LABORATORY DATA: On admission, mycoplasma IgM antibody negative. Comprehensive metabolic profile with the following abnormalities: Potassium 3.4. The remainder of the CMP was within normal limits. BNP was normal at 13. WBC 6500, hemoglobin 12.5, hematocrit 36.1, and platelet count 214,000. The differential on WBC included 76.5% neutrophils, 16.8% lymphocytes 2.4% monocytes, 3.9% eosinophils. Urinalysis revealed urine leukocytes 1+, nitrite negative, pH 5.0. Chemistry on the urine was negative. Microscopic examination of the urine was fairly stable with 0-5 WBCs, 0-5 epithelial cells.

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86 and

Patient Name: SOWELL GENNETTE (MRN:
Result Name: DS
Result Status: F

was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 18, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.0. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Electronically Signed by John McLeod, III, M.D. on 07/10/2011 at 22:17:24

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MIS1260/5404361
JOB#: 952875

cc: John Mcleod, Iii, M.D.

DISCHARGE SUMMARY
Preliminary Unless Signed
Page #page of

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 86 and was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored... by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 18, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.0. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Preliminary (not signed by dictating provider)

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MIS1260/5404361
JOB#: 952875

cc: John Mcleod, III, M.D.

4

GENNETTE SOWELL
DOB:
ID: , MRN

Date of service: 11/03/2015 10:08 am

BLACK CREEK MEDICAL CONSULTANTS
EAR, NOSE & THROAT DIVISION

Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

Vitals

BP: 120/74 **Pulse:** 78 **SpO2:** 98% **Temp:** 97.5

CC

This is a 65 year old Female with "Allergic Rhinitis (hx)" [Source: Patient]

HPI

The Patient reports the complaint of Allergic Rhinitis (hx)
4 year(s) ago.

dr mendez - primary

patient here to check on allergies. still very sensitive to smells and cleaning chemicals. does well on shots.

sensitive to chemical smells.

Constant.

3/10 at its most intense.

coughing, phlegm. Worse in the morning.

patient states she has to stay on shots and cymbicort, flonase, singulair.

Medication

- albuterol sulfate 2.5 mg/3ml solution for neb
- atorvastatin 40 mg tablet
- benazepril 10 mg hydrochlorothiazide 12.5 mg tablet
- Duoneb 0.5 mg - 3 mg solution for neb
- epiPen 2Pak 0.3mg auto injector
- flucticasone 50 mcg
- Hydrochlorothiazide 25 mg tab
- klor-con m20 meq tab extended release
- nexium 40 mg capsule
- predisone 10 mg tab
- Proair hfa 90 mcg/actuation aerosol inhaler
- Singulair 10 MG
- symbicort 160 mcg aerosol inhaler
- xolair 150 mg subcutaneous solution

Reconciled by: Andrea Knight, Dr. Orville Dyce

Allergies

- Zyrtec (*severe* Hives)

Reconciled by: Andrea Knight, Dr. Orville Dyce

P. 191a

Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

Medical History

- Mixed Hyperlipidemia [E78.2] (Active)
- Hypokalemia (Active)
- Obesity (Active)
- Eosinophil Count Raised (Active)
- Hypersonmia (Active)
- Obs Sleep Apnea Syndrome (Active)
- Htn (Active)
- Asthma (Active)
- Gastroesophageal Reflux (Active)
- Dizziness (Active)
- Syspnea (Active)
- Dypsnea On Exertion (Active)

Reconciled by: Sandra June

Surgical History

- Hysterectomy

Reconciled by: Sandra June

Social History

- Marital Status: Widowed
- Consumption: Tobacco (Never Smoker - 4)
- Living Arrangement: Own
- Consumption: Alcohol (Never User)

Reconciled by: Sandra June

Family History

- Diabetes Mellitus: Mother
- Asthma, Coronary Arteriosclerosis: Father

Reconciled by: Sandra June

P. 191b

BLACK CREEK MEDICAL CONSULTANTS
EAR, NOSE & THROAT DIVISION

Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

ROS

Constitutional: *denies* chills, fevers, fatigue, sleepiness, night sweats, weight loss
Eyes: *denies* itching, vision changes, double vision, blindness, watery eyes.
comments:
wears glasses

Ears: *denies* Popping in ears, Ringing in ears, Difficulty Hearing, Drainage, Ear Pain, Itching
Nose: *denies* Nosebleeds, Nasal Stuffiness, Sinus Pressure, Sneezing , Allergies
Throat: *denies* Snoring, Trouble Eating, Mouth or Throat Pain; ***positive* for Hoarseness, Frequent Sore Throats**
Gastrointestinal: *denies* Trouble Swallowing, Heartburn, Sour Taste in Mouth, Nausea, Choking on foods/liquids
Pulmonary: ***positive* for coughing, wheezing, shortness of breath**
Cardiac: *denies* Chest Pain, Exercise Intolerance, Unable to climb stairs, Difficulty laying flat, Palpitations
Neurologic: *denies* Passing out, Dizziness, Change of smell/taste, Headaches, Weakness on one side
Psychiatric: *denies* Depression, Hallucinations, Anger, Difficulty sleeping, Restless sleeping, Anxiety
Endocrine: *denies* Thyroid Problems, Mood Swings, Heavy Periods
Hematologic: *denies* Bleeding Problems, Blood Clots, Swollen lymph nodes
Allergic/Immuno: *denies* History of throat/lip swelling; ***positive* for Abnormal Allergic Reactions**
Integument: *denies* Skin rashes, Skin itching, Bleeding patches or growth, Skin cancer

PE

General: Normal: Yes;
Neuro/Psych: Normal: Yes;
Eyes: Normal : Right, Left;
wears glasses
Ears: Normal: Right, Left;
Nose: Normal: Right;
Chest/Lungs: Normal: Yes;
COR: Normal: Yes;
Abdomen: Normal: Yes;
Extremities: Normal: Yes;

Results

None.

Assessment

1. Allergic Rhinitis - Unspecified [J30.9] - *established diagnosis, uncontrolled*
2. Dyspnea - Unspecified [R06.00] - *established diagnosis, uncontrolled*
3. Nasal Congestion [R09.81] - *established diagnosis, uncontrolled*
4. Moderate Persistent Asthma With (acute) Exacerbation [J45.41] - *established diagnosis, uncontrolled*
5. Gastro-esophageal Reflux Disease With Esophagitis [K21.0]

P. 191c

GENNETTE SOWELL
DOB:
ID: MRN:

Date of service: 11/03/2015 10:08 am

BLACK CREEK
MEDICAL CONSULTANTS
EAR, NOSE & THROAT DIVISION

Black Creek Medical Consultants, LLC
Black Creek Medical Consultants LLC
696 Medical Park Drive
Hartsville, South Carolina 29550
843-383-5312 Fax: 855-288-9309

Plan

1. Allergic Rhinitis - Unspecified [J30.9]
   - Advice:
     - *education/instructions*: In office Immunotherapy measures implemented and Instructions given verbally as well as in writing with a patient information form. Patient appeared to understand.

       Will initiate a skin test at this time
2. Nasal Congestion [R09.81]
   - Advice:
     - *education/instructions*: continue Flonase
3. Moderate Persistent Asthma With (acute) Exacerbation [J45.41]
   - Advice:
     - *education/instructions*: continue Xolair, Symbicort
4. Gastro-esophageal Reflux Disease With Esophagitis [K21.0]
   - Advice:
     - *education/instructions*: Anti-Reflux Therapy implemented and Instructions given verbally as well as in writing with a patient information form. Patient appeared to understand. Anti-reflux medications given as below

Name: Gennette Sowell Date of Visit: 5/26/15

DOB: PCP: Hammett

Vitals: BP 136/67 Pulse 74 Resp 95 Temp 98° Wt 132 Ht 5'4

1. **HISTORY:** Include all of the following:

CHIEF COMPLAINT: patient is here for re-evaluation on allergies as having chest congestion and nasal drainage and stuffiness since last visit in April 15. Still using Symbicort.

HISTORY OF PRSENT ILLNESS: (four elements)

Location-quality-severity-duration-timing-context-modifying factors-associated symptoms

or

Status of at least three chronic conditions:

1. AR 2. HD 3. asthma 4. wheezing

PAST HISTORY: (one item) **Medical** Asthma HTN TCHBP **Family** DM CVA Dz **Social** Tob use

REVIEW OF SYSTEMS: (two systems)

Allergies/Sinus	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)

EARS normal B/L

NOSE mucosal edema

THROAT edema, PND

NECK/LYMPH: Ø masses palpated on exam

Neuro: + glasses

Pulm: + clear b/l breath sounds, dyspnea wheezing

COR RRR

Integumen/Skin: Ø lesions

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R____ L____
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R____ L____

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required

New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required

Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required

One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dx
HTN
asthma
wheezing
nasal obs

Plan
-Immunotherapy. Retest once on maintenance level
-Symbicort
-skin test

Follow up in: ____ Days ____ Weeks 3 Months

Scribed By: Approved By:

Date

Name: Jennette Sowell Orville Dyce M.D.,FAAOA Chart# 1023-2298
DOB: Foods Date
MGT Skin Testing Panel

#	ANTIGEN	Prk. Wheal	I.D. Wheal Dil. 2	I.D. Wheal Dil. 5	End Point	Treatment
1	Apple					
2	Banana	5				
3	Navy Bean					
4	String Bean					
5	Carrot					
6	Corn	6				
7	Cucumber					
8	Cantelope					
9	Mushroom					
10	Onion					
11	Egg,Whole					
12	Milk					
13	Coffee					
14	Cinnamon					
15	Orange					
16	Peanut					
17	Pecan					
18	Pineapple					
19	Potato,White					
20	Soybean					
21	Squash	6				
22	Strawberry					
23	Tomato					
24	Wheat,Whole					
25	Chocolate,Cocoa					
26	Beef					
27	Chicken					
28	Pork					
29	Shrimp					
30	Tuna					
31	Lemon	6				
32	Nettle					
33	Positive (+)	8				
34	Negative (-)					
35	Sweet Gum	6				
36	Horse	6				
37	Feathers	6				
38	Cattle	7+				
39	Guinea Pig	7+				
40	Rabbit					

RECEIVED MAR 0 1 2016

P. 191f

Name: Gennette Sowell
DOB: [redacted]

Orville Dyce M.D.,FAAOA
Inhalants
MGT Skin Testing Panel

~~Chart#~~ 023-2298
Date [redacted]

#	ANTIGEN	Prk. Wheal	I.D. Wheal Dil. 2	I.D. Wheal Dil. 5	End Point	Treatment
1	Ash,White					
2	Birch,Red	5				
3	Box Elder					
4	Cedar,Red	5				
5	Cottonwood					
6	Elm,American					
7	Hickory,White					
8	Oak,White					
9	Pine,White	5				
10	Sycamore					
11	Lamb's Quarter					
12	Marsh Elder					
13	Mugwort					
14	Pigweed,Rough					
15	Plantain,English					
16	Ragweed,Short					
17	Sheep Sorrel					
18	Bahia					
19	Bermuda					
20	Johnson	5				
21	Timothy					
22	Alternaria					
23	Aureobasidium					
24	Candida albicans	6				
25	Cladsosporium					
26	Epidermophyton					
27	Fusarium Mix					
28	Aspergillus Mix					
29	Mucor Mix	6				
30	Penicillium Mix					
31	Stemphylium	6				
32	Trichophyton	5				
33	Cockroach Mix					
34	Mite D.F.	5				
35	Mite D.Pt.	5				
36	(+) Positive Con	9				
37	Dog	5				
38	Cat					
39	Fire Ant					
40	(-) Negative Con					

P. 191a

Name: Gannette Sowell Date of Visit: 2-24-15

DOB: _____ PCP: _____

Vitals: BP 151/93 Pulse 78 Resp 95% Temp 98.3 Wt 139 Ht 5'4"

1. **HISTORY:** Include all of the following:

CHIEF COMPLAINT: I am here today to f/u on my allergies. I am doing well & my allergy shots. I am not having any large reactions. My nasal sx, PND, sneezing, itchy watery eyes & SOB are better since starting shots. I feel like I need an ABX because my chest feels tight. I have no fevers, chills or direct

HISTORY OF PRSENT ILLNESS: (four elements) Location-quality-severity-duration-timing-context-modifying factors-associated symptoms nasal drainage

Chest congestion x 1 wk & getting progressive + fevers.

or

Status of at least three chronic conditions:

1. AR 2. nasal sx 3. Asthma 4.

PAST HISTORY: (one item) **Medical** Asthma HTN ↑ chol **Family** DM heart stroke **Social** (-) tob use

REVIEW OF ~~SYSTEMS:~~ (two systems)

~~Allergies/Sinus~~	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)

EARS normal bil.

NOSE mod. ITH bl.

THROAT edem. Freid TV

NECK/LYMPH: (-) masses palpated on exam

Neuro: (+) glasses

Pulm: (-) biphasic wheezing

COR RRR

Integumen/Skin: (-) lesions

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R___ L___
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R___ L___

Neb Tx today
Xopenex LOT S13F037 Exp 06/15

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required

New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required

Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required

One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dx:
AR
nasal sx
Asthma
Wheezing

Plan:
→ Immunotherapy
- Depo + Decadron injection

Follow up in: _____ Days
_____ Weeks
3 Months

Scribed By: _____ P.191, CT Approved By: _____

Nasal Decongestion 6,323-541-10

Name: Gennette Sowell Date of Visit: 11-18-14

DOB: PCP:

Vitals: BP 124/78 Pulse 90 Resp 99 Temp 98.3 Wt 142 Ht 5'4"

1. **HISTORY:** Include all of the following:
CHIEF COMPLAINT: I am here today to flu on my nasal ob, shortness of breath and post nasal drainage. For the past week with the cold weather my symptoms have increased.

HISTORY OF PRSENT ILLNESS: (four elements)

Location-quality-severity-duration-timing-context-modifying factors-associated symptoms

doing well. ~~⊖ for~~ ~~recent~~ ~~c~~ shots ↑ nasal ob, PND, SOB c weather change. or Asthma is controlled.

Status of at least three chronic conditions:

1. AR. 2. nasal ob 3. Asthma 4.

PAST HISTORY: (one item) Medical Asthma HTN ↑chol Family DM Stroke Heart Social ⊖ tob. use

REVIEW OF SYSTEMS: (two systems)

~~Allergies/Sinus~~	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	~~Breathing thru nose~~	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** Inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)

EARS normal bl.
NOSE widely patent bl.
THROAT -edem-
NECK/LYMPH: ⊖ masses palpated
Neuro: ⊖
Pulm: CTA
COR RRR
Integumen/Skin: ⊖

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R____ L____
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R____ L____

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required
New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required
Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required
One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dx: AR nasal ob Asthma

Plan:
- Start immunotherapy (must wait full 30 min c cover Shot due to Asthma)
⇒ Flonase + Singulair

Follow up in: ____ Days
3 Weeks
____ Months

Scribed By: Approved By:

Chronic Medication List
CVS Chesaw

Unapproved Abbreviations: DO NOT Use						
ALWAYS Use Leading 0's; DO NOT Use Trailing 0's						
AD	AU	MS	MgSO4	QOD	µg	u
AS	IU	MSO4	QD	TIW	U	X3d

Patient Name: Gennette Sowell Chart #:

Health Care Provider: Hammett DOB:

ALLERGIES/INTOLERANCES

DRUG	REACTION	DATE
NKDA		

ALLERGIES/INTOLERANCES

DRUG	REACTION	DATE

Date Med Started (If known)	Medication (Prescribed, OTC or Herbal Supplement)	Dosage	Frequency	Discontinued
	Combivent		PRN	
DC	Advair		BID	
	Singulair	10mg	+ QHS	
	Flonase			
	Nefiracet	40mg	daily	
	updated	5/13/14		
	Prednisone	10mg	daily	
	Symbicort	160	BID	
	HCTZ	25mg.		
	Daliresp	500mg.		

Updated		
Date	Initial	✓ When list given to patient
11/18/14	AW	

SOWELL, GENNETTE
08/18/2014 - 10:30AM - TMG_Hartsville ENT

*31035968w4693 E-ProgNote

Encounter form for Backup Athena ENT
Enter data when production athenaNet is available.

INTAKE

APPOINTMENT INFORMATION

Date of Service: 08/18/2014 | Appointment Time: | Visit Type: EP | Physicians: Hammett

ENCOUNTER REASON/HISTORY OF PRESENT ILLNESS

Patient is here to followup on allergies and to go over her allergy bloodwork.
Const hx c/o allergies & SOB

VITALS

Wt: 144 lbs	**BP:** 160/82 sitting L arm	**BP Cuff Size:** adult
Pulse: 67 bpm regular	**O2Sat:** 99% Room Air at Rest	**T:** 98 F° oral
Ht: 5 ft 4 in	**BMI:** 24.7	

REVIEW OF SYSTEMS: (TWO SYSTEMS)

~~Allergies/Sinus~~ Sleeping Snoring Breathing at Night Swallowing Lump in Throat Reflux Coughing
Hoarseness ~~Breathing thru nose~~ Thyroid Itchy Eyes Hearing Loss Dizziness Headaches
Chest Pain Tinnitus Fatigue Masses/Skin Lesion

EXAM: INC. FIVE ORGAN SYSTEMS. (AFFECTED BODY AREA AND AT LEAST FOUR OTHER SYMPTOMATIC-RELATED ORGAN SYSTEMS)

Dx:
AR
nasalob
Asthma

Plan:
- Start Immunotherapy (each shot she needs to stay around for 30min)

EARS normal bilat
NOSE mod-severe ITH bilat
THROAT edem-
NECK/LYMPH ⊖ masses
Neuro ⊖
Pulm ⊖
COR ⊖
Integumen/Skin ⊖

f/u 3mo

SOWELL, GENNETTE
08/18/2014 - 10:30AM - TMG_Hartsville ENT

* 31035968w4693 E-ProgNote

FAMILY HISTORY

Reviewed Athena Documentation

Reviewed Family History

Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes

Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

SURGICAL HISTORY

Reviewed Athena Documentation

Reviewed Surgical History
- Hysterectomy

PAST MEDICAL HISTORY

Reviewed Athena Documentation

Allergies	Y	GERD/Reflux	Y
Asthma	Y		

Physician Signature: _____

Orville Dyce MD

MEDICATIONS

Reviewed Athena Documentation

Reviewed Medications

Name	Date
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	07/26/14 filled
Calcium 500	04/08/13 entered
Daliresp 500 mcg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	08/13/14 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed.	01/07/14 sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	08/13/14 filled
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	07/30/14 filled
Klor-Con M20 mEq tablet,extended release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	08/12/14 filled
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	07/26/14 filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	06/28/14 filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	08/13/14 filled
simvastatin 40 mg tablet TAKE 1 TABLET BY MOUTH DAILY	08/12/14 filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler INHALE 2 PUFFS BY MOUTH TWICE DAILY	08/12/14 filled
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

ALLERGIES

Reviewed Athena Documentation

Reviewed Allergies
ZYRTEC: Hives

SOCIAL HISTORY

Reviewed Athena Documentation

eviewed Social History
NT and General IM
Occupation: employed deli piggly wiggly.
Smoking Status: Never smoker.
Alcohol intake: None.
Marital status:
exposed to smoke at work; has lived at present home for 25) dogs; (-) birds; (-) molds, tubs

Name: Renette Sawtelle
DOB: _____ Date of Visit: 7-29-14
PCP: Hummel

Vitals BP 187/97 Pulse 87 Resp 94 Temp 96.5 Wt 145.8 Ht 5'4"

1. **HISTORY:** Include all of the following:
CHIEF COMPLAINT:

HISTORY OF PRSENT ILLNESS: (four elements)
Location-quality-severity-duration-timing-context-modifying factors-associated symptoms
↑ Cough ↑ SOB ↓ PFT mens ⊖ H/O Asthma
or
Status of at least three chronic conditions:

PAST HISTORY: (one item) 1. **Medical** Asthma HTN ↑chol asthma 2. 3. **Family** DM ♡ Disease stroke 4. **Social** ⊖Tob

REVIEW OF SYSTEMS: (two systems)

Allergies/Sinus	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems)
EARS
NOSE
THROAT
NECK/LYMPH:
Neuro:
Pulm: ⊕ wheezing ⊕ rhonchi
COR
Integumen/Skin:

All lobes — Rt Lung U/A
Rt Lung Dcreased
— Dcked 50
— Expiratory rebs

PROCEDURE — Other
Nasal Endoscopy
Fiberoptic Laryngoscopy

Nasal Endoscopy with Control of Epistaxis R____ L____
BinocMicro with EAC Debridement R____ L____

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required
New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required
Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required
One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Rx c Dyer All test 2/2 ↑ Asthma D/Tx ↓ PFT mens

Follow up in: _____ Days
_____ Weeks
_____ Months

Scribed By: _____ Approved By: _____

Xopenex Tx 512.0002 ATM
Repaglinide 8mg J2917 2/17
Decadron 10mg 60004650 9/14
P.197 deltoid ATM

Name: Annette Sowell Date of Visit: 5/13/14
DOB: PCP: Hammett

Vitals: BP 156/79 Pulse 79 Resp 98 Temp 97.4 Wt 144 Ht 5'4"

HISTORY: Include all of the following:

CHIEF COMPLAINT: I am here to go over my allergy labwork + steel have some sinus drainage.

HISTORY OF PRSENT ILLNESS: (four elements)
Location-quality-severity-duration-timing-context-modifying factors-associated symptoms
Previously Xolair shots
or
Status of at least three chronic conditions: Taking Prednisone QD SOB better

1. AR 2. Asthma 3. nasal ob 4. SOB

PAST HISTORY: (one item) **Medical** HTN ↑High Chol. Asthma **Family** DM CV Disease stroke **Social** ⊖Tob.

REVIEW OF SYSTEMS: (two systems)

~~Allergies/Sinus~~	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	~~Breathing thru nose~~	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** Inc. five organ systems. (Affected body area and at least four other symptomatic-related organ systems) Reviewed
EARS normal bil.
NOSE mod. DTH bC.
THROAT ⊖
NECK/LYMPH: ⊖ masses
Neuro: ⊖
Pulm: ⊖
COR ⊖
Integumen/Skin: ⊖

Invitro Allergy test (4-22-14)
Total IgE 185
dust II
Shrimp II
Bermuda 0/I
cockroach 0/I

PROCEDURE	Other
Nasal Endoscopy	Nasal Endoscopy with Control of Epistaxis R____ L____
Fiberoptic Laryngoscopy	BinocMicro with EAC Debridement R____ L____

3. MEDICAL DECISION MAKING: Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required
New problem, additional work-up planned=4 pts
New problem, no work-up planned=3 points
Established problem, worsening=2 points
Established problem, stable=1 point

DATA: 3 points required
Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pts
Order/ review blood work = 1 point
Order/review X-Ray = 1 point
Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider – 2 points

RISK: one of the following required
One chronic illness with mild exacerbation
Two stable chronic illnesses
Previously undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dx
AR
Asthma
nasal ob

Plan:
- Allergy test (take out dust, Shrimp, Bermuda + cockroach (have Epi ready when testing)

Follow up in: ____ Days ____ Weeks ____ Months

Scribed By: Annette Sowell

Approved By:

Hartsville ENT — Dr. O'Dyce, FAAOA

ENT, Allergy, & Sleep Medicine

Medical History and Problems

Name Gennette Sowell Age: 64 Date: 4-22-14

Family or Referring Physician: Dr. Hemmett Pharmacy: CVS

Please state the problem or reason you are being seen for: Asthma - I'm here to talk about having an allergy test. I have alot of weakness + SOB. Its been Since I'm not working around smoke + Chemica

List any doctors, test, treatments or hospitalizations you have had for this problem: Dr. R. Hemmett Dr J Davis

Out of work Since Jan. 2014 and allergies are some better

Have you had any of the following done for the above problems: (check all that apply) (+) PND (+) nasal ob using Flonase taking Singulair

___ X-Rays ___ MRI ___ CT Scan ___ Nerve Conduction Study

If so, where? Chesterfield General

Vitals: BP 111/80 Pulse 84 Resp 94 Temp 98.1 Wt 145 Ht 5'4"

Hx: Asthma last ER visit was 6.2011 cont to c/o SOB & wheezing to car.

(+) SOB (+) wheezing despite Asthma medicine. (+) sneezing, runny nose, itchy watery eyes

PAST MEDICAL HISTORY

1. List all of your medications, including over the counter medicines (dose and how many times a day)

1.	Singulair	5.	Nexium
2.	Symbicort	6.	Flonase
3.	HCTZ	7.	Prednisone
4.	Albuterol neb.	8.	

ALLERGIC TO ANY MEDICATIONS OR MEDICINE THAT YOU CAN NOT TAKE: (please circle all the apply)

Anesthetics	Aspirin	Barbituates
Codeine	Demerol	Penicillin
Morphine	Sulfa	Other: Zetex - (severe rash)

List any surgery you have had and the year the surgery was done:

1.		5.	
2.		6.	
3.		7.	
4.		8.	

Any other medical problems, please list: _____

Do you have pacemaker: YES / (NO)

Are you taking any blood thinners? YES / (NO) Plavix, Coumadine or Aspirin? How often? _____

Scribed by _____ Reviewed By Physician _____

Review of Systems

Please Circle all symptoms that pertain to patient: Name Genevieve Sowell Date 4/22/14

Allergies/Sinus ✓
Itchy Eyes ✓
Watery Eyes ✓
Hearing Loss
Hearing Noises in Ear
Ringing in Ears
Pain in Ear(s)
Drainage from Ear
Runny Nose ✓
Sneezing ✓
Bleeding from Nose
Stopped up Nose ✓
Itchy Nose
Pain in Nose
Problems Breathing thru Nose
Spinning Room
Dizziness when turning Head Left or Right
Dizziness when lying down
Dizziness when bending over
Dizziness when sitting up

Trouble Swallowing
Sore Throat
Lump in Throat
Hoarseness
Mucus in Throat ✓
Coughing ✓
Tickle in Throat ✓
Coughing when lying down ✓
Coughing when Hot or Cold ✓
Coughing after Eating ✓
Mucus in Chest ✓
Feeling Hot or Cold
Lump in Neck
Feeling Tired
Headaches

SLEEP PATTERN QUESTIONAIRE

Choking
Irregular Breathing Pattern
Extreme Sleepiness
Irritability
Moodiness
Morning Headaches
Facial Abnormalities
Snoring
Feeling Tired
Trouble Breathing at Night
Trouble Staying Asleep
Trouble Sleeping
Gasping for Breath

If you are having trouble with your ear(s) please circle Right Left or Both

If you are having trouble with your nose please circle which side Right or Left

Reviewed by Physician: [signature]

RECEIVED

Revised 6/7/13

Name: Gennette Sowell C Date of Visit: 5/29/12

DOB: [redacted] PCP: Hammett

Vitals: BP 110/72 Pulse ____ Resp ____ Temp 96.5 Wt 142 Ht 5'4 BMI ____

1. **HISTORY:** Include all of the following:

CHIEF COMPLAINT: F/u Reflux, had flare up over the weekend, cont to have hoarseness

HISTORY OF PRSENT ILLNESS: (four elements)

location-quality-severity-duration-timing-context-modifying factors-associated symptoms

↑ in hoarseness + cough. Seen Dr. Jona which placed her on nasal sprays. or treated c antibiotics + steroids for a productive cough. She is taking Advair 250/50 60.

Status of at least three chronic conditions:

1. hoarseness 2. Reflux 3. Cough 4. Wheezing

PAST HISTORY: (one item) **Medical** ↑ Chol **Family** DM, Cancer **Social** Q tob use

REVIEW OF SYSTEMS: (two systems)

Allergies/Sinus	Sleeping	Snoring	Breathing at Night
Swallowing	Lump in Throat	Reflux	Coughing
Hoarseness	Breathing thru nose	Thyroid	Itchy Eyes
Hearing Loss	Dizziness	Headaches	Chest Pain

2. **EXAM:** inc. five organ systems. (Affected body area and at least four other symptomatic-related organ syster

EARS ↓

NOSE ↓

THROAT ↓

NECK/LYMPH: ↓

Neuro: ↓

Pulm: wheezing bil

COR ↓

Integumen/Skin: ↓

(8-18-12) (IR) Chest CT Scan - thickening of esophageal wall. Sm. nodule adjacent to esophagus.

Chest CT (12-22-11) AP window, right paratracheal, subcarinal shotty adenopathy suggestive of sarcoidosis

PROCEDURE Other

Nasal Endoscopy

Fiberoptic Laryngoscopy

Nasal Endoscopy with Control of Epistaxis R____ L____

BinocMicro with EAC Debridement R____ L____

3. **MEDICAL DECISION MAKING:** Meet the requirements for at least two of the following:

DIAGONSIS: 3 points required

New problem, additional work-up planned=4 pts

New problem, no work-up planned=3 points

Established problem, worsening=2 points

Established problem, stable=1 point

DATA: 3 points required

Independent. Review X-Ray, ECG, or blood work, Allergy Test, Sleep Study – 2pt

Order/ review blood work = 1 point

Order/review X-Ray = 1 point

Order/review procedural test (e.g., Allergy Test, Sleep Study) = 1 point

Review and summarize old records or discuss case with another provider – 2 p

RISK: one of the following required

One chronic illness with mild exacerbation: Dx. Hoarseness, Reflux, Cough, Wheezing

Two stable chronic illnesses

Previously undiagnosed new problem or uncertain prognosis

Acute complicated injury

Plan:

Follow up in: ____ Days – F/U c Dr. Jona

____ Weeks – ↑ Advair to

2 Months 500/50

Name: Gernette Sawell
DOB

Date of Visit 4/17/12
PCP Hammett

BP 132/78
P 94
WT 143
HT 5'4"
Temp 97.2

1. HISTORY: Include all of the following:

I CHIEF COMPLAINT: F/U Reflux. "Doing Better"

I HISTORY OF PRESENT ILLNESS: (Four elements)
location-quality- severity-duration-timing-context-modifying factors-associated symptoms

Breathing better, nose more open, Still cough — better
or Still c wheezing ITS, Maximum DM made cough worse in the past.
Status of at least three chronic conditions currently taking Advair + Combivent.

Wake ↑ @ night + get Diuretic treatment
underwent PFT's CT chest x 2 + Spirometry @ CGH

1 Reflux 2 Cough 3 hoarseness 4

I PAST HISTORY: One item
medical ↑ chol
family DM Cancer
social ↓ tob use

I REVIEW OF SYSTEMS: two systems
~~Allergies/Sinus~~
~~Swallowing~~
~~Hoarseness~~
Hearing Loss Dizziness
Sleeping
Lump in Throat
Breathing thru nose
Headaches
Snoring
Reflux
Thyroid
Breathing at Night
Coughing

2. EXAM: Inc five organ systems. (Affected body area and at least four other symptomatic-related organ systems)
Ears Ø
Nose Ø
Throat Ø
Neck/ Lymph Ø
Neuro: Ø
Pulm: Ø
COR: Ø
Integument/Skin Ø

Procedure Other
Nasal Endoscopy:
BilocMicro with EAC Debridement R__L__
Nasal Endoscopy with Control of Epistaxis R__L__
Fiberoptic Laryngoscopy:

3. MEDICAL DECISION MAKING: Meet the requirements for at least two of the following:

I DIAGNOSIS: 3 points required
- New problem, additional work-up planned = 4 points
- New problem, no work-up planned = 3 points
- Established problem, worsening = 2 points
- Established problem, stable = 1 point

Dx: Reflux
Cough
Hoarseness

I DATA: 3 points required
Independent. Review of X-ray, ECG or blood work, Allergy Test, Sleep Study = 2 points
Order or review blood work = 1 point
Order or review X-ray = 1 point
Order or review procedural test (e.g., Allergy test, Sleep Study) = 1 point
Review and summarize old records or discuss case with another provider = 2 points

Plan: cont Nexium + Nasonex
review CT chest PFT's + Spirometry results from CGH.
F/U 6 wks
T/C PH Probe Study

RISK: One of the following required
One chronic illness with mild exacerbation
T[illegible]table chronic illnesses
P[illegible]usly undiagnosed new problem of uncertain prognosis
Acute complicated injury

Dr. Orville H. Dyce, FAAOA
ENT, Allergy, Sleep Medicine
MEDICAL HISTORY AND PROBLEMS

NAME: Gennette Sowell AGE: 61 DATE: 3/6/12

Please state the problem or reason you are being seen for: Nose Ear 1yr because my personal Can't blow nose drains in Lungs Cough - 5 mos
List any doctors, test,treatments, or hospitalization you've had for this problem: Breathing Coughing Asthma order to have
Have you had any of the following: x-rays, MRI,CAT scans, Nerve Conduction study, done for the above problem: YES/NO If yes, where? Chesterfield General chest x-ray
Family or referring Doctor: Dr. Hammell Weight: 143 Height: 5'4" 2 c bronchitis
Pharmacy Name: CVS B/P: 122/66 Pulse: 72 Asthma

Dec blow nose & cures cut

PAST MEDICAL HISTORY

1: **List all you medications including over the counter drugs (dose and how many times a day you take each).**

1. Combivent when needed
2. Advair Twice a day
3. Flonase
4. Singulair
5.
6.
7.
8.

↑ Cough Dizziness Use Robitussin

ALLERGIC TO ANY MEDICATIONS OR THAT YOU CAN NOT TAKE:

ANESTHETICS ____ **ASPIRIN** ____ **BARBITUATES** ____
CODEINE No **DEMEROL** No **PENICILLIN** No
MORPHINE ____ **SULFA** ____ **OTHER:** ____

Dec hearttburn Gout

LIST ANY SURGERY (OPERATION) YOU HAVE HAD AND THE YEAR THEY WERE DONE):

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____

(D)

CHECK ANY OF THE MEDICAL PROBLEMS THAT YOU OR YOUR FAMILY MAY HAVE:

MEDICAL PROBLEM	SELF	FATHER	MOTHER	BROTHER	SISTER
AIDES/HIV					
ARTHRITIS					
BLOOD DISORDER					
CANCER/TYPE/AREA			Mother		
DIABETIS			mother		
HIGH CHOLESTEROL			Self		
HIGH BP/Heart Disease					
KIDNEY DZ(DIALYSIS,STONES)					
LUNG DISEASE					
NEUROLIGICAL(SEIZURE,PARKINSON'S)					
STOMACH (ULCER, ACID REFLUX)					
STROKE					

Thyroid Problems

Any other medical problem, please list"_____

_____

Do you have a pacemaker? YES/NO Are you taking blood thinners? YES/NO
PLAVIX, COUMADINE OR ASPIRIN? HOW MUCH? _____

REVIEW OF SYSTEMS

Please circle any of the following symptoms you have had in the past months:

Coughing, Morning Hoarseness, Dizziness, Ringing in the ears, Snoring, Daytime Fatigue or sleepiness, Thyroid Problems, Rashes, Face/Neck Lumps/Growths, Night Sweats Sinus or Allergies, Hearing Loss, Lump feeling in throat when swallowing, Sour Taste in back of throat, Post Nasal Drainage, Trouble breathing through nose

SOCIAL HISTORY

MARITAL STATUS: MARRIED/WIDOW/DIVORCED/SEPERATED
EMPLOYMENT: WORKING/RETIRED/DISABLED/UNEMPLOYED
If working, what position, title,or job discription: Deli manager
Are you a student? YES/NO What school_____ What grade_____
List any hobbies,activies or sports you participate in: None
Tobacco Use: Ciggarettes/Cigars/Pipes/Snuff How much p How long:
Alcohol Use: Beer/Liquor/Wine How much per week: None
Recreational Drugs: Marijuana/Cocaine/Heroin/Crack How much: How Often:

THE STATEMENTS ABOVE ARE TRUE AND TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: Jeanette Davis DATE: 3/6/12

RECEIVED MAR 06 2012

Physical Exam:

Temp: ___ Weight: 143 Height: 5'4" BP: 122/68 P: 72 (Regular)

General	Abnormal	Normal
Psychiatric	Abnormal	Normal
Mental Status		Awake, Alert Oriented
Mood		Engaging, no obvious depression
		No mood instability
Cranial Nerves:	Abnormal	Normal
		No reported problems
	I	Vision grossly intact
	II	EOMI
	IV	EOMI
	V	Facial Sensation intact
	VI	
	VII	Facial Movement intact, symmetric
	VIII	No nystagmus, head tilt
	IX	Gag intact
	X	Normal voice, breathing
	XI	Shoulder Strength in tact
	XII	Tongue mobility/ strength intact
		No slurred words
Eyes	Abnormal	Normal
Position		normal forward gaze
Movement		no motion limitation
Vision (Gross)		intact
Sclera		nonicteric
Pupils		equal/ Symmetric
Conjunctiva		non-injected, no inflammation
Ears	Abnormal	Normal
Pinna, Auricle		no abnormal lesions, deformities
EAC		minimal cerumen, no lesions
Tympanic Membrane		intact, good position, mobile
Pneumo- otoscopy		TM mobility
Middle Ear		no fluid, no masses
Tuning Fork		

Weber		midline
Rinne		Air> Bone
Speech Threshold		communicate in nl tone of voice
Nose	**Abnormal**	~~Normal~~
External Skin		~~no lesions~~
Vestibule		no lesions, no inflammation
Dorsum		no significant deformity
Mucosa		pink, non edematous, not inflamed
Turbinates		pink, non edematous, not inflamed
Septum		no significant deformity
Sinus Percussion		non tender
Mouth	**Abnormal**	~~Normal~~
Odor		non-noxious
Lips		~~no lesions~~, deformities
Gingiva		no lesions, deformities
Dentition		majority in tact, good condition
Tongue		no lesions, deformities
Mucosa		no lesions, deformities, moist
Floor of Mouth		no lesions, deformities
Hard Palate		~~no lesions~~, deformities
Pharynx/ Throat	**Abnormal**	**Normal**
Soft Palate		~~no lesions~~, deformities, nl length
Trigone		no lesions, deformities
R L tonsil		no lesions, deformities
Base of tongue		no lesions, deformities
Papilla		pink, no lesions, deformities
Posterior Pharyngeal Wall		visible, no lesions, deformities
~~Neck~~/ Thyroid/Saliva Glands	**Abnormal**	**Normal**
R L Parotid		no visible/ palpable lesions
R L Submandibular		no visible/ palpable lesions
R L Sublingual		no visible/ palpable lesions
Minor Salivary		no visible/ palpable lesions
R L Thyroid		no visible/ palpable lesions
R L Neck		no visible/ palpable lesions
R L Carotid		no visible/ palpable lesions, nl pulse
Skin/ Integument	**Abnormal**	**Normal**
R L Scalp		no visible/ palpable lesions
R L Nasal Dorsum		no visible/ palpable lesions
R L Forehead		no visible/ palpable lesions

R L	Temple		no visible/ palpable lesions
R L	Cheek		no visible/ palpable lesions
R L	Neck		no visible/ palpable lesions
R L	Jaw		no visible/ palpable lesions
R L	Periorbital		no visible/ palpable lesions
R L	Posterior Neck		no visible/ palpable lesions

Musculoskeletal	**Abnormal**	**Normal**
Temporomandibular Joint		non tender, no crepitus
R L Mandible		no visible/ palpable deformities
R L Maxilla		no visible/ palpable deformities
R L Orbital Bones		no visible/ palpable deformities
Cervico-mental Angle		not too shallow/ obtuse
Malar Prominence		no visible/ palpable deformities

Organ Systems	**Abnormal**	**Normal**
Lungs		symmetric, non labored respirations
Heart		regular rate and rhythm
Abdomen		non tender, non distended
Extremities/ Circulation		warm pink extremeties

Nasal Endoscopy*	**Abnormal**	**Normal**
R L Mucosa		pink, non edematous, not inflamed
R L Inferior Turbinates		pink, non edematous, not inflamed
R L Middle Turbinates		pink, non edematous, not inflamed
R L Middle Meatus		pink, no purulence/ masses
R L Posterior Recess		pink, no purulence/ masses
Septum		

Nasopharyngoscopy*	**Abnormal**	**Normal**
R L Fossa of Rosenmuller		no masses, no inflammation
R L Eustachian Tube		patent, no infection, no masses
R L Adenoid pad		non inflamed, non obstructing
R L Choanae		patent

Fiberoptic Laryngoscopy*		
R L True Vocal Cord		normal mobility, no lesions, moist
R L Ventricular Fold		pink, moist, no lesions
R L Ventricles		pink, moist, no lesions
R L Subglottis		moist, no lesions, non obstructed

Petiole		pink, moist, no lesions
[illegible]	Epiglottis	pink, moist, no lesions
[illegible]	Vallecula	pink, moist, no lesions
[illegible]	Base of Tongue	[illegible] lymphoid tissue, no lesions
[illegible]	Posterior Pharyngeal Wall	[illegible] lymphoid tissue, no lesions
[illegible]	Arytenoic	pink, moist, no lesions
[illegible]	Aryepiglottic Fold	pink, moist, no lesions
[illegible]	Pharyngoepiglottic Fold	pink, moist, no lesions
[illegible]	Piriform Sinus	pink, moist, no lesions

Prior to endoscopy, the nasal cavity was topically anesthetized and decongested with 6% Lidocaine and Phenylephrine. A fiberoptic scope was passed through the nasal cavity and used to evaluate the nasal and/or laryngopharyngeal structures.

Sleep Study Results:

NPSG:

CPAP titration:

MSLT:

MWT:

Radiology Results:

Independent Review: Yes [illegible] No

Laboratory Results:

Allergy Testing Results:

Hartsville ENT

Dr. Orv[illegible]yce, FAAOA

ENT, Allergy, & Sleep Medicine

Medical History and Problems

Circle any of the medical problems that you or your family may have:

AIDS/HIV	Self	Mother	Father	Brother	Sister
Arthritis	Self	Mother	Father	Brother	Sister
Blood Disorder	Self	Mother	Father	Brother	Sister
Cancer/Type/Area	Self	Mother	Father	Brother	Sister
Diabetes	Self	(Mother)	Father	Brother	Sister
High Cholesterol	(Self)	Mother	Father	Brother	Sister
High Blood Pressure	(Self)	Mother	Father	Brother	Sister
Heart Disease	Self	Mother	(Father)	Brother	Sister
Kidney Disease	Self	Mother	Father	Brother	Sister
Lung Disease	Self	Mother	Father	Brother	Sister
Neurological (seizures, Etc)	Self	Mother	Father	Brother	Sister
Stomach (Ulcer, Reflux, Etc)	Self	Mother	Father	Brother	Sister
Stroke	Self	Mother	(Father)	Brother	Sister

REVIEW OF SYSTEMS

Please circle any of the following symptoms you have has in the past few months:

(Cough)
Snoring
Rashes
Sour Taste
(Itchy Eyes)

Morning hoarseness
Daytime Fatigue
Night Sweats
Post Nasal Drainage
Chest Pain

Dizziness
Sleepiness
(Sinus/Allergies)
Hearing Loss
Trouble Breathing through Nose

Ringing in the ears
Thyroid Problems
Face/Neck Lumps/Growth
Lump in Throat Swallowing

SOCIAL HISTORY

Marital Status: Married/(Widow)/(Divorced)/Separated
Employment: Working/Retired/(Disabled)/Unemployed
If working, what position, title or job description: _____

_____

Are you a student? YES / (NO) What school? _____ What grade? _____
List any hobbies, activities or sports you participate in: _____
Tobacco Use: YES / (NO) Cigarettes/Cigars/Pipes/Snuff How much _____ How long _____
Recreational Drugs: Marijuana/Cocaine/Herion/Crack How much _____ How long _____

The statements above are true to the best of my knowledge:

Signature: _____ Date: _____

Reviewed By Physician _____

Physical Exam

Temp:_____Weight:_____Height:_____BP:__/__Pulse:_____

General	Abnormal	Normal
Psychiatric	Abnormal	Normal
Mental Status		Awake,Oriented,Alert
Mood		Engaging, No obvious depression
		No Mood instability
Cranial Nerves	Abnormal	Normal
R L I		No Reported Problems
R L II		Vision Grossly Intact
R L III		EOMI
R L IV		EOMI
R L V		Facial Sensation Intact
R L VI		Facial movement intact,symmetric
R L VII		No nystagmus, head tilt
R L VIII		Gag intact
R L IX		Normal voice,breathing
R L X		Shoulder strength in tact
R L XI		Tongue mobility/strength intact
R L XII		No slurred words
Eyes	Abnormal	Normal
Position		Normal forward gaze
Movement		No motion limitation
Vision (Gross)		Intact
Sclera		Nonicteric
Pupils		Equal/Symmertric
Conjunctiva		Non injected,no inflammation
Ears	Abnormal	Normal
Pinna,Auricle		No normal lesions,deformities
EAC		minimul cerum,no lesions
Tympanic Membrane		Intact,good position,mobile
Pneumo-otoscopy		Normal mobility
Middle Ear		No fluid,no masses
Tuning Fork		
Weber		Midline
Rinne		Alt>Bone
Speech Threshold		Communicates in nl tone of voice

Scribe: [signature]

Physician [signature]

Nose	Abnormal	Normal
External Skin		No lesions
Vestibule		No lesions,No inflammation
Dorsum		No significant deformity
Mucosa	mod-ITH lat	Pink,non edematous,not inflamed
Turbinates		Pink,non edematous,not inflamed
Septum		No significant deformity
Sinus Percussion		Non tender

Mouth	Abnormal	Normal
Odor		Non-noxious
Lips		No lesions / deformities
Gingiva		No lesions / deformities
Dentition		Majority intact,good condition
Tongue		No lesions / deformities
Mucosa		No lesions / deformities,moist
Mouth (floor)		No lesions / deformities
Hard Palate		No lesions / deformities

Pharynx/Throat	Abnormal	Normal
Soft Palate		No lesions/deformities/ Nl length
Trigone		Nolesions/deformities
R L Tonsil		No lesions/deformities
Tongue (base)		No lesions/deformities
Papilla		Pink, No lesions/deformities
Pharyngeal Wall(posterior)		Visible, No lesions/deformities

Neck/ Thyroid/ Saliva Glands	Abnormal	Normal
R L Parotid		No visible/palpable lesions
R L Submandibular		No visible/palpable lesions
R L Sublingual		No visible/palpable lesions
Minor Salivary		No visible/palpable lesions
R L Thyroid		No visible/palpable lesions
R L Neck		No visible/palpable lesions
R L Cartoid		No visible/palpable lesions
		NL Pulse

Skin/Integument	Abnormal	Normal
R L Scalp		No visible/palpable lesions
R L Nasal Dorsum		No visible/palpable lesions
R L Forehead		No visible/palpable lesions

Scribed: _____ Physician _____

Skin/Integument(con't)	Abnormal	Normal
R L Temple		No visible/palpable lesions
R L Cheek		No visible/palpable lesions
R L Neck		No visible/palpable lesions
R L Jaw		No visible/palpable lesions
R L Periorbital		No visible/palpable lesions
R L Neck(posterior)		No visible/palpable lesions

Musculoskeletal	Abnormal	Normal
Temporomandibular Joint		Non tender, No crepitus
R L Mandible		No visible/palpable deformities
R L Maxilla		No visible/palpable deformities
R L Orbital Bones		No visible/palpable deformities
Cervico-mental angle		Not too shallow/obtuse
Malar Prominence		No visible/palpable deformities

Organ Systems	Abnormal	Normal
Lungs	Expiratory Wheezing	Symmetric,non labored resp
Heart		Regular Rhythm/Rate
Abdomen		Non tender/Distended
Extremities/Circulation		Warm pink extremities

Nasal Endoscopy	Abnormal	Normal
R L Mucosa		Pink.non edematous,not inflamed
R L Inferior Turbnates		Pink.non edematous,not inflamed
R L Middle Turbinates		Pink.non edematous,not inflamed
R L Middle Meatus		Pink.non edematous,not inflamed
R L Posterior Recess Septum		Pink.no purulence/masses

Nasopharyngoscopy	Abnormal	Normal
R L Fossa of Rosenmuller		No masses/inflammation
R L Eustachian Tube		Patent/no infection/masses
R L Adenoid Pad		Non inflamed/obstructing
R L Choanae		Patent

Fiberoptic Laryngoscopy	Abnormal	Normal
R L True Vocal Cord		Nl mobility,no lesions,moist
R L Ventricular Fold		Pink,moist,no lesions
R L Ventricles		Pink,moist,no lesions
R L Subglottis		Moist,no lesions,non obstructed

Scribed: [signature] 03/13/08

Physician: [signature] ✓

pression

AR

Nasal Sb

Asthma

SOB

Plan:

-Invetro Allergy test due to Asthma.

-Nasal endo next visit

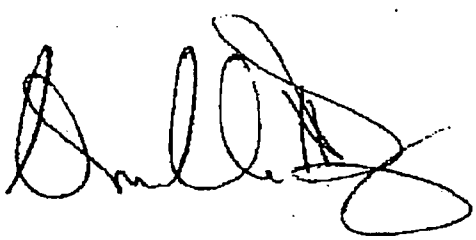
n:

F/u 3mths.

unseling/Patient education form given: Yes___ No___

pe:

gnature



Scribed by

Impression:

1) Acute Sinus
2) Hoarseness
3) Chronic Cough
4)
5)

Plan:

1) Nebulizer
2) Augmentin
3) Bronchodilator
4)
5)

Counseling/ Patient Education Form Given: Yes __ No __

Type

Signature

Orville H. Dyce MD. FAAOA

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361 Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
	S	BN	COMPLETE	1

ADDITIONAL INFORMATION SS#

N5310171/OP
DYCE

FASTING: N
DOB:

CLINICAL INFORMATION
CD- 20120937454

PATIENT NAME	SEX	AGE(YR/MOS.)
SOWELL,GENNETTE	F	64 / 4

PT. ADD.:

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

ACCOUNT: Carolina Pines Regional
Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/31/2014	11:20	7/31/2014	8/02/2014	3:35	946

TEST	RESULT		LIMITS	LAB
Allergens w/Total IgE Area 3				
Class Description				01
Levels of Specific IgE	Class	Description of Class		
< 0.10	0	Negative		
0.10 - 0.31	0/I	Equivocal/Low		
0.32 - 0.55	I	Low		
0.56 - 1.40	II	Moderate		
1.41 - 3.90	III	High		
3.91 - 19.00	IV	Very High		
19.01 - 100.00	V	Very High		
>100.00	VI	Very High		
> Immunoglobulin E, Total	248 H	IU/mL	0 - 100	01
> D001-IgE D pteronyssinus	0.39>	kU/L	ClassI	01
> D002-IgE D farinae	0.27>	kU/L	Class0/I	01
E001-IgE Cat Dander	<0.10	kU/L	Class0	01
E005-IgE Dog Dander	<0.10	kU/L	Class0	01
> G002-IgE Bermuda Grass	0.18>	kU/L	Class0/I	01
G017-IgE Bahia Grass	<0.10	kU/L	Class0	01
G006-IgE Timothy Grass	<0.10	kU/L	Class0	01
> [redacted] T006-IgE Cockroach, German	0.12>	kU/L	Class0/I	01
M001-IgE Penicillium chrysoge	<0.10	kU/L	Class0	01
M002-IgE Cladosporium herbaru	<0.10	kU/L	Class0	01
M003-IgE Aspergillus fumigatu	<0.10	kU/L	Class0	01
M006-IgE Alternaria alternata	<0.10	kU/L	Class0	01
T001-IgE Maple/Box Elder	<0.10	kU/L	Class0	01
T003-IgE Common Silver Birch	<0.10	kU/L	Class0	01
T006-IgE Cedar, Mountain	<0.10	kU/L	Class0	01
T007-IgE Oak, White	<0.10	kU/L	Class0	01
T008-IgE Elm, American	<0.10	kU/L	Class0	01
T022-IgE Pecan, Hickory	<0.10	kU/L	Class0	01
W001-IgE Ragweed, Short	<0.10	kU/L	Class0	01
W014-IgE Pigweed, Rough	<0.10	kU/L	Class0	01
W018-IgE Sheep Sorrel	<0.10	kU/L	Class0	01
W020-IgE Nettle	<0.10	kU/L	Class0	01
Allergen Profile, Vegetable II				
F012-IgE Green Pea	<0.10	kU/L	Class0	01
F014-IgE Soybean	<0.10	kU/L	Class0	01
F025-IgE Tomato	<0.10	kU/L	Class0	01
F031-IgE Carrot	<0.10	kU/L	Class0	01

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #:	Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

LabCorp
LabCorp Burlington
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Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 3

ADDITIONAL INFORMATION SS#: *

N5310171/OP
DYCE
FASTING: N
DOB:

PATIENT NAME	SEX	AGE(YR/MOS.)
SOWELL,GENNETTE	F	64 / 4

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/31/2014	11:20	7/31/2014	8/02/2014	3:35	946

CLINICAL INFORMATION
CD- 20120937454

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

ACCOUNT: Carolina Pines Regional
Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
*F302-IgE Tangerine	<0.10	kU/L	Class0	01
Allergen Profile, Food-Fruit				
F259-IgE Grape	<0.10	kU/L	Class0	01
F049-IgE Apple	<0.10	kU/L	Class0	01
F095-IgE Peach	<0.10	kU/L	Class0	01
F094-IgE Pear	<0.10	kU/L	Class0	01
F092-IgE Banana	<0.10	kU/L	Class0	01
Allergen Panel, Food-Berry				
F044-IgE Strawberry	<0.10	kU/L	Class0	01
*F288-IgE Blueberry	<0.10	kU/L	Class0	01
*F343-IgE Raspberry	<0.10	kU/L	Class0	01
Allergen Profile, Food-Legume				
F235-IgE Lentil	<0.10	kU/L	Class0	01
Allergen Profile, Food-Meat				
F026-IgE Pork	<0.10	kU/L	Class0	01
F027-IgE Beef	<0.10	kU/L	Class0	01
F083-IgE Chicken	<0.10	kU/L	Class0	01
F093-IgE Chocolate/Cacao	<0.10	kU/L	Class0	01
F079-IgE Gluten	<0.10	kU/L	Class0	01
F047-IgE Garlic	<0.10	kU/L	Class0	01
F086-IgE Parsley	<0.10	kU/L	Class0	01
*F220-IgE Cinnamon	<0.10	kU/L	Class0	01
*F221-IgE Coffee	<0.10	kU/L	Class0	01
*F222-IgE Tea	<0.10	kU/L	Class0	01
*F247-IgE Honey	<0.10	kU/L	Class0	01
*F269-IgE Basil	<0.10	kU/L	Class0	01
F280-IgE Black Pepper	<0.10	kU/L	Class0	01
*F283-IgE Oregano	<0.10	kU/L	Class0	01
T016-IgE Pine, White	<0.10	kU/L	Class0	01

*

Tests with asterisk (*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #:	Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

LabCorp
LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361
Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 2

ADDITIONAL INFORMATION

N5310171/OP
DYCE

FASTING: N
DOB:

PATIENT NAME	SEX	AGE(YR/MOS)
SOWELL,GENNETTE	F	64 / 4

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/31/2014	11:20	7/31/2014	8/02/2014	3:35	946

CLINICAL INFORMATION
CD-20120937454

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

ACCOUNT: Carolina Pines Regional Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
F035-IgE Potato, White	<0.10	kU/L	Class0	01
*F315-IgE Green Bean	<0.10	kU/L	Class0	01
F048-IgE Onion	<0.10	kU/L	Class0	01
*F287-IgE Kidney Bean	<0.10	kU/L	Class0	01
*F225-IgE Pumpkin	<0.10	kU/L	Class0	01
Allergen Profile, Vegetable I				
F214-IgE Spinach	<0.10	kU/L	Class0	01
*F291-IgE Cauliflower	<0.10	kU/L	Class0	01
F085-IgE Celery	<0.10	kU/L	Class0	01
F215-IgE Lettuce	<0.10	kU/L	Class0	01
F260-IgE Broccoli	<0.10	kU/L	Class0	01
F216-IgE Cabbage	<0.10	kU/L	Class0	01
F244-IgE Cucumber	<0.10	kU/L	Class0	01
Allergens(7)				
F013-IgE Peanut	<0.10	kU/L	Class0	01
F017-IgE Filbert	<0.10	kU/L	Class0	01
F018-IgE Brazil Nut	<0.10	kU/L	Class0	01
F020-IgE Almond	<0.10	kU/L	Class0	01
F201-IgE Pecan Nut	<0.10	kU/L	Class0	01
F202-IgE Cashew Nut	<0.10	kU/L	Class0	01
F256-IgE Walnut	<0.10	kU/L	Class0	01
Allergen Profile, Food-Grain				
F004-IgE Wheat	<0.10	kU/L	Class0	01
F005-IgE Rye	<0.10	kU/L	Class0	01
F006-IgE Barley	<0.10	kU/L	Class0	01
F007-IgE Oat	<0.10	kU/L	Class0	01
F008-IgE Corn	<0.10	kU/L	Class0	01
F009-IgE Rice	<0.10	kU/L	Class0	01
Allergen Profile, Food-Milk				
F002-IgE Milk	<0.10	kU/L	Class0	01
F076-IgE Alpha Lactalbumin	<0.10	kU/L	Class0	01
F077-IgE Beta Lactoglobulin	<0.10	kU/L	Class0	01
F078-IgE Casein	<0.10	kU/L	Class0	01
F081-IgE Cheese, Cheddar Type	<0.10	kU/L	Class0	01
F082-IgE Cheese, Mold Type	<0.10	kU/L	Class0	01
Allergen Profile, Food-Citrus				
F033-IgE Orange	<0.10	kU/L	Class0	01
F209-IgE Grapefruit	<0.10	kU/L	Class0	01
F208-IgE Lemon	<0.10	kU/L	Class0	01
*F306-IgE Lime	<0.10	kU/L	Class0	01

Pat Name: SOWELL,GENNETTE	Pat ID:	Spec #:	Seq #:

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.26.01

LabCorp

LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-735-4087

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#.

L8110203/OP/DYCE FASTING: N
DOB:

PATIENT NAME	SEX	AGE(YR/MOS.)
SOWELL,GENNETTE	F	62 / 11

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
2/11/2013	15:54	2/12/2013	2/13/2013	23:35	6890

CLINICAL INFORMATION
CD-20120935161

PHYSICIAN ID.	NPI	PATIENT ID.
BISHARA T		

ACCOUNT: Carolina Pines Regional
Medical Center/Laboratory
1304 W. Bobo Newsome Hwy
Hartsville SC 29550-0000
ACCOUNT NUMBER:

TEST	RESULT		LIMITS	LAB
B pertussis IgG/IgM Ab				
B pertussis IgG Ab	5	U/mL	0 - 9	01
			Negative <10	
			Positive 10 - 49	
			High positive >49	
B pertussis IgM Ab	<1.0	index	0.0 - 0.9	01
			Negative <1.0	
			Borderline 1.0 - 1.1	
			Positive >1.1	

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: SOWELL,GENNETTE | Pat ID: | Spec #: | Seq #:

P.218

Results are Flagged in Accordance with Age Dependent Reference Ranges

5

Upstate Occ Medicine
1241 Boiling Springs Hwy. · Spartanburg, SC 29303
Sptbg. (864) 591 0992, Fax 591 0776, Grnvl 275 5137
gearly@usa.net

Gordon Early, MD, MPH, FACOEM
Board Certified/Eligible
Occ/Env M
Toxicology

File Review on Gennette Sowell
12-17-15

I was asked by Pret McDaniel, JD to review the medical file on Ms Sowell and submit an opinion concerning attribution issues and her asthma. I reviewed records from:

- Dr Hammett, 2010 to present
- Dr De Dios from 2013 onwards
- Her local hospital where she was admitted in 2011

Discussion

Ms Sowell gives a history consistent with OCCUPATIONAL ASTHMA. She has been diagnosed with asthma. She did not have an antecedent history of asthma or atopy. She became symptomatic in her adult life after exposure to a bronchial irritant. She gave a history of increasing symptoms over time with relief when away from the exposure. She has had relative improvement in her symptoms since she has left the workforce.

I would like to reference her deposition in going through the occupational asthma history. On pages 81 to 92 Ms. Sowell outlines her work history. She indicates that:

- She had the onset of shortness of breath and cough at work particularly after cleaning out the drain or applying cleaning products at work.
- She had relief of respiratory symptoms away from work in the evening and overnight.
- She had relief of symptoms over the weekend and when on holiday.
- She had relief of symptoms when taken out of work by her physician for medical reasons.
- She had worsening of symptoms when the oven was turned on causing the temperature to rise. This would cause volatilization of the asthmagen.

Notes from Dr Hammett and Dr De Dios also document many of these elements of the history. The notes from Dr Hammett are more detailed in this respect and document how work worsened her respiratory symptoms.

In Ms. Sowell's deposition, she mentioned how Dr Hammett gave her an instrument that sounds like a peak flow meter. This was used to obtain readings at home and at work. These readings are not a part of the medical record. They would be helpful if they could be found and introduced as medical evidence.

The exact cause of the asthma is unknown. There are a number of possible asthmagens that could have irritated Ms Sowell. Multiple products were used to clean the deli area

and to unclog the plumbing line between 2011-2014. These included but were not limited to:

- Drano
- Bleach
- Mr. Muscle
- Spit Fly
- Pine Sol

The American Occupation and Environmental Clinics (AOEC) has developed a database of known asthmagens that have been established as having caused or aggravated OCCUPATIONAL ASTHMA. AOEC lists the following products as known asthmagens. Bleach: this was used to clean up the floor and push the refuse into the drains. Sodium hypochlorite is the active ingredient in bleach and it is a known bronchial irritant. Surfactant specific amines in Pine Sol (ethoxylates) can cause asthma. Monoethanolamine in Mr. Muscle oven cleaner is a known asthmagen.

The decaying organic material in the drain most likely was contaminated by mold. It is likely that there was a mold problem present in the deli in the 2011-14 time period.

The exact asthmagen may never be known. However, the history is clear. Ms Sowell developed adult asthma that was exacerbated by something at work and was relieved while away from work. This meets the criteria for OCCUPATIONAL ASTHMA.

I think that it is more likely than not that Ms Sowell developed OCCUPATIONAL ASTHMA due to her exposures at Piggly Wiggly in 2010-2011. I hold this medical opinion to a reasonable degree of medical certainty. Please contact me if you would like to discuss this issue further.

Sincerely,

Gordon Early 12/17/15

Gordon Early, MD, MPH
Board Certified in Medical Toxicology
Board Certified in Occupational Medicine
Adjunct Clinical Professor at Via College of Osteopathic Medicine, Spartanburg, SC
Fellow in the American College of Occupational and Environmental Medicine
MPH in Epidemiology

Wellness Family Medicine
1241 Boiling Springs Hwy
Spartanburg SC 293032258
Phone: 864-591-0992 Fax: 864-591-0776

Visit Note

Provider: GORDON EARLY, MD,MPH
Encounter Date: Mar 24, 2016

Patient: Sowell, Gennette
Sex: Female DOB: Age: 66 year
Address:

Complaint:
The patient is being seen at the request of their Workers' comp lawyer to assess issues of attribution. Outside medical records are reviewed; they include the following:

- Dr Hammett, 2010 to present
- Dr De Dios from 2013 to present
- Her local hospital--admitted in 2011

Ms. Sowell denies having any allergies, asthma or eczema prior to 2010. In 2010 she was working at Piggly Wiggly as a senior employee in the deli. Please see the outside records concerning the problem with me Drainage system in the deli. The deli would regularly have a drainage system blockage. The Drain would block, get unclogged then get clogged again days or weeks later. This was evidently due to a problem with the Drainage pipes running under the refrigerator/cooler and having the Drainage develop obstruction when cooled by the lower temperature under the refrigerator. It was specific to the deli drainage system only. A number of different products were used by the deli staff to try to clean out the Drainage system. These are inclusive but not limited to the following:
Drano
Bleach
Mr Muscle
Drain clearing product

In 2010 Ms. Sowell started developing lower respiratory symptoms and shortness of breath. She never had upper respiratory symptoms. These symptoms were very closely related to work. They would improve when she was away from work on holidays and weekends. A number of other co-workers had problems at work with a cough when around the drain unclogging chemicals. They related their symptoms to the Drain clearing chemicals which were applied; their symptoms were temporary and only for a few minutes after the Drain clearing chemicals were applied. The patient had symptoms for a much longer period of time and into the evening after her dayshift ended.

393
220 a

Ms. Sowell's symptoms continued to progress. In 2011 she was admitted to her local hospital for shortness breath. She was diagnosed with pneumonia. In follow-up, her primary care physician identified that there was a work relationship to her asthma. He began to assess her for occupational asthma. He referred her to the local pulmonologist. In an attempt to get information he used a peak flow meter to see how work affected her breathing efficiency. However, this information is not included in the outside medical records that I reviewed. Ms. Sowell doesn't know where this data is (that she collected from her Peak flow meter). She doesn't recall the results of the peak flow monitoring. Her asthma continued to worsen despite being placed on inhaled steroids and leukotriene inhibitors. She was referred to another pulmonologist. She was treated with maximum medical therapy. Despite this, her asthma was difficult to control. She continued to have difficulty doing her job and to have more trouble at work than at home. In 2013 she left work. After leaving work, her symptoms stopped accelerating. Her asthma abated slightly and it has become easier to control.

Ms. Sowell indicates that she is not aware of having any other provoking factors for her asthma. Since 2010 she has not had any of the following.

- Any animals in the house,
- Any mold problems in her home
- construction in her home
- Done any farm work.

From the late nineties up until 2013 she did run a home based catering business. In this catering business she did do a great deal of frying of food. However, she did the frying of food with an overhead vent present.

The patient was awarded Social Security disability in 2014 due to her asthma.

Current Medication:
1 Albuterol 0.083% Inhal Soln SIG: 1 vial prn
2 Atorvastatin 10 Mg Tablet SIG: 1 qd
3 Benazepril Hcl 20 Mg Tablet SIG: 1 qd
4 Nexium Dr 20 Mg Capsule SIG: 1 qd
5 Potassium Cl Er 10 Meq Capsule SIG: 1 qd
6 Prednisone 10 Mg Tablet SIG: prn
7 Singulair 10 Mg Tablet SIG: 1 qd
8 Symbicort 160-4.5 Mcg Inhaler Mcg/actuation SIG: 2 puffs moning and night
9 Zo
xolair injections q 2 wks.

ROS:
See the hand written forms and HPI.

Medical History:
s/p TAH 1990
HTN
high cholesterol

GERD-on nexium x 3 yrs. On no Rx prior to 2013.

Family History:
Dad had RAD-not this severe.
She has siblings x 6 and kids x 7. None have asthma, or allergies.
See hand written forms.

Social History:
Never smoked.
She denies alcohol use.
Patient is single.
The patient is currently unemployed. The patient has been disabled.
The patient completed high school.
The patient does not do any form of exercise.
She follows a non restricted diet. Lives in the mid-state in Chesterfield. Has 7 children.
Was driven here today by a her son.

Allergy:
Antihistamines, Antihistamines - Piperazine

Examination:
Respiratory: Lungs are clear to auscultation. Normal AP diameter.
Skin: No malignant lesions noted. Benign lesions discussed with the patient.
Eyes: Pupils (+) PERRLA. No abnormalities in sclera. Normal ocular motility exam bilaterally.
ENT:
Ears: TM's and EAC's are clear.
Mouth & pharynx: no notable oral lesions. No pharyngeal erythema or exudate. Tonsils not enlarged.
Cardiovascular: Regular rate and rhythm. No murmur, gallop or pitting edema.
Lymphatic: No lymph node enlargement or tenderness noted. There is no evidence of acute lymphedema.
Psychiatric: No abnormal involuntary movements are noticed in the patient. She is cooperative with the exam. Eye contact is maintained and appropriate. Patient looks anxious. She is worried.

Diagnosis:
J45.50 Severe persistent asthma, uncomplicated
Z77.120 Contact with and (suspected) exposure to mold (toxic)
Discussion
Ms Sowell gives a history consistent with OCCUPATIONAL ASTHMA. She has been diagnosed with asthma. She did not have an antecedent history of asthma or atopy. She became symptomatic in her adult life after exposure to a bronchial irritant. She gives a history of increasing symptoms over time with relief of symptoms when away from the exposure. She has had some improvement in her symptoms since she has left the workforce.

She indicates that:

- She had the onset of shortness of breath and cough at work particularly after cleaning out the drain or applying cleaning products at work.
- She had relief of respiratory symptoms away from work in the evening and overnight.
- She had relief of symptoms over the weekend and when on holiday.
- She had relief of symptoms when taken out of work by her physician for medical reasons.
- She had worsening of symptoms when the oven was turned on causing the temperature to rise. This would cause volatilization of the proposed asthmagen.

Notes from Dr Hammett and Dr De Dios also document many of these elements of the history. The notes from Dr Hammett are more detailed in this respect and document how work worsened her respiratory symptoms.

The patient describes what sounds like a peak flow meter. This was used to obtain readings at home and at work. These readings are not a part of the medical record. They would be helpful if they could be found

The exact cause of the asthma is unknown. There are a number of possible asthmagens that could have irritated Ms Sowell. Multiple products were used to clean the deli area and to unclog the plumbing line between 2011-2014. These included but were not limited to:

- Drano
- Bleach
- Mr. Muscle
- Spit Fly
- Pine Sol

The American Occupation and Environmental Clinics (AOEC) has developed a database of known asthmagens that have been established as having caused or aggravated OCCUPATIONAL ASTHMA. AOEC lists the following products as known asthmagens.

Bleach: this was used to clean up the floor and push the refuse into the drains. Sodium hypochlorite is the active ingredient in bleach and it is a known bronchial irritant. Surfactant specific amines in Pine Sol (ethoxylates) can cause asthma. Monoethanolamine in Mr. Muscle oven cleaner is a known asthmagen.

The decaying organic material in the drain most likely was contaminated by mold. It is likely that there was a mold problem present in the deli in the 2011-14 time period.

The exact asthmagen may never be known. However, the history is clear. Ms Sowell developed adult onset asthma that was exacerbated by something at work and was relieved while away from work. This meets the criteria for OCCUPATIONAL ASTHMA.

226 d

I think that it is more likely than not that Ms Sowell developed OCCUPATIONAL ASTHMA due to her exposures at Piggly Wiggly in 2010-2011. I hold this medical opinion to a reasonable degree of medical certainty. Please contact me if you would like to discuss this issue further.

Procedures:
FEV1 56%
FEF 25-75 36%.

Vital Signs:

Height:	5' 4"
Weight:	131 lbs
BP:	152/86
Pulse:	81
Respiration:	21
Oxygen:	98(Room air)
BMI:	22.48
BSA:	1.64

Plan:
EDUCATION/COUNSELING/DISCUSSION:
Weight management and follow-up discussed.
The questions accompanying the records have been answered to the best of my knowledge.

3/25/16

2202

6

To: Dr. Yolanda Mendez
The Medical Group

RE: Gennette Sowell
DOB:

We have an upcoming hearing in Ms. Sowell's case and we asked Ms. Sowell to take this note to you to get a confirmation from you as to whether she is disabled from work. I have attached and asked her to bring to you a copy of the Statement from Dr. Rochelle D. Hammett, who has since left your practice, and it is my understanding that you have taken over her care from a family practice standpoint. You will note from the Statement that Dr. Hammett took her out of work on January 6, 2014 and in her opinion, Ms. Sowell continued to be disabled from work as of September 29, 2014 when Dr. Hammett complete the Questionnaire. I simply need to know your opinion as to whether she remains disabled from gainful employment, in a full-time occupation due to her condition, and particularly her occupational asthma, and would appreciate your answer and opinion to the following question:

Based on a review of Ms. Sowell's treatment records, the opinions previously expressed by Dr. Hammett and your treatment of Ms. Sowell since taking over her care, in your opinion stated to a reasonable degree of certainty, is Ms. Sowell disabled from gainful employment and is her condition permanent?

✓ Yes

No

Dr. Yolanda Mendez

Yolanda Mendez
Printed Name

2/4/16
Date:

CERTIFICATE OF SERVICE

Gennette Sowell v. Piggly Wiggly

WCC File No.

I HEREBY CERTIFY that on this date:

I mailed a copy of the **Amended Notice of Witnesses only** to:

VIA eCASE
Commissioner Melody L. James
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

And I mailed a copy of the **Amended Notice of Witnesses and Written Reports(s)/Physician or other Evidence, and APA Submissions with enclosures** to:

VIA FIRST CLASS MAIL
Kenya C. Miller, Attorney-at-Law
Dickie, McCamey & Chilcote, PC
P. O. Box 2046
Lancaster, SC 29721

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
15th day of April, 2016.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 2-27-24

Dickie McCamey

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

April 15, 2016

VIA ELECTRONIC SUBMISSION
Honorable Melody James, Commissioner
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Commissioner James:

Enclosed please find our Pre-Hearing Brief and Notice of Witnesses and Written Medical Report's, for filing in the above-referenced matter. By copy of this letter to the Claimant's attorney, Preston F. McDaniel, Esq., we are notifying him of the submission and serving a copy of the same upon him by regular mail.

If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc
Enclosures
cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name:	Genette Sowell	Employer's Name:	Piggly Wiggly Central, Inc.
Address:		Address:	415 North Salem Street
City:	State: Zip:	City:	Sumter State: SC Zip: 29150
Home Phone:	Work Phone:	Carrier:	Auto Owners Insurance Company
Preparer's Name:	Kenya C. Miller	Preparer's Phone #:	(803) 285-0034

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☒ Illness ☒ Repetitive Trauma

1. Compensation Rate: $435.26 2. AWW: $652.80 **Date of Injury:** 01/06/2014
3. Type of injury and body part(s): The Claimant maintains that she sustained Occupational Asthma (Allergy/Asthma), Colon, Lungs, Pulmonary System, Auto Immune System. The Defendants have denied this case in its entirety.
4. Facts in controversy: Whether the Claimant can satisfy her burden of proof that she sustained an Occupational Disease as the result of her employment pursuant to the Act: Whether the Employer/Carrier is responsible for any additional medical treatment, temporary compensation and/or permanent partial disability benefits.
5. Legal issues involved: §42-1-160; §42-11-10; §42-11-20; §42-11-40; §42-15-40; §42-15-20; and §42-15-60.
6. Unusual aspects: See Attachment
7. Witnesses (designate if expert):* Mary Quick, Haddie Haley, * Robert Bennett, Ph. D. Forensic Toxicologist. and/or other representatives of the Employer.
8. Exhibits: Claimant's application for supplemental security income-December 12, 2013 (Consisting of 9 pages) Initial Disability Claim forms-August 29, 2014 and September 18, 2014 (Consisting of 2 pages);Correspondence from Preston McDaniel, Esquire to Dr. Rochelle Hammett- May 23, 2014 to September 26, 2014 (Consisting of 25 pages);Deposition of Claimant (TBS); (TBS); Deposition of Dr. Francis Dayrit (TBS); Deposition of Dr. Gordon Early (TBS); Deposition of Dr. Rochelle Hammett (TBS): Deposition of Dr. Jose deDios (TBS); Dr. Robert Bennett, Toxicologist Report (TBS): portions of Claimant's personnel file and/or wage information may be submitted in response to the Claimant's testimony;
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Chesterfield General Hospital- dates of treatment: June 3, 2011 through November 12, 2012 (consisting of 20 pages); Carolina Physicians Group-dates of service: January 8, 2010 through March 19, 2013 (consisting of 30 pages); Hartsville Medical Group –dates of service: April 8, 2013, September 24, 2014 (consisting of 35 pages); Orville H. Dyce, MD ENT, Allergy and Sleep Medicine-dates of treatment: April 9, 2012 (consisting of 1 page); Dr. Francis Dayrit-Center for Lung and Sleep Medicine-dates of treatment: December 19, 2012 through March 14, 2013 (consisting of 16 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Diagnostic Polysomnographic Interpretation)-dates of treatment: May 9, 2013 (consisting of 22 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Therapeutic Polysomnographic Interpretation)-dates of treatment: June 13, 2013 (consisting of 19 pages); Mohammad Soliman (TBS); McLeod Pulmonary & Critical Care (TBS); Palmetto Infusion Services (TBS); CVS Pharmacy (prescription records from 2006-present (TBS); Independent Medical Evaluation of Dr. John Mitchell; Independent Medical Evaluation from Allergy Asthma and Sinus Center (TBS). The Defendants rely upon certain medical evidence submitted by the Claimant. Additionally, the Defendants reserve the right to postpone the scheduled hearing to depose any physicians as listed by the Claimant.
10. Name, address, and specialty, if any, of the treating physician: None.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: The Defendants continue to assert all defenses pursuant to the Occupational Disease Statutes including, but not limited to §42-11-10, §42-11-20, §42-11-30; §42-11-40, §42-11-50, §42-11-60; §42-11-70, §42-11-80, §42-11-90, §42-11-100; §42-11-110; §42-11-120; and §42-11-185.

☒ 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.

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.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to
Address: Preston McDaniel
1315 Elmwood Avenue
Columbia, SC 29201

on the 15th day of April, 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: _____

Email: **KMILLER@DMCLAW.COM**

Date of hearing: April 25, 2016

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

W.C.C. FILE NO.:

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE COMPANY

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS

TO: THE HONORABLE MELODY JAMES FOR THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, and PRESTON F. MCDANIEL, ESQUIRE, THE CLAIMANT'S ATTORNEY:

YOU ARE NOTIFIED that the Defendants pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
5	Chesterfield General Hospital		06/03/11 - 11/12/12	219-238
6	Carolinas Physicians Group		01/08/10 – 03/19/13	239-268
7	Hartsville Medical Group		04/08/12 & 09/24/14	269-302
8	Orville H. Dyce, MD	ENT, Allergy and Sleep Medicine	04/09/12	303
9	Francis Dayrit, MD	Center for Lung and Sleep Medicine	12/19/12 – 03/14/13	304-319

10	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Diagnostic Polysomnographic Interpretation**	05/09/13	320-341
11	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Therapeutic Polysomnographic Interpretation**	06/13/13	342-360
12	Mohammad Soliman, MD			TBS
13	McLeod Pulmonary & Critical Care			TBS
14	Palmetto Infusion Services			TBS
15	CVS Pharmacy Prescription Medications			TBS
16	IME of Dr. John Mitchell			TBS
17	IME of Allergy, Asthma & Sinus			TBS

EXHIBITS

Exhibit #	EXHIBIT	DATES	PAGES
A	Claimant's application for supplemental security income	12/12/13	361-367
B	Initial Disability Claims	08/29/14 & 09/18/14	368-369
C	Correspondence from Preston McDaniel to Dr. Rochelle Hammett	05/23/14 – 09/26/14	370-394
D	Deposition of Claimant		TBS
E	Deposition of Dr. Francis Dayrit		TBS
F	Deposition of Dr. Gordon Early		TBS
G	Deposition of Dr. Rochelle Hammett		TBS
H	Deposition of Dr. Jose deDios		
I	Dr. Robert Bennett – Toxicology Report		TBS
J	Portions of the Claimant's Personnel/Wage Information		TBS

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Mary Quick, Haddie Haley, *Robert Bennett, MD (Toxicologist), Claimant's supervisor and/or other representatives of the Employer/Carrier.

KENYA C. MILLER, ESQUIRE
DICKIE, McCAMEY & CHILCOTE, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0034
Attorney for Defendants

April 15, 2016
Lancaster, South Carolina

Dickie McCamey

ADDENDUM

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

The Claimant maintains that she sustained occupational asthma as well as injuries to her lungs, pulmonary system and autoimmune system as the result of her employment with Piggly Wiggly. More specifically, the Claimant, who worked as a manager in the Deli department for Piggly Wiggly from 2001 to January 6, 2014, maintains that her regular job responsibilities includes cleaning and dish infected the deli department, equipment and work areas. Accordingly, the Claimant maintains that she was regularly exposed to grease and cooking oils, bacteria, mold, as well as commercial disinfectants, degreasers, cleaning and decontamination type products used in the industry. Furthermore, in addition to her normal and usual consistent exposures, the Claimant alleges that in March or April, 2011, the deli department experienced an issue with the waste disposal drains, which resulted in the Claimant having to mop and push sewage and waste disposal water into one drain. The Claimant further alleges that the severe back up in the drainage system during this time period created a horrible smell and had a greasy, oily and slimy appearance. During this period, the Claimant maintains that she was required to use degreasers even more regularly in order to help prevent back-ups while the insured worked to resolve the drainage issue.

In response the Defendants have denied this case in its entirety. More specifically, the Claimant's employer was not informed of the Claimant's allegations that her employment caused and/or exacerbated her condition until on or about March 28, 2014. That being said, the medical note of the Claimant's primary care physician, Dr. Hammett, dated March 19, 2013 suggest that the Claimant's employment at least exacerbated her symptoms and thus the Claimant was advised to cease working. However, the Claimant continued to work as a deli manager for nearly one year subsequent to the physician's recommendations without disclosing this information to her employer. Accordingly, the Defendants maintain that the Claimant's case should be barred pursuant to Section 42-15-20.

Furthermore, the medical evidence suggests that the Claimant initially failed to contribute her problems to her employment when she first sought treatment for breathing problems in June of 2011. The initial diagnostic reports are indicative of possible sarcoidosis versus rhinitis and asthma. Although prior defense counsel informed of additional discovery needs in this case, it was agreed by the parties that mediation would

take place prior to discovery. However, this is a medically complicated case. Accordingly, the Defendants would like to revisit mediation following additional discovery to include: 1) the depositions of the Claimant's treating physicians; 2) an IME with Allergy, Asthma and Sinus Center of Florence, South Carolina; 3) and IME with pulmonologist, Dr. Mitchell of Charleston Pulmonologist Associates; 4) Toxicologist investigation of the work site and possibly Claimant's home to explore causation and whether or not the company can provide further employment; and 5) obtain updated medical records, Claimant's tax records and Claimant's social security application information.

Moreover, the additional discovery is both necessary and relevant given the fact that the Claimant has alleged an autoimmune disorder, but has failed to provide medical evidence from an Allergist/Immunologist to confirm same. Furthermore, the Claimant has presented a letter of causation from Dr. Early, but it is apparent from the IME report that Dr. Early did not have the benefit of all medical records nor did Dr. Early actually evaluate the Claimant or work site. Furthermore, there is no indication the Claimant's primary care physicians constitute qualified experts to rendered opinions on causation in such a medically complex case.

For the reasons stated above the Defendants will move this Commission for an order to postpone the hearing in order to allow additional time for discovery as set forth above, as well as an order to re-mediate the case following a meaningful discovery process.

Respectfully submitted,

Kenya C. Miller

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.:

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Honorable Melody James
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA ELECTRONIC SUBMISSION

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT: Form 58 (Pre Hearing Brief)

DATE OF MAILING: April 15, 2016

Tamra Carver
Paralegal to Kenya C. Miller, Esquire

Dickie McCamey

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

April 20, 2016

VIA ELECTRONIC SUBMISSION
Honorable Melody James, Commissioner
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Commissioner James:

Enclosed please find our **SUPPLEMENTAL** Pre-Hearing Brief and Notice of Witnesses and Written Medical Report's, for filing in the above-referenced matter. By copy of this letter to the Claimant's attorney, Preston F. McDaniel, Esq., we are notifying him of the submission and serving a copy of the same upon him by regular mail.

If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc
Enclosures
cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

SUPPLEMENTAL PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name:	Genette Sowell	Employer's Name:	Piggly Wiggly Central, Inc.
Address:		Address:	415 North Salem Street
City:	State: Zip:	City:	Sumter State: SC Zip: 29150
Home Phone:	Work Phone:	Carrier:	Auto Owners Insurance Company
Preparer's Name:	Kenya C. Miller	Preparer's Phone #:	(803) 285-0034

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

☐ Injury ☒ Illness ☒ Repetitive Trauma

1. Compensation Rate: $435.26 2. AWW: $652.80 **Date of Injury:** 01/06/2014
3. Type of injury and body part(s): The Claimant maintains that she sustained Occupational Asthma (Allergy/Asthma), Colon, Lungs, Pulmonary System, Auto Immune System. The Defendants have denied this case in its entirety.
4. Facts in controversy: Whether the Claimant can satisfy her burden of proof that she sustained an Occupational Disease as the result of her employment pursuant to the Act: Whether the Employer/Carrier is responsible for any additional medical treatment, temporary compensation and/or permanent partial disability benefits.
5. Legal issues involved: §42-1-160; §42-11-10; §42-11-20; §42-11-40; §42-15-40; §42-15-20; and §42-15-60.
6. Unusual aspects: See Attachment
7. Witnesses (designate if expert):* Mary Quick, Haddie Haley, * Robert Bennett, Ph. D. Forensic Toxicologist, **Marie Steele**, and/or other representatives of the Employer.
8. Exhibits: Claimant's application for supplemental security income-December 12, 2013 (Consisting of 9 pages) Initial Disability Claim forms-August 29, 2014 and September 18, 2014 (Consisting of 2 pages);Correspondence from Preston McDaniel, Esquire to Dr. Rochelle Hammett- May 23, 2014 to September 26, 2014 (Consisting of 25 pages);Deposition of Claimant (TBS); (TBS); Deposition of Dr. Francis Dayrit (TBS); Deposition of Dr. Gordon Early (TBS); Deposition of Dr. Rochelle Hammett (TBS): Deposition of Dr. Jose deDios (TBS); Dr. Robert Bennett, Toxicologist Report (TBS): **Records from Claimant's employment file (consisting of 5 pages) ; Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case (consisting of 6 pages).** Portions of Claimant's personnel file and/or wage information may be submitted in response to the Claimant's testimony.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Chesterfield General Hospital- dates of treatment: June 3, 2011 through November 12, 2012 (consisting of 20 pages); Carolina Physicians Group-dates of service: January 8, 2010 through March 19, 2013 (consisting of 30 pages); Hartsville Medical Group –dates of service: April 8, 2013, September 24, 2014 (consisting of 35 pages); Orville H. Dyce, MD ENT, Allergy and Sleep Medicine-dates of treatment: April 9, 2012 (consisting of 1 page); Dr. Francis Dayrit-Center for Lung and Sleep Medicine-dates of treatment: December 19, 2012 through March 14, 2013 (consisting of 16 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Diagnostic Polysomnographic Interpretation)-dates of treatment: May 9, 2013 (consisting of 22 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Therapeutic Polysomnographic Interpretation)-dates of treatment: June 13, 2013 (consisting of 19 pages); Mohammad Soliman (TBS); McLeod Pulmonary & Critical Care (TBS); Palmetto Infusion Services (TBS); CVS Pharmacy (prescription records from 2006-present (TBS); Independent Medical Evaluation of Dr. John Mitchell; Independent Medical Evaluation from Allergy Asthma and Sinus Center (TBS). The Defendants rely upon certain medical evidence submitted by the Claimant. Additionally, the Defendants reserve the right to postpone the scheduled hearing to depose any physicians as listed by the Claimant.
10. Name, address, and specialty, if any, of the treating physician: None.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: The Defendants continue to assert all defenses pursuant to the Occupational Disease Statutes including, but not limited to §42-11-10, §42-11-20, §42-11-30; §42-11-40, §42-11-50, §42-11-60; §42-11-70, §42-11-80, §42-11-90, §42-11-100; §42-11-110; §42-11-120; and §42-11-185.

☒ 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 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.

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 that I have served this document pursuant to R.67-211 by delivering a copy to

Address: Preston McDaniel
1315 Elmwood Avenue
Columbia, SC 29201

on the 20th day of April, 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: _____ Email: KMILLER@DMCLAW.COM

Date of hearing: April 25, 2016 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
W.C.C. FILE NO.:

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Honorable Melody James
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA ELECTRONIC SUBMISSION

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT: **SUPPLEMENTAL** Form 58 (Pre Hearing Brief)

DATE OF MAILING: April 20, 2016

Rebekah M Cartrette

Rebekah M. Cartrette
Legal Assistant to Kenya C. Miller, Esquire

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.:

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE COMPANY

Carrier,

Defendants.

SUPPLEMENTAL NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS

TO: THE HONORABLE MELODY JAMES FOR THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, and PRESTON F. MCDANIEL, ESQUIRE, THE CLAIMANT'S ATTORNEY:

YOU ARE NOTIFIED that the Defendants pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
5	Chesterfield General Hospital		06/03/11 - 11/12/12	219-238
6	Carolinas Physicians Group		01/08/10 – 03/19/13	239-268
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8	Orville H. Dyce, MD	ENT, Allergy and Sleep Medicine	04/09/12	303
9	Francis Dayrit, MD	Center for Lung and Sleep Medicine	12/19/12 – 03/14/13	304-319

10	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Diagnostic Polysomnographic Interpretation**	05/09/13	320-341
11	Carolina Pines Regional Medical Center/Sleep Diagnostic Center	**Therapeutic Polysomnographic Interpretation**	06/13/13	342-360
12	Mohammad Soliman, MD			TBS
13	McLeod Pulmonary & Critical Care			TBS
14	Palmetto Infusion Services			TBS
15	CVS Pharmacy Prescription Medications			TBS
16	IME of Dr. John Mitchell			TBS
17	IME of Allergy, Asthma & Sinus			TBS
18	**Records from Claimant's Employment File**			**395-399**
19	**Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case**			**400-405**

EXHIBITS

Exhibit #	EXHIBIT	DATES	PAGES
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C	Correspondence from Preston McDaniel to Dr. Rochelle Hammett	05/23/14 – 09/26/14	370-394
D	Deposition of Claimant		TBS
E	Deposition of Dr. Francis Dayrit		TBS
F	Deposition of Dr. Gordon Early		TBS

G	Deposition of Dr. Rochelle Hammett		TBS
H	Deposition of Dr. Jose deDios		
I	Dr. Robert Bennett – Toxicology Report		TBS
J	Portions of the Claimant's Personnel/Wage Information		TBS

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Mary Quick, Haddie Haley, *Robert Bennett, MD (Toxicologist), **Marie Steele,** Claimant's supervisor and/or other representatives of the Employer/Carrier.

KENYA C. MILLER, ESQUIRE
DICKIE, McCAMEY & CHILCOTE, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0034
Attorney for Defendants

April 20, 2016
Lancaster, South Carolina

Dickie McCamey

Kenya C. Miller
Attorney at Law
Admitted in SC

803-285-0034
Fax: 888-811-7144
kmiller@dmclaw.com

June 13, 2016

VIA ELECTRONIC SUBMISSION
Honorable Melody James, Commissioner
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

RE: Genette Sowell v. Piggly Wiggly
Date of Accident: 1/6/2014
WCC File No.: 1408826
Our File No.: 0056461.0349337
Claim No. 36-1835-2014

Dear Commissioner James:

As you are aware, this matter has been scheduled to be heard before you on June 22, 2016. Pursuant to an extensive pre-trial conference, the Defendants are relying on the medical evidence as previously submitted. Additionally, pursuant to your ruling, the Defendants are providing a Supplemental Brief, for which we are providing a copy of same to the Claimant's attorney, Preston McDaniel, Esq. If you have any questions or if you need further assistance from us, please do not hesitate to contact me.

With kindest regards,

Very truly yours,

Kenya C. Miller

KCM:rmc
Enclosures
cc: Preston F. McDaniel, Esquire (via regular mail)
Jennifer Fox-Baez, Auto Owners Insurance Company (via email)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

SUPPLEMENTAL PRE-HEARING BRIEF
WCC File No: 1408826

Claimant's Name:	Genette Sowell	Employer's Name:	Piggly Wiggly Central, Inc.
Address:		Address:	415 North Salem Street
City:	State: Zip:	City:	Sumter State: SC Zip: 29150
Home Phone:	Work Phone:	Carrier:	Auto Owners Insurance Company
Preparer's Name.	Kenya C. Miller	Preparer's Phone #:	(803) 285-0034

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☒ Illness ☒ Repetitive Trauma

1. Compensation Rate: $435.26 2. AWW: $652.80 **Date of Injury:** 01/06/2014
3. Type of injury and body part(s): The Claimant maintains that she sustained Occupational Asthma (Allergy/Asthma), Colon, Lungs, Pulmonary System, Auto Immune System. The Defendants have denied this case in its entirety.
4. Facts in controversy: Whether the Claimant can satisfy her burden of proof that she sustained an Occupational Disease as the result of her employment pursuant to the Act: Whether the Employer/Carrier is responsible for any additional medical treatment, temporary compensation and/or permanent partial disability benefits.
5. Legal issues involved: §42-1-160; §42-11-10; §42-11-20; §42-11-40; §42-15-40; §42-15-20; and §42-15-60.
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7. Witnesses (designate if expert):* Mary Quick, Haddie Haley, * Robert Bennett, Ph. D. Forensic Toxicologist, **Marie Steele**, and/or other representatives of the Employer.
8. Exhibits: Claimant's application for supplemental security income-December 12, 2013 (Consisting of 9 pages) Initial Disability Claim forms-August 29, 2014 and September 18, 2014 (Consisting of 2 pages);Correspondence from Preston McDaniel, Esquire to Dr. Rochelle Hammett- May 23, 2014 to September 26, 2014 (Consisting of 25 pages);Deposition of Claimant (TBS); (TBS); Deposition of Dr. Francis Dayrit (TBS); Deposition of Dr. Gordon Early (TBS); Deposition of Dr. Rochelle Hammett (TBS): Deposition of Dr. Jose deDios (TBS); Dr. Robert Bennett, Toxicologist Report (TBS): Records from Claimant's employment file (consisting of 5 pages) ; **Claimant's 2014 and 2015 tax returns, DHEC Records, E-mail from OSHA representative, Patricia Yeary regarding Freedom of Information Act Request.** Defendant's Motion to Postpone to Conduct Additional Discovery and Mediate Case (consisting of 6 pages). Portions of Claimant's personnel file and/or wage information may be submitted in response to the Claimant's testimony.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Chesterfield General Hospital- dates of treatment: June 3, 2011 through November 12, 2012 (consisting of 20 pages); Carolina Physicians Group-dates of service: January 8, 2010 through March 19, 2013 (consisting of 30 pages); Hartsville Medical Group –dates of service: April 8, 2013, September 24, 2014 (consisting of 35 pages); Orville H. Dyce, MD ENT, Allergy and Sleep Medicine-dates of treatment: April 9, 2012 (consisting of 1 page); Dr. Francis Dayrit-Center for Lung and Sleep Medicine-dates of treatment: December 19, 2012 through March 14, 2013 (consisting of 16 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Diagnostic Polysomnographic Interpretation)-dates of treatment: May 9, 2013 (consisting of 22 pages); Carolina Pines Regional Medical Center Sleep Diagnostic Center (Therapeutic Polysomnographic Interpretation)-dates of treatment: June 13, 2013 (consisting of 19 pages); Mohammad Soliman (TBS); McLeod Pulmonary & Critical Care (TBS); Palmetto Infusion Services (TBS); CVS Pharmacy (prescription records from 2006-present (TBS); Independent Medical Evaluation of Dr. John Mitchell; Independent Medical Evaluation from Allergy Asthma and Sinus Center (TBS). The Defendants rely upon certain medical evidence submitted by the Claimant. Additionally, the Defendants reserve the right to postpone the scheduled hearing to depose any physicians as listed by the Claimant.
10. Name, address, and specialty, if any, of the treating physician: None.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: The Defendants continue to assert all defenses pursuant to the Occupational Disease Statutes including, but not limited to §42-11-10, §42-11-20, §42-11-30; §42-11-40, §42-11-50, §42-11-60; §42-11-70, §42-11-80, §42-11-90, §42-11-100; §42-11-110; §42-11-120; and §42-11-185.

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- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
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I verify the contents of this form are accurate and true to the best of my knowledge.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to
Address: Preston McDaniel
1315 Elmwood Avenue
Columbia, SC 29201

on the 13th day of June, 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Kristen Bell for KCM

Email: KMILLER@DMCLAW.COM

Date of hearing: June 22, 2016

Time needed for hearing: 1 HOUR

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WCC Form # 58
Revised 7/13

58

SUPPLEMENTAL PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE COMPANY

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS

TO: THE HONORABLE MELODY JAMES FOR THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, and PRESTON F. MCDANIEL, ESQUIRE, THE CLAIMANT'S ATTORNEY:

YOU ARE NOTIFIED that the Defendants pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

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F	**Deposition of Dr. Gordon Early**		**TBS**
G	Deposition of Dr. Rochelle Hammett		TBS
H	Deposition of Dr. Jose deDios		
I	**Dr. Robert Bennett – Toxicology Report-TBS and testified to at the Hearing on June 22, 2016**		**TBS**
J	Portions of the Claimant's Personnel/Wage Information		TBS

K	**Claimant's 2014 and 2015 Tax Records**		**395-459**
L	**DHEC Records**		**460-522**
M	**Deposition of Dr. Mendez**		**TBS**
N	**E-mail from OSHA representative Patricia Yeary regarding Freedom of Information Act Request**		**523**

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

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Kristen Bell
for

KENYA C. MILLER, ESQUIRE
DICKIE, McCAMEY & CHILCOTE, P.C.
PO Box 2046
Lancaster, South Carolina 29721
(803) 285-0034
Attorney for Defendants

June 13, 2016
Lancaster, South Carolina

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1408826

GENETTE SOWELL,

Employee,

Claimant,

vs.

PIGGLY WIGGLY

Employer,

AND

AUTO OWNERS INSURANCE.,

Carrier,

Defendants.

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The undersigned certifies that she is an employee Dickie, McCamey & Chilcote, P.C. and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Honorable Melody James
South Carolina Workers' Compensation Commissioner
PO Box 1715
Columbia, SC 29202-1715
VIA ELECTRONIC SUBMISSION

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
VIA REGULAR MAIL

DOCUMENT: Supplemental Form 58 (Pre Hearing Brief)

DATE OF MAILING: June 13, 2016

Rebekah M. Cartrette
Legal Assistant to Kenya C. Miller, Esquire

Genette Sowell vs. Piggly Wiggly
WCC FILE NO.: 1408826
APA INDEX – HEARINGS: June 22, 2016 Continued on July 21, 2016

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Exhibit A	Claimant's Social Security Administration Application			361 – 367
Exhibit B	Initial Disability Claim Form Physician's Statement			368 - 369
Exhibit C	Initial Disability Claim Form Employer's Statement			395 – 399
Exhibit D	Defendant's Motion to Postpone			400 – 405
Exhibit E	Claimant's 2014 & 2015 Tax Records			406 – 471
Exhibit F	Employer DHEC Records			472 – 534
Exhibit G	Correspondence From OSHA FOIA Reques			535

INITIAL ASSESSMENT FORM

Chesterfield General Hospital

PRIORITY: 3
Urgent

Patient: SOWELL, GENNETTE
DOB: AGE: 61YRS Sex: F
EDP: HOLDREDGE, TIMOTHY
PCP: OOT PHYSICIAN

PW#:
MR#:
Worker's Comp:
Emp. Referred:

DATE 06/03/2011

Presentation Time: 02:51 Triage Time: 02:57 Arrival Mode: AMBULATORY

Height: 5 ' 4 " Weight: 142 lbs. 0 oz. 64.55 kgs. LMP: Last Tetanus: Acc By: DAughter

Chief Complaint: COUGH/CHEST CONGESTION

Brief Assessment: PT. WITH COUGH/CONGESTION/SOB FOR ABOUT A WEEK.... HAS TAKEN MUSINEX WITHOUT RELIEF...

Vital Signs

T:	98.7	PO
P:	82	regular
R:	22	unlabored
BP:	108/080	
O2:	99 % RA	

Pain Intensity Scale: 5 / 10
Pain Location: multiple areas

NIGHT SWEATS	NO	HEMOPTYSIS	NO
WEIGHT LOSS	NO	FEVER	NO
ANOREXIA	NO		

DOMESTIC VIOLENCE	NO
SIGNS OF ABUSE	NO
PNEUMONIA VACCINE W/I 5YRS	NO
BEST NUMBER TO CALL	YES
PRODUCTIVE COUGH	YES

Sudden Onset:

Pre-Hospital Treatment:

Pediatric Assessment: N/A

Past Medical History: HTN, HYSTERECTOMY

Allergies: NKA

Medicines: HCTZ 25MG PO DAILY,

Nurse Signature: _____ MWP

Additional Notes:

Rev 07/30/09

URI / Cough 2of2 — **Chesterfield General Hospital**

Name: SOWELL, GENNETTE | Date In: 06/03/2011 | MR#: | Pt#:

Physical Exam: cont. Level 2-3: 2-4 systems Level 4: 5-7 systems Level 5: 8+ systems NL* indicates system examined and negative

Neck: NL* ~~JVD negative~~ ~~no adenopathy~~ supple thyroid NL ~~non-tender~~ ~~ROM NL~~ ~~trachea midline~~ ~~carotids NL~~
JVD R / L adenopathy meningismus thyromegaly vertebral tenderness spasm ROM: limited / painful other:

Chest: NL* ~~Chest wall non-tender~~ NL excursion / expansion ~~no retractions~~ ~~breasts NL~~
tender to palpation: R / L chest wall sternum retractions breast R / L mass / tenderness other:

CV: NL* RRR ~~no murmur~~ ~~no gallup~~ ~~PMI NL~~ pulses NL
tachycardic bradycardic irregular/irregular rhythm extra systoles murmur /6 systole/diastole other:

Respiratory: NL* ~~no respiratory distress~~ breath sounds NL effortless
unequal / decreased sounds crackles wheezes rales rhonchi labored stridor retractions other:

Abdomen: NL* appearance NL BS NL soft ~~non-tender~~ ~~rectal NL~~ ~~guiac negative~~ ~~no organomegaly~~
obese rigid tender BS: hyper / hypo / absent mass / pulsatile heme + stool / gross blood per rectum other:

Back: NL* ROM NL no CVAT tenderness
decreased ROM spasm vertebral tenderness: dorsal lumbar sacral coccyx

Extremities: NL* ~~non-tender~~ full ROM ~~no edema~~
erythema / edema dec ROM RUE RLE LUE LLE other:

Skin: NL warm dry color NL ~~no rash~~
hot cold diaphoretic cyanotic rash edema ecchymosis other:

Neuro: NL* AA&Ox3 CN's NL (2-12) ~~motor / sensory NL~~ ~~cerebellar NL~~ ~~DTRs NL~~
altered LOC disoriented to: time / place / person CN deficit #: weakness paralhesia
cerebellar dysfunction DTR: diminished / absent other:

Psych: NL* affect NL behavior NL
anxious tearful hostile avoids eye contact flat affect depressed hostile other

GU: ~~NL* ext genitalia NL~~ no lesion no edema circ. / uncirc. inguinal canals NL deferred
external gen: sores / ulcerations / herpes like bleeding erythema edema indwelling foley hernia

Medical Decision Making:

NL / except

NL / except

ALT Amy Trop PT
AST Lipase CKMB INR
Other / Procedures

UA: NL / except
WBC LE
RBC Blood
Nitrites Bacteria
Preg Screen: urine/serum: neg / pos
Tox Screen: neg / pos

EKG: Interpreted by EDP NSR
other.
CXR: Interpreted by EDP NAD
NAI Infiltrate
Abd: NSBGP obstruction
Other / US / CT:

Consultation:

Time: . Disc with Dr.
will see patient in office admit see in consult
Time: . Disc with Dr.
will see patient in office admit see in consult

Clinical Course & Re-evaluation:

Meds: Time: Improved / Worse / Unchanged
Time: Improved / Worse / Unchanged
IVF: Patient re-examined
Critical care: 30-74 minutes / 75-104 minutes See procedure note See addendum

Clinical Impression:

1. Acute bronchitis
2.
3.
4.
5.

Disposition:

Time: 0326
Discharge: Home NH Psych Fac Jail
Admit Floor ICU PCU Obs OR Tele Psych Peds Orders written
Transfer: Facility: Rev Physician:
AMA LWOT DOA Expired Transfer forms competed
Condition: Stable Satisfactory Improved Critical Guarded Emergent Non-emergent

Instructions:

Follow up with:
PMD
Doctor
ED
Other
In day(s) AM

Prescription(s) given:
Zithromax
Prednisone
Accuhist 2/12

Follow up care discussed with: patient family spouse other:
Additional Instructions: Call your PCP tomorrow to arrange f/u

Signatures: PA/ARNP MD/DO

Pro-MED Complement (circle positives, \ backslash pertinent negs, provide additional information) Rev 06/26/07

URI / Cough 1 of 2 — **Chesterfield General Hospital**

Demographics and Triage:

Date In:06/03/2011 Pres Time:02:51 Pt#:\ MR#

Name: SOWELL, GENNETTE Arrival Mode: AMBULATORY

Age: 61YRS DOB: Sex: F Wt/lbs: 142 kgs: 64.5

PCP: OOT PHYSICIAN

EDP: HOLDREDGE, TIMOTHY

Chief Complaint: COUGH/CHEST CONGESTION Pain / Location: 5/multiple areas

Triage Time: 02:57
T: 98.7 PO
P: 82 regular
R: 22 unlabored
BP: 108/080
O2 Sat: 99 % NL / hypo

Triage Note:
PT. WITH COUGH/CONGESTION/SOB FOR ABOUT A WEEK.... HAS TAKEN MUSINEX WITHOUT RELIEF...

CC / HPI:

~~Level 1-3 = 1-3 elements~~ ~~Level 4 = 4 elements~~ ~~Level 5 = 5 elements~~

Time Seen: 10 9 07 ☐ ~~Translator~~ ☒ Nursing Notes Reviewed Additional History:

Hx Source: patient family ~~spouse~~ ~~EMS~~ ~~nsg. home~~ ~~other~~

Hx Ltd By: ~~ALOC~~ ~~poor historian~~ ~~dementia~~ ~~severity~~ ~~hearing~~ ~~intoxication~~

Onset: ~~indeterminate~~ ___ ~~min~~ ___ ~~hrs~~ ___ ~~days~~ / ~~wks~~ ___ ~~mths~~ ago — ~~sudden~~ / gradual

Duration: constant / intermittent Lasted: / secs / mins / hrs / days 5/5 6

Timing (currently): present / absent ~~decreased~~ / ~~increased~~ ~~wax-wane~~

Severity: ~~mild~~ / mod / ~~sev~~ / 8 /10 current 8 /10 max denies pain.

Current Sxs: ~~sore throat~~ cough: dry sputum: white yellow ~~green~~ ~~brown~~ ~~bloody~~ ~~runny nose~~ ~~congestion: nose~~ ~~sinus~~ chest ~~sinus pain / drainage~~ ~~earache R / L~~

Exacerbated By: ~~nothing~~ ~~cold~~ ~~exercise~~ ~~med. non-compliance~~ mucus

Relieved By: ~~nothing~~ ~~OTC meds~~ ~~prescribed meds~~ ~~rest~~

Associated S&S: ~~chills~~ ~~myalgias~~ ~~N / V~~ ~~wheeze~~ chest pain: with cough only

Context: ~~sick contacts~~ ~~on meds currently~~ ~~seen recently by:~~

ROS:

~~Level 1-3 = 1 system~~ ~~Level 4 = 2-9 systems~~ ~~Level 5 = 10+ systems~~

General	Eyes	ENT	Respiratory	Cardiovascular	Gastrointestinal	Genitourinary
Fever / chills	Visual Changes	Sore Throat	Shortness of Breath	Chest Pain	Nausea / Vomiting	Dysuria
~~weight loss~~	~~Redness~~	~~Hoarse Voice~~	Cough	Palpitations	Diarrhea	~~Frequency~~
~~General Weakness~~	~~Dryness~~	~~Epistaxis~~	Congestion	~~PND~~	~~Constipation~~	~~Vaginal Bleeding~~
~~Polyuria~~	~~Diplopia~~	~~↓ Auditory Acuity~~	~~Hemoptysis~~	~~Orthopnea~~	~~Rectal Bleeding~~	~~Vaginal Discharge~~
~~Polydipsia~~	~~Itching~~	~~Nasal Drain/Cong.~~		~~DOE~~	~~Black Stool~~	~~Penile Discharge~~

Musculoskeletal	Neurological	Psychological	Skin	Immunological	All Systems Reviewed
Joint Pain	~~Syncope~~	~~Anxiety~~	~~Rash~~	~~Recurrent Hives~~	All other systems negative
~~Joint Swelling~~	~~Headache~~	~~Depression~~	~~Pruritis~~	~~HIV / AIDS~~	Unable to obtain due to: ~~acuity~~ ~~ALOC~~
~~Neck Pain~~	~~Focal Weakness~~	~~Hallucination~~	~~Lesions~~	~~Anaphylactic Rxn~~	~~chronic dementia~~ ~~poor historian~~
~~Back Pain~~	~~Paresthesia~~	~~Insomnia~~	~~Bruising.~~		~~Intoxication~~
~~Myalgias~~	~~Confusion.~~	~~Stress~~	~~Bleeding~~		

Past Family Social Hx:

~~Level 1-3 = none~~ ~~Level 4 = 1 section~~ ~~Level 5 = 2-3 sections~~

Past Medical History:
HTN, HYSTERECTOMY

Current Medications:
HCTZ 25MG PO DAILY

Allergies:
NKA

Reproductive History: G___ P___ A___ Last Menstrual Period:
Menses History: Regular / Irregular / Post-partum / Pre-menarch
Last Tetanus:

Additional PMH: none asthma CAD / MI CHF DM CA CVA COPD HTN pneumonia bronchitis seizures TIA
Other:
Past Surgical History: none CABG Appy Choly T&H/BSO
Other:
Family History: negative CAD / MI DM CA CVA
Other:
Social History: Tobacco: N ___ # PPD X ___ years Quit
Alcohol: Denies / Social / Heavy / Alcoholic
Substance Abuse: N / Y : _____
Occupation: _____ Living: M S D alone

Physical Exam:

~~Level 2-3: 2-4 systems~~ ~~Level 4: 5-7 systems~~ ~~Level 5: 8+ systems~~ ~~NL* indicates system examined and negative~~

General: NL* Distress: NAD ~~mild~~ ~~moderate~~ ~~severe~~ well nourished no evidence of trauma
~~anxious~~ ~~cachetic~~ ~~obese~~ ~~disheveled~~ ~~dehydrated~~ ~~chronic ill~~ ~~nsg. home pt~~ ~~malnourished~~ other: _____

HENT: NL* NC / AT ~~pharynx NL~~ ~~ears NL~~
~~nasal congestion~~ ~~sinus tenderness: maxillary: R / L~~ ~~frontal: R / L~~ ~~rhinorrhea: clear / purulent~~ ear canal: R / L erythema / obscured
TM: R / L erythema / bulging ~~pharyngeal: exudate~~ ~~erythema~~ ~~abscess~~ ~~oral ulcers:~~ _____

Eyes: NL* PERRL EOMI conjunctiva NL ~~NL fundus~~
R pupil ___ mm L pupil ___ mm conjunctiva: pale / injected / exudate / icterus other: _____

ORDER PROCEDURE FORM
PULMONARY EMERGENCIES

Chesterfield General Hospital

Name: SOWELL, GENNETTE Pt#:
Age: 61YRS DOB: Sex: F MR#
EDP: HOLDREDGE, TIMOTHY PCP: OOT PHYSICIAN

Date In: 6/3/2011 Time: 0322

Laboratory Tests				Other Diagnostic Tests			
Order Time		Order Sent	By	Order Time	Radiology	Order Sent	By
	CBC				CXR (PA/LAT - Portable)		
	BMP CMP						
					Spiral CT Chest w/contrast-PE Protocal		
	BNP						
					VQ Scan		
	Theophylline Level						
					Cardiopulmonary		
	Cardiac Profile				EKG		
					Nebulizer Treatment		
	UA				ABG		
					Peak Flows		
					O2 LPM		
	Misc. Orders			Medical Necessity Information:			
	Previous Medical Records						
	Physical Therapy - Eval & Tx						

Weight:
lbs: 142
kgs: 64.5

Allergies: NKA

Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
	[illegible]	☐						☐ Improved ☐ Worse ☐ Unchanged		
6/3 0322	Albuterol/Atrovent PO	☐	MWP	0326	6-3	PO		☐ Improved ☐ Worse ☐ Unchanged		
6/3 0327	Azithromycin 500mg PO	☐	MWP	0326	6-3	PO		☐ Improved ☐ Worse ☐ Unchanged		
6/3 0327	Decadron 10mg IVP	☐	MWP	0326	6-3	IVP		☐ Improved ☐ Worse ☐ Unchanged		
6/3 0327	Prednisone 40mg PO	☐	MWP	0326	6-3	PO		☐ Improved ☐ Worse ☐ Unchanged		

Order Time	IV Solution / Added Medication	Start Time	Device / Size	Location	# Attempts	Amount	Start by	D/C Time	Amt Infused	D/C by
	☐ KVO Device:									
	☐ IV Fluid:									

Procedures / Nursing Assistance

☐ Cardiac Monitor Rate____ Rhythm_____	☐ Chest Tube Insertion	
☐ NIBP Monitor	☐ Central Line Placement	
☐ Pulse Oximetry	☐ CVP Monitoring	
☐ Endotracheal Intubation	☐ O2	

Discharge Instructions

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:

PA/ARNP: [signature] Physician's Signature: [signature] 6/3 0322

Rev. 09/14/04

Adult Assessment 06/03/2011 05:23 MWP

Room Assignment: Patient assigned to room 6. Patient arrived in room ambulatory. Patient moved to room at 03:00. Time of primary assessment: 03:00.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Patient is not at risk for fall as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age. Patient is not at risk for skin breakdown as evidenced by: being alert and oriented at presentation, blood pressure within normal limits, no known physical impairments, no predisposing medical history, normal gait observed, < 60 years of age.

Pain: Patient rates pain as 5 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the MULTIPLE LOCATIONS.

Brief Assessment: Patient is alert and oriented x 3. Respirations are unlabored. Skin is warm and dry, vascular status intact.

Neurological: Alert, oriented to person, place and time. Glascow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.

Respiratory: Airway is patent. Respiratory effort is unlabored. Lung sounds by auscultation reveal clear breath sounds. The patient has a productive cough and has a moist cough and with a scant amount of sputum, yellow-colored sputum. Pulse oximetry attached to patient with a reading of 100. PT. COMPLAINING OF COUGH CONGESTION X 1 WEEK

Gastrointestinal: Abdomen is soft, flat, non-tender. Bowel sounds present. Patient denies pain, vomiting, or diarrhea.

Genitourinary: Denies dysuria, frequency, or burning with urination. Denies discharge from genitalia.

Musculoskeletal: Denies musculoskeletal pain, numbness or tingling. No swelling or deformity noted. Distal pulses intact. Full ROM of extremities. No ecchymosis noted.

Integumentary: Skin is warm, dry, and intact without lesions, rashes or wounds. Turgor is normal.

Reassessment: 06/03/2011 05:27 MWP

Physician: Physician was at the bedside at 03:22. Physician seeing patient was HOLDREDGE, TIMOTHY.

Illness/Injury & Medicine Topics

BRONCHITIS (English)
DECADRON (dexamethasone) (English)
PREDNISONE (English)
ZITHROMAX (azithromycin) (English)
NORCO (hydrocodone/acetaminophen) (English)

Special Instructions

FOLLOW UP WITH PRIMARY CARE MD IN THE MORNING TO ARRANGE FOLLOW UP .....
TAKE MEDICATION AS DIRECTED.... RETURN TO THE ED FOR ANY EMERGENCIES....

Referred to:

OOT PHYSICIAN

Your emergency care provider today was: **HOLDREDGE, TIMOTHY**

Acknowledgement

I have received and I understand the instructions as described above.

Gennette Sowell _____
Patient or Guardian Staff

_____ _____
Date Time

CHESTERFIELD GENERAL HOSPITAL

711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL, GENNETTE
Admit Date: 06/11/2011
Discharge Date: 06/14/2011
Originator Name: JOHN MCLEOD, III, M.D.

Medical Record #:
ACCT #:
Room #: MS1 124 A

DISCHARGE SUMMARY

Arterial blood gas on room air revealed pH 7.39, pCO2 of 46, pO2 of 76, O2 saturation 95%.

Electrocardiogram revealed a normal sinus rhythm at a rate of 85 and was felt to be within normal limits.

RADIOLOGIC DATA: Portable chest x-ray showed no evidence of any acute cardiopulmonary disease.

HOSPITAL COURSE: The patient was admitted to a telemetry monitored bed. She was treated initially with IV antibiotics as well as intravenous steroids and frequent DuoNeb treatments. She was monitored by both exam as well as laboratory data as well as O2 saturation measurements. The patient did well during the hospitalization. She did not have any fever throughout the hospitalization. Vital signs remained stable. Her chest exam revealed improved air exchange each day. On the day discharge, she had very minimal wheezing and had significantly increased amount of air exchange compared to admission. She was very comfortable walking in the room and was not have any shortness of breath at rest. Repeat laboratory data today reveal potassium stable at 3.7, BUN 16, creatinine 0.79 and sodium 140. WBC was slightly elevated at 15,100, possibly due to steroid effect. Hemoglobin was stable at 11.3, hematocrit 33.9. O2 saturation on room air has been stable throughout the hospitalization and currently at 98%. At this time, she is stable and being released with instructions as noted above.

Preliminary (not signed by dictating provider)

John McLeod, III, M.D.

DD: 06/14/2011 19:21:16 EST
DT: 06/14/2011 19:22:04 EST/MS1260/5404361
JOB#: 952875

cc: John Mcleod, III, M.D.

SOB – Asthma

Chesterfield General Hospital

Oct. 13. 2014 10:28AM Chesterfield Family Medicine No. 8049 P. 12/26

CHESTERFIELD GENERAL HOSPITAL
711 Highway 9 West
Cheraw, SC 29520

Patient Name: SOWELL GENNETTE (MRN:
Result Name: PORTABLE CHEST
Result Status: F

EXAMINATION: Portable chest.

HISTORY: Pain.

TECHNIQUE: AP view of the chest was obtained.

FINDINGS: The cardiac silhouette is normal in size. No focal airspace disease, pleural effusion, or pneumothorax is seen. The aorta is mildly ectatic. Osseous structures are unremarkable.

IMPRESSION: No evidence of acute cardiopulmonary disease.

Electronically Signed by Matthew L. Stephenson, MD on 06/13/2011 at 09:48:42

Matthew L. Stephenson, MD

OD: 06/12/2011 11:00:54 EST
DT: 06/12/2011 11:29:06 EST/MIS1039/5396077
JOB#: 283006

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: SOWELL,GENNETTE
Phys: Vaughn,Wallisa
DOB: (Age: 61 Sex: F
Acct: Loc: RAD
Exam Date: 08/01/2011 Status: REG CLI
Radiology No: 00121771
Unit No: M0090080

EXAM#	TYPE/EXAM	RESULT
000171086	RAD/CHEST 2 VIEWS	

EXAMINATION: Chest, 08/01/2011.

COMPARISON: Prior study of 06/11/2011.

HISTORY: Cough.

FINDINGS: PA and lateral views of the chest were submitted for interpretation. Cardiac silhouette and pulmonary vasculature within normal limits. Some linear atelectasis or scarring at the right base. Lungs otherwise clear. No effusion.

IMPRESSION: Linear scarring or atelectasis at the right base. No focal infiltrates.

Electronically Signed by Steven B. Glassman, M.D. on 08/02/2011 at 21:23:50

Steven B. Glassman, M.D.

DD: 08/02/2011 14:37:08 EST
DT: 08/02/2011 14:51:02 EST/MIS1039/5548558
JOB#: 287267

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/02/2011 **
Reported By: STEVEN B. GLASSMAN M.D.

CC: Ash,Ezra; Vaughn,Wallisa

Technologist: GOODWIN,KELLY
Transcribed Date/Time: 08/02/2011 (2127)
Transcriptionist: MEDSCRIBE
Printed Date/Time: 08/02/2011 (2128)

8-18

Echocardiogram Report

VidiStar

Chesterfield General Hospital

Chesterfield General Hospital
711 Chesterfield Hwy.
Cheraw, SC 29520
843-537-7881

Patient name:	sowell,gennette			Patient ID:	
DOB:		Chart#:	001	Referred by:	vaughn,wallisa
Age:		Inpt/Outpt:	Outpatient		
Sex:		Equipment:	Cypress	Sonographer:	smb
Weight:	142 lbs	B/P:	/	Interpreting physician:	Jana Hoffmeister, MD, FACC
Height:	64 in	HR:		Location:	
BSA:	1.71 m2	Rhythm:	Normal sinus rhythm	Examination date:	08/18/2011

Indications/History: Palpitations. **Study quality:** Fair

Comments:

Diagnosis/CPT Transthoracic echocardiogram report (000409), TTE - 2D w/or w/out M-Mode Complete (93306),

Echo dimensions

	M-Mode	2D	Range
AoR	2.39 cm		(2.0-3.7)
LA	2.71 cm		(1.9-4.0)
IVS (D)	1.23 cm		(0.6-1.1)
LVPW (D)	1.23 cm		(0.6-1.1)
LV (D)	3.3 cm		(3.5-5.6)
LV (S)	1.87 cm		(2.1-4.0)
LA Vol Idx			<29

	M-Mode	2D	Range
Asc Ao			<39
RV (D)	2.46 cm		(2.2-4.4)
LVOT			(1.8-2.2)
AV opening	1.81 cm		(1.5-2.6)
EF	82 %		(50-90)
Fractional Shortening			(25-46)
RVSP (Doppler)		17 mmHg	(15-30)

Findings

Left Ventricle There are no wall motion abnormalities.

Aortic Valve There is no aortic valve stenosis.

Mitral Valve The mitral valve is structurally normal. There is mild thickening of mitral valve anterior leaflet. There is no mitral stenosis. There is mild central mitral regurgitation.

Tricuspid Valve There is mild central tricuspid regurgitation. Estimated RVSP is 17 mmHg.

Pulmonary Valve There is no pulmonic stenosis.

Impressions

- No left ventricular wall motion abnormalities
- Preserved left ventricular systolic function
- LVEF (normal): >75%
- Normal right ventricular size and function

DRAFT REPORT
08/29/2011 4:00 PM

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: SOWELL, GENNETTE
Phys: Vaughn Wallisa
DOB: Age: 61 Sex: F
Acct: Loc: CT
Exam Date: 08/18/2011 Status: REG CLI
Radiology No: 00121771
Unit No: M0090080

EXAM#	TYPE/EXAM	RESULT
000172069	CT/CT CHEST WITH	

EXAMINATION: CT chest performed on 8/18/2011.

HISTORY: Bronchitis. Heart palpitations.

TECHNIQUE: CT of the chest was performed with 2 mm scans obtained from the lung apices down to the level of the adrenal glands. 100 mL of Isovue 300 IV contrast was given. Soft tissue and lung windows were evaluated.

FINDINGS: Evaluation of the mediastinum shows some small shotty nodes in the right paratracheal region and in the AP window. These are of doubtful significance but could represent some reactive adenopathy. There also appears to be some small lymph nodes or granulation tissue in the perihilar regions bilaterally. Once again, this could represent reactive adenopathy or possible granulomatous disease. Evaluation of the lung windows shows the lungs to be clear with no focal infiltrates identified. No obvious pulmonary masses. There is some scarring or atelectasis out laterally in the inferior aspect of the lingular segment of the left upper lobe down towards the left lung base. Some dependent atelectasis is seen at the bases bilaterally with a small 4 mm pleural-based nodular density posteriorly on the left which is of doubtful significance but most likely represents a scar or granuloma. The lungs are otherwise clear. Visualized portions of the upper abdomen show what appears to be a cyst on the cortex of the right kidney, otherwise the upper abdomen is unremarkable.

IMPRESSION: Small shotty lymph nodes in the mediastinum with small lymph nodes or granulation tissue in the perihilar regions bilaterally. This is of uncertain etiology but could represent some reactive adenopathy or possible granulomatous disease. Follow-up study could be performed to assess the stability of this finding. The lungs themselves are clear with no focal infiltrates or pulmonary nodules identified. Some dependent atelectasis or scarring seen at the bases. A single small 4 mm nodular density is seen along the pleura posteriorly at the left base which is of doubtful significance.

Electronically Signed by Steven B. Glassman, M.D. on 08/18/2011 at 21:13:17

CHESTERFIELD GENERAL HOSPITAL
P.O. BOX 151
HIGHWAY 9 WEST
CHERAW, S.C. 29520
PHONE: 843-537-7881
FAX: 843-537-8135

Name: SOWELL,GENNETTE
Phys: Vaughn Wallisa
DOB: [redacted] Age: 61 Sex: F
Acct: [redacted] Loc: CT
Exam Date: 08/18/2011 Status: REG CLI
Radiology No: 00121771
Unit No: M0090080

EXAM#	TYPE/EXAM	RESULT
000172069	CT/CT CHEST WITH	

<Continued>

Steven B. Glassman, M.D.

DD: 08/18/2011 15:44:23 EST
DT: 08/18/2011 16:10:02 EST/MIS1094/5601597
JOB#: 288693

** REPORT SIGNED IN OTHER VENDOR SYSTEM 08/18/2011 **
Reported By: STEVEN B. GLASSMAN M.D.

CC: Vaughn,Wallisa

Technologist: DRIGGERS,JERRY
Transcribed Date/Time: 08/18/2011 (2116)
Transcriptionist: MEDSCRIBE
Printed Date/Time: 08/19/2011 (0614)

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7881

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: Date In: 11/12/2012

Pro-MED Attending Physician Summary Report

Patient Demographics			Date of Service: 11/12/2012
Patient Name: SOWELL, GENNETTE	Age: 62 years Payor Type:	Sex: Female	Acct #: Med Rec #:
ED Provider: MOOREHEAD, ROBERT S Primary Physician: HAMMETT, ROCHELL	Supervising Physician:		

Triage Information

Chief Complaint: SHORTNESS OF BREATH--HX OF ASTHMA/COPD

Triage Notes:
PT WAS SENT OVER BY DR. HAMMETT TO BE EVALUATED BY A DOCTOR.

Temp:	98 PO
Pulse:	88 regular
Resp:	22 unlabored
BP:	000/000
O2Sat:	95 FcO2:RA
Pain:	2 multiple areas

Chief Complaint/History of Present Illness

RMD 11/12/2012 15:22
SOWELL, GENNETTE is a 62 year old F that presented to the Emergency Department at 13:37 by WHEELCHAIR . The patient was triaged at 13:37 with the following vital signs: T: 98 PO , P: 86 regular , R: 22 unlabored , , SPO2: 95 Amt:RA , Pain: 2 multiple areas . The patient's primary care physician is HAMMETT, ROCHELL .
Chief Complaint -- SHORTNESS OF BREATH--HX OF ASTHMA/COPD Exam Time: 14:52. History obtained from: patient, family. History limited by: N/A. Emergency room bed #3. A 62-year-old female with onset of asthma at approximately 60 to 61st year. Her father had severe asthma, and was essentially a patient withATOPY. The patient has not find any allergies specifically, she thinks that at work there may be a cleaning compound which she does not handle directly which may aggravate her she also thinks there may be some aggravation as does her physician from the fumes from COOKING She has not identified specific foods however on questioning she has complete aversion to finish because of the strange sensation within her mouth, she has not eaten scallops, she has not been bothered by shrimp. We do not walk R Way through all foods for this, but as we begin see that there may be a food component here certainly there may be an environmental component. She has excellent heat, electrical heat pump, and we talked about how to cleanse the air and one specific room using a HEPA ELETRONIC PARTICLE PRECIPITATOR and where to get such a device, and they can even be put in line in their heating after she finds that it does work using a small one room unit. Her children are folats of asthma, however her grandchildren who have asthma. She does not recall having had testing for IGE Symptoms are present now. Symptoms are constant. RMD 11/12/2012 15:22 SOWELL, GENNETTE is a 62 year old F that presented to the Emergency Department at 13:37 by WHEELCHAIR . The patient was triaged at 13:37 with the following vital signs: T: 98 PO , P: 88 regular , R: 22 unlabored , , SPO2: 95 Amt:RA , Pain: 2 multiple areas . The patient's primary care physician is HAMMETT, ROCHELL .
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Chesterfield General Hospital
PO Box 157, Cheraw, SC 29520
843-537-7887

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: Date In: 11/12/2012

Pro-MED Attending Physician Summary Report

Chief Complaint/History of Present Illness

using a small one room unit. Her children are folate of asthma, however her grandchildren who have asthma. She does not recall having had testing for IGE Symptoms are present now. Symptoms are constant.

Review of Systems

No items documented.

Past Medical and Surgical History

No items documented.

Family and Social Histories

No items documented.

Allergies

No items documented.

Medications

No items documented.

Physical Examination

No items documented.

Physician Orders

(1) L BASIC MET PANEL [RMD] ordered at 11/12/2012 14:39 [Protocol AB]
(1) L CBC W/DIFF [RMD] ordered at 11/12/2012 14:39 [Protocol AB]
(1) L CBC W/DIFF [RMD] ordered at 11/12/2012 14:39 [Protocol AB]
(1) ***IV Insertion [RMD] ordered at 11/12/2012 13:45 [Verbal JDA]
(1) Venipuncture via IV [RMD] ordered at 11/12/2012 13:45 [Verbal JDA]
(1) Breathing TX Initial Duoneb UD [RMD] ordered at 11/12/2012 14:35 [Verbal JDA]
(1) Chest 1 View [RMD] ordered at 11/12/2012 15:23
(1) Chest 1 View [RMD] ordered at 11/12/2012 15:23
(1) BMP [RMD] ordered at 11/12/2012 15:24
(1) BNP [RMD] ordered at 11/12/2012 15:24
(1) Respiratory EKG [RMD] ordered at 11/12/2012 15:24
(1) Sed Rate [RMD] ordered at 11/12/2012 15:24
(1) D-dimer [RMD] ordered at 11/12/2012 15:24
(1) PO Zithromax 500 mg [RMD] ordered at 11/12/2012 15:35
(1) PO Prednisone 60 mg [RMD] ordered at 11/12/2012 15:36
(1) PO Potassium Chloride 20 mEq [RMD] ordered at 11/12/2012 16:23

Procedures

No items documented.

Clinical Impression

RMD 11/12/2012 16:28 CLINICAL IMPRESSION: 1.POST INFECTIOUS ASTHMA; RECRUDESENCE 2. OTHERWSIE HERIDITARY/IDIOPATHIC DIATHESIS 3. MARGINAL CARDIOMEGALY 4. HYPOKALEMIA 5. HYPOCHLOREMIA 6. ADVAIR USE; 7. HYPOKALEMIA; RMD 11/12/2012 16:28 CLINICAL IMPRESSION: 1.POST INFECTIOUS ASTHMA; RECRUDESENCE 2. OTHERWSIE HERIDITARY/IDIOPATHIC DIATHESIS 3. MARGINAL CARDIOMEGALY 4. HYPOKALEMIA 5. HYPOCHLOREMIA 6. ADVAIR USE; 7. HYPOKALEMIA

11/13/2012

Oct. 2. 2014 8:37AM Chesterfield Family Medicine PAGE 4/004 No. 8007 P. 30/48

Oct. 13. 2014 10:11AM Chesterfield Family Medicine No. 8046 P. 65

SOWELL, GENNETTE M (id , dob

Chesterfield General Hospital
PO Box 151, Cheraw, SC 29520
843-537-7887

Patient: SOWELL, GENNETTE DOB: Patient #: MRN: Date In: 11/12/2012

Pro-MED Attending Physician Summary Report

Disposition

RMD 11/12/2012 16:40 Disposition: Patient discharged to home. Condition: satisfactory. Certified Med Emerg: Patient's condition represents a certified medical emergency. Disposition date/time: 11/12/2012 16:40. Discussed care with patient and family. Explained findings, diagnosis, and need for follow-up care.

Instructions

RMD 11/12/2012 16:40 Prescription(s) written for:Prednisone generic 10 mg: 1 pill by mouth four times daily for 10 days ; Quantity: 40 ; Refills: 0 (zero) || Azithromycin 250 mg: 4 for infection ; Quantity: 4 (four) ; Refills: 0(zero) || K-Dur 20 mEq: 1 (one) by mouth once daily ; Quantity: 20 (twenty) ; Refills: 0(zero)

User Added Documentation

11/12/2012 15:30 by RMD The signal Lavinia was an upper expiratory infection with mucopurulent discharge, turning to discolored mucus, and finally culminating in episodes of wheezing.

She is no past history of DVT or thromboses, and as far as she knows has never smoked, no exposure to dust or vapor, and is bothered greatly by some of the fumes at work.
11/12/2012 15:31 by RMD Certainly there is an increase in heart size, although I see no vascular plethora, nor did the hila seemed enlarged as would be common with pulmonary hypertension.

The physical examination is as follows.

Chief complaint I got so I couldn'"t breathe and I'"m coughing a lot

History of present illness: About 4 days duration, of increasing cough, largely dry, occurring in spasms, Almost nonproductive. No fever. I would now having different color U, I cannot settle whether this is a yellow or green.

A nasopharyngeal pressure is almost nothing, sinuses appears to be pressure near the glabella.

She has had no unusual foul taste in her mouth.

She is not awakened with any dyspnea, has no orthopnea, and there is no paroxysmal nocturnal dyspnea.

We will talk to her and again especially regarding pill of changes
11/12/2012 16:35 by RMD CHEST XR SHOWS NO PARENCHYMAL INF AND NO CLEAR ALVEOLAR PATTERN, MODEST AIR TRAPPING

Addenda

No items documented.

11/13/12
9 DS

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:	ER05	DOB:	
Account #:		Bed #:	A	Age:	61 Y
Patient Type:	EOP	Exam Date/Time:	12/22/2011 11:54	Sex:	F

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
900	70853910000900	CTA-CHEST	Elevated D-Dimer SOB

Dictated By: BERRY, MAX W MD
Ordering Physician: CONNELL, FOY D
Attending Physician: CONNELL, FOY D
Primary Care Physician: HAMMETT, ROCHELLE

FINAL REPORT

CTA OF THE CHEST

INDICATION:
Elevated D-dimer and dyspnea x several months.

COMPARISON:
None.

TECHNIQUE:
Axial images through the thorax after the administration of IV contrast. Multiplaner reformatting was performed. Maximum intensity projections were reviewed.

FINDINGS:
Heart is normal in size. No pericardial effusion or thickening. Ascending aorta measures 3.5 cm, pulmonary trunk measures 3.1 cm. No pulmonary emboli. Left AP window, precarinal, and subcarinal shotty adenopathy. No axillary adenopathy.

No focal airspace disease, pneumothorax, or pleural effusions.

Non-healed right lateral 7th rib fracture. Thoracic spondylosis without focal lesions.

Hiatal hernia. No hepatic lesions or biliary dilatation within the visualized liver. Remaining organs of the upper abdomen are unremarkable.

IMPRESSION:
No pulmonary embolism.

12/27/11

Oct. 13. 2014 10:19AM Chesterfield Family Medicine No. 8047 P. 29/73

IMAGING REPORT

Name:	SOWELL, GENNETTE			
MRN:		Exam Date/Time:	12/22/2011 11:54	DOB:
Account #:				

Order #	Accession #	Exam Description:	Admitting Diagnosis(es):
900	70063S10D00900	CTA-CHEST	Elevated D-Dimer SOB

Non-union of a lateral right 7th rib fracture.

AP window, right paratracheal, and subcarinal shotty adenopathy suggestive of sarcoidosis.

This job has been electronically signed by: Max W Berry MD on 12/22/2011 at 4:16:00 PM (EST)
Verification: 522302092071112221616O0

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 12/22/2011 12:27 PM ET
T Date / Time: 12/22/2011 2:19 PM ET
R Date / Time:
S Job #: CGH52230209
D Job #: 4074
MT: 30061

12/27/11

Oct. 13. 2014 10:19AM Chesterfield Family Medicine No. 8047 P. 30/73

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:	102	DOB:	
Account #:		Bed #:	A	Age:	61 Y
Patient Type:	EOP	Exam Date/Time:	12/22/2011 09:16	Sex:	F

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
G00	70053910000600	CH-CHEST 2V	SOB

Dictated By: BERRY, MAX W MD
Ordering Physician: CONNELL, FOY D
Attending Physician: CONNELL, FOY D
Primary Care Physician: HAMMETT, ROCHELLE

FINAL REPORT

CHEST, 2 VIEWS:

INDICATION:
Dyspnea.

COMPARISON:
None.

TECHNIQUE:
PA and lateral radiographs of the chest.

FINDINGS:
Cardiomediastinal silhouette is within normal limits. Lungs are clear. Osseous structures are intact.

No acute cardiopulmonary disease.

This job has been electronically signed by: Max W Berry MD on 12/23/2011 at 3:08:00 PM (EST)
Verification: 522619682011223150600

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 12/23/2011 12:22 PM ET
T Date / Time: 12/23/2011 1:28 PM ET
R Date / Time:
S Job #: CGH52261968
D Job #: 4109
MT: 30059

12/27/11

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:		DOB:	
Account #:		Bed #:		Age:	61 Y
Patient Type:	RAD	Exam Date/Time:	01/19/2012 15:21	Sex:	F

Order #.	Accession #:	Exam Description:	Admitting Diagnosis(es):
300	70084580000300	CT-BONE DENSTY AXIAL	osteoporosis rib fracture

Dictated By:	GLASSMAN, STEVEN B MD
Ordering Physician:	HAMMETT, ROCHELLE
Attending Physician:	HAMMETT, ROCHELLE
Primary Care Physician:	HAMMETT, ROCHELLE

FINAL REPORT

CT BONE DENSITY, 1/19/2012

HISTORY:
Osteoporosis, rib fracture.

CT bone densitometry was performed on the lumbar spine. Total density for L2 through L4 was 128.5 mg/cc with a T score of negative 1.7.

IMPRESSION:
Findings consistent with osteopenia. T score was negative 1.7, which indicates a density which is 1.7 standard deviations below the mean and shows a moderately increased fracture risk when compared to the normal young population.

This job has been electronically signed by: Steven B Glassman MD on 01/21/2012 at 7:05:00 PM (EST) Verification. 530150392012012119050O

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 01/20/2012 12:33 PM ET
T Date / Time: 01/20/2012 2:56 PM ET
R Date / Time:
S Job #: CGH53015039
D Job #: 5566
MT: 30073

Chesterfield General Hospital
711 Chesterfield Highway
Cheraw, SC 29520
843 537 7881

IMAGING REPORT

Name:	SOWELL, GENNETTE				
MRN:		Room #:		DOB:	
Account #:		Bed #:		Age:	62 Y
Patient Type:	EOP	Order Date/Time:	11/12/2012 15:10	Sex:	F

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
500	70334400000500	CH-CHEST 1V	SOB.

Dictated By:	GLASSMAN, STEVEN B MD
Ordering Physician:	MOOREHEAD, ROBERT B JR
Attending Physician:	MOOREHEAD, ROBERT B JR
Primary Care Physician:	HAMMETT, ROCHELLE

FINAL REPORT

CHEST, 11/12/2012

HISTORY:
Shortness of breath. Comparison made to the prior study of December 22, 2011.

A single AP view of the chest was submitted for interpretation. Cardiac silhouette and pulmonary vasculature within normal limits. There is some increased density in the retrocardiac region on the left which could represent some atelectasis or scarring. Another possibility would be a hiatal hernia in the retrocardiac region. Lungs otherwise clear.

IMPRESSION:
Density in the left retrocardiac region which could represent some atelectasis or scarring at the left base versus possible hiatal hernia in the retrocardiac region. Lungs otherwise clear with no focal infiltrates identified.

This job has been electronically signed by: Steven B Glassman MD on 11/13/2012 at 4:00:00 PM (EST) Verification: 607771292012111316000O

Print CC:
Fax CC: Rochelle Hammett, MD

D Date / Time: 11/13/2012 2:07 PM ET
T Date / Time: 11/13/2012 2:37 PM ET
R Date / Time:
S Job #: CGH60777129
D Job #: 19728
MT: 30073

Final Chart Copy
Page 1 of 1

OWELL, GENNETTE M (id: dob:

CAROLINA PHYSICIANS GROUP

721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: CHRISTOPHER DAVIS, M.D.
Date: 01/08/2010

OFFICE NOTE

SUBJECTIVE: Here today to follow up on hypertension, runny nose, congestion, and watery eyes, mild-to-moderate in severity, without modifying factors.

OBJECTIVE: Lungs: Clear. Cardiovascular: Regular rate. Abdomen: Benign. Soft and nontender.

ASSESSMENT AND PLAN:
1. Upper respiratory infection. Treat symptomatically with Hycodan cough syrup.
2. Hypertension. Refill hydrochlorothiazide.

Electronically Signed by Christopher Davis, M.D. on 01/14/2010 at 08:08:58

Christopher Davis, M.D.

DD: 01/11/2010 09:22:05 EST
DT: 01/11/2010 11:10:49 EST/MIS1081/1318616
JOB#: 606265

cc: Christopher Davis, M.D.

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JANET GENNETTE Date of Birth:
Patient Number:
Originator Name: RAINA KARANJEET, MD
Date: 06/06/2011

OFFICE NOTE

CHIEF COMPLAINT: Followup of the ER visit and nausea.

HISTORY OF PRESENT ILLNESS: This is a 60-year-old female with history of hypertension and hyperlipidemia, reported to ER on Friday because of shortness of breath, was found to have acute bronchitis and started on Z-Pak and prednisone. She is here for followup stating that her breathing is better but her nausea is getting worse and she does not have any appetite. She had gone back to work today but was not able to do anything, so presented for this visit. She does not have any fever. She stated that initially she started with nasal stuffiness and started having severe cough with shortness of breath, and some soreness over the chest because of the cough. Currently, shortness of breath has improved a lot with prednisone and antibiotics. Still making some phlegm which is yellow and thick. Denies having any fever or any abdominal pain. Nausea is present but no vomiting. No urinary complaints.

REVIEW OF SYSTEMS: Otherwise negative.

PHYSICAL EXAMINATION: Vital Signs: Temperature 98, blood pressure 110/76, heart rate 72, respiratory rate 18. General Appearance: Old female, in no distress. Head and neck: Normocephalic. Pupils are equal, reactive to light. No pallor. Anicteric. No JVD. No carotid bruit. Lungs: Bilaterally clear to auscultation. Heart: S1, S2. Regular. Abdomen: Bowel sounds are present. Soft, nontender. Extremities: No pedal edema.

ASSESSMENT AND PLAN:
1. Acute bronchitis, resolving. Continue antibiotics and prednisone as recommended. No change in management required at this time.
2. Gastritis. Most likely from the prednisone and with the bronchitis going on. Has a little soreness in

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Cheraw, SC 29520
(843) 537-5112

Patient Name: SOXWELL, ~~JANET~~ GENNETTE Date of Birth:
Patient Number:
Originator Name: RAINA KARANJEET, MD
Date: 06/06/2011

OFFICE NOTE

the epigastrium, so I would just advise to continue to Zantac over-the-counter once per day. If this does get worse, then advised to follow up with us next visit. Regular followup with Dr. Ash.

Electronically Signed by Raina Karanjeet, MD on 06/13/2011 at 09:57:57

Raina Karanjeet, MD

DD: 06/06/2011 13:08:29 EST
DT: 06/06/2011 18:01:10 EST/MIS1230/5378213
JOB#: 951403

Oct. 2. 2014 8:23AM Chesterfield Family Medicine No. 3005 P. 3
CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/01/2011

OFFICE NOTE

CHIEF COMPLAINT: cough.

HISTORY: Ms. Sowell is a 61-year-old African American female who presents today with complaint of cough. It has been worsening progressively worsening for 2 weeks. Initially started off as dry, is now productive green sputum. She has had decreased sleep as well as shortness of breath. The patient has been using Combivent at an unknown frequency. She is a lifelong nonsmoker who had her most recent bout of bronchitis in June 2011. From what I gather, she had really gotten over that episode when it seems that this episode started.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.6, pulse 92, respirations 17, blood pressure 142/80, weight 147 pounds.
GENERAL: She is in no acute distress, appears younger than her stated age.
HEART: Regular.
LUNGS: There are scattered wheezes bilaterally, crackles at the left lung base.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. I am going to treat her with Levaquin 750 mg 1 p.o. daily for 1 week. She also has prednisone and Combivent inhaler. I have given her Hycodan and Diflucan for p.r.n. use. I would like her to go to get a 2-view chest x-ray for comparison and see us back in followup on 8/4/11.

Electronically Signed by Wallisa Vaughn, MD on 08/08/2011 at 12:36:25

Wallisa Vaughn, MD

DD: 08/01/2011 17:05:17 EST
DT: 08/01/2011 17:07:37 EST/MIS1260/5545384
JOB#: 141556

Oct. 1. 2014 5:34PM Chesterfield Family Medicine No. 8004 P. 36
CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Walfisa Vaughn, MD
Date: 08/04/2011

Date of Birth:

OFFICE NOTE

CHIEF COMPLAINT: Followup of pneumonia.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female, who presents today for close followup. We last saw the patient on 04/01/2011. At that time, she presented with complaint of cough that has been progressively worsening x2 weeks. She had lungs sounds that indicated that she had clinical pneumonia. I started her on Levaquin 750 mg as well as prednisone and a Combivent inhaler. She is doing well with the antibiotic and is about halfway through her course of therapy. She also got a chest x-ray and it did not show any focal infiltrates. There was some linear scarring noted at the right base. The patient reports that her shortness of breath is improved. She says that she has some more nasal type symptoms. She is still a bit fatigued; but, she is getting a lot of production of phlegm from her cough.

PHYSICAL EXAMINATION:
VITAL SIGNS: Today, temperature is 98, pulse 80, respirations 16, blood pressure is 147/88, weight 143 pounds.
GENERAL: She is in no acute distress. Appears younger than her stated age.
HEART: Regular.
LUNGS: She has got rhonchi throughout the bilateral lung fields, both anteriorly and posteriorly. No frank crackles.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: Clinically appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis. She has improved. She is going to continue with antibiotic regimen and see us back in followup on 08/11/2011. She is given a work excuse

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth: (
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/04/2011

OFFICE NOTE

until next Monday. At her followup appointment we do need to go ahead and arrange consultation with pulmonology at McLeod for the indication of recurrent bronchitis.

Electronically Signed by Wallisa Vaughn, MD on 08/09/2011 at 12:35:55

Wallisa Vaughn, MD

DD: 08/04/2011 10:20:15 EST
DT: 08/04/2011 10:22:38 EST/MIS1359/5554913
JOB#: 144804

CAROLINA PHYSICIANS GROUP

Oct. 13. 2014 10:28AM Chesterfield Family Medicine No. 8049 P. 8/26

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

OFFICE NOTE

CHIEF COMPLAINT: Cough and heart palpitations.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today with a new complaint of heart palpitations. The patient reports that around 12 a.m., her phone rang. This startled her and awakened her from sleep. About an hour later, she noticed that her heart was still racing. She drifted off to sleep and woke about 5 minutes to 6 this morning. At that time, she states she noticed that her heart was still racing. During the course of the day, there has been a somewhat of a waxing and waning feeling of heart racing and palpitations. She has felt generally panicky, short of breath and fatigued. She was able to rest and take a nap earlier this afternoon prior to her appointment. She feels a bit better since the nap. She has had a recent bout of bronchitis and continues to have a good bit of a productive cough. She is using her rescue inhaler 2-3 times daily.

PHYSICAL EXAMINATION:
VITAL SIGNS: The patient is afebrile, pulse 80, respirations 16, blood pressure 139/89, weight 147 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular. No audible murmurs, rubs, or gallops.
LUNGS: Generally clear with the exception of the anterior aspect of the right upper lung. There is some focal wheezing there.
SKIN: Warm, dry, and intact.
NEUROLOGIC: Nonfocal.
PSYCHIATRIC: Patient is clinically appropriate.

ASSESSMENT AND PLAN: Recurrent bronchitis and heart palpitations.

I have started the patient on Flovent with hope that this will help to keep her airways open a bit more and we are going to get several exams including an EKG, CT of the chest with contrast, and an

CAROLINA PHYSICIANS GROUP
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Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth: (
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/11/2011

OFFICE NOTE

echocardiogram. I am going to refer the patient to McLeod Pulmonology per her previous request. I would like to see the patient back in 2 weeks for laboratory review.

Electronically Signed by Wallisa Vaughn, MD on 08/16/2011 at 17:28:24

Wallisa Vaughn, MD

DD: 08/11/2011 16:42:33 EST
DT: 08/11/2011 16:44:53 EST/MIS1260/5579634
JOB#: 153596

cc: McLeod Pulmonology

Oct. 1. 2014 5:33PM Chesterfield Family Medicine No. 8004 P. 33

CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

Date of Birth: [illegible]

OFFICE NOTE

HISTORY OF PRESENT ILLNESS: This is a 61-year-old African American female who is here today for followup secondary to the hospitalization recently from June 11th to June 14th bronchitis with bronchospasm. She states that she is improving. She still feels tired. She has an occasional cough. Sometimes she has a funny sensation in her stomach. She still has medication and is on tapering dose of prednisone and on antibiotic, Biaxin, and has Combivent inhaler which she uses as needed. She has not had any fevers or chills. Overall she feels better.

PAST MEDICAL HISTORY: Hypertension. Abnormal mammogram. Mildly elevated hyperlipidemia.

MEDICATIONS: Hydrochlorothiazide 25 mg p.o. daily. She is currently on Combivent and Biaxin.

PHYSICAL EXAMINATION:
Vitals: Temperature 98.2 degrees, BP 134/71, pulse 75, respiratory rate 18, weight 147 pounds. General: This is a pleasant, nontoxic-appearing female in no apparent distress. HEENT: Sclerae anicteric. Extraocular movements intact. Oropharynx moist without exudate. Neck: Supple. No lymphadenopathy. No bruits or thyromegaly. Lungs: Clear to auscultation bilaterally. No wheezes or rhonchi. Heart: Regular rate and rhythm, S1, S2. No murmur. Abdomen: Soft. Bowel sounds present. Nontender. Extremities: Without edema.

CLINICAL IMPRESSION:
1. Resolving bronchitis.
2. Hypertension.
3. Hyperlipidemia.
4. Abnormal mammogram.

PLAN:
1. Recommend to continue course of steroids and antibiotics. Follow up if symptoms persist or worsen.

Oct. 1. 2014 5:34PM Chesterfield Family Medicine No. 8004 P. 37
CAROLINA PHYSICIANS GROUP

Oct. 13. 2014 10:28AM Chesterfield Family Medicine No. 8049 P. 10/26

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Monica A. Ansani, MD
Date: 06/21/2011

OFFICE NOTE

2. Patient is to return for followup visit in August which will her in routine followup visit and at that time, is to have a repeat mammogram scheduled and follow up on her hyperlipidemia and hypertension.

Electronically Signed by Monica A. Ansani, MD on 06/21/2011 at 16:32:00

Monica A. Ansani, MD

DD: 06/21/2011 14:25:05 EST
DT: 06/21/2011 14:24:59 EST/MIS1262/5424272
JOB#: 953794

CHESTERFIELD GENERAL HOSPITAL
Oct. 13. 2014 10:28AM Chesterfield Family Medicine No. 8049 P. 11/26

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

CHIEF COMPLAINT: Laboratory review.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today for laboratory review. We last saw this patient about 2 weeks ago for concern of heart palpitations, status post treatment for recurrent bronchitis. I became particularly suspicious of lung pathology, so we sent her EKG, echocardiogram as well as CT chest. The only exam that is available for review today the CT chest. I reviewed with the patient that it showed mediastinal lymphadenopathy in the bilateral perihilar regions, clear lungs, bilateral dependent atelectasis and a small 4 mm nodule at the left pleural base. Also on further questioning the patient regarding her family history, she states that her father has a lengthy history of asthma. His cause of death was myocardial infarction. She does have a daughter who has sarcoidosis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.7, pulse 67, respirations 16, blood pressure 123/78, weight 145 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular.
LUNGS: Clear.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant and appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis, now noted to have mediastinal or perihilar lymphadenopathy.

We are going to proceed with her pulmonology referral which has already been scheduled for

Oct. 1. 2014 5:33PM Chesterfield Family Medicine No. 3004 P. 30

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

CHIEF COMPLAINT: Laboratory review.

HISTORY: Ms. Sowell is a 61-year-old African American female. She presents today for laboratory review. We last saw this patient about 2 weeks ago for concern of heart palpitations, status post treatment for recurrent bronchitis. I became particularly suspicious of lung pathology, so we sent her EKG, echocardiogram as well as CT chest. The only exam that is available for review today the CT chest. I reviewed with the patient that it showed mediastinal lymphadenopathy in the bilateral perihilar regions, clear lungs, bilateral dependent atelectasis and a small 4 mm nodule at the left pleural base. Also on further questioning the patient regarding her family history, she states that her father has a lengthy history of asthma. His cause of death was myocardial infarction. She does have a daughter who has sarcoidosis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 98.7, pulse 67, respirations 16, blood pressure 123/78, weight 145 pounds.
GENERAL: She is in no acute distress, appears her stated age.
HEART: Regular.
LUNGS: Clear.
SKIN: Warm, dry, and intact.
PSYCHIATRIC: She is pleasant and appropriate.

ASSESSMENT AND PLAN: Patient with recurrent bronchitis, now noted to have mediastinal or perihilar lymphadenopathy.

We are going to proceed with her pulmonology referral which has already been scheduled for

CAROLINA PHYSICIANS GROUP
Oct 13. 2014 10:26AM Chesterfield Family Medicine No. 8049 P. 3/26

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

OFFICE NOTE

September 28. She is doing well on Flovent with decreased cough. Will plan on seeing her back in followup after she has seen the folks in Florence.

Electronically Signed by Wallisa Vaughn, MD on 08/29/2011 at 17:18:02

Wallisa Vaughn, MD

DD: 08/25/2011 17:50:26 EST
DT: 08/25/2011 17:52:31 EST/MIS1260/5625539
JOB#: 169730

CAROLINA PHYSICIANS GROUP

Oct. 13. 2014 10:27AM Chesterfield Family Medicine No. 8049 P. 4/26

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, GENNETTE
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 08/25/2011

Date of Birth:

OFFICE NOTE

September 28. She is doing well on Flovent with decreased cough. Will plan on seeing her back in followup after she has seen the folks in Florence.

Electronically Signed by Wallisa Vaughn, MD on 08/29/2011 at 17:18:02

Wallisa Vaughn, MD

DD: 08/25/2011 17:50:26 EST
DT: 08/25/2011 17:52:31 EST/MIS1260/5625539
JOB#: 169730

Oct. 1. 2014 5:33PM Chesterfield Family Medicine No. 8004 P. 31

CAROLINA PHYSICIANS GROUP Chesterfield Family Medicine Oct. 13. 2014 10:34AM No. 8050 P. 4/53

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

OFFICE NOTE

CHIEF COMPLAINT: Cough and congestion.

HPI: The patient is a 61-year-old African American female who presents today with complaint of cough and congestion x 5-6 days. The weather changed overnight, last Thursday evening; and the patient reports that since the weekend she has had a productive cough and congestion as well as nasal drainage. Yesterday, while working, she became acutely short of breath and fatigued. She has had some subjective fever and chills. No nausea or vomiting. She has a diagnosis of recurrent bronchitis.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: She is a nonsmoker.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature is 98.6, pulse 88, respirations 18, blood pressure is 139/83, weight 143 pounds.
GENERAL: She is not acutely distressed, but does appear to be ill.
HEENT: Mucous membranes are moist.
NECK: Supple.
HEART: Regular.
LUNGS: Rhonchorous throughout, anteriorly and posteriorly. She almost has audible wheezing without a stethoscope.
SKIN: Warm, dry, and intact without rash.
NEUROLOGICAL: Nonfocal.
PSYCHIATRIC: She is clinically appropriate.

ASSESSMENT AND PLAN: Patient with acute bronchitis. Last time, she was treated with Levaquin. This time we are going to treat her with Bactrim DS 1 p.o. b.i.d. x1 week. She was given a shot of Depo-Medrol today; and she will do a prednisone burst. She will have Diflucan, Combivent, and Hycodan for p.r.n. use. She sees the pulmonologist on this coming Monday, so we would like to hearing

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

OFFICE NOTE

back from her on Tuesday with report from them; otherwise, we will see her back as she has been previously scheduled.

Electronically Signed by Wallisa Vaughn, MD on 09/27/2011 at 11:12:40

Wallisa Vaughn, MD

DD: 09/22/2011 13:07:01 EST
DT: 09/22/2011 13:09:15 EST/MIS1359/5715413
JOB#: 201158

CAROLINA PHYSICIANS GROUP

CAROLINA PHYSICIANS GROUP
721 Doctors Drive
Cheraw, SC 29520
(843) 537-5112

Patient Name: SOWELL, JENNETTE Date of Birth:
Patient Number:
Originator Name: Wallisa Vaughn, MD
Date: 09/22/2011

OFFICE NOTE

back from her on Tuesday with report from them; otherwise, we will see her back as she has been previously scheduled.

Electronically Signed by Wallisa Vaughn, MD on 09/27/2011 at 11:12:40

Wallisa Vaughn, MD

DD: 09/22/2011 13:07:01 EST
DT: 09/22/2011 13:09:15 EST/MIS1359/5715413
JOB#: 201158

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 12/06/2011

DOB:
Age: 61 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Sick visit. Has been coughing green mucus X2 weeks.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old black female with a past medical history of chronic bronchitis and allergic rhinitis. The patient had previously seen ENT who had given her Flonase and an anti-inflammatory, but she consistently and progressively got worse with the coughing and wheezing. The patient also denies any fever, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hyperlipidemia and leukopenia.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.1, blood pressure is 144/91, pulse is 90, respiratory rate is 16, height is 5 feet 4 inches, weight is 146 with a BMI of 25.1, and pulse ox is 97%.
General: A well-developed female.
HEENT: Normal. No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Shows diffuse wheeze but no rales and no rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No distention. No tenderness. No guarding. No rebound.
Skin: Well hydrated.

ASSESSMENT AND PLAN:
1. The patient has acute on chronic bronchitis. We will prescribe her nebulizer machine as well as give her a treatment here in the office. We will also give her a Z-Pak and Medrol Dosepak.
2. As far as her hypertension, our goal is to get her less than 140 and less than 90. When she comes

CLINIC NOTE

Name: SOWEL, GENNETTE

MRN: DOB:

Account #: DOS: 12/06/2011

back, we will get a CMP and FLP.
3. Leukopenia. We will try and get a CBC as well. The patient is to follow up in 2 to 3 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 12/23/2011 at 8:25:00 AM (EST) Verification: 519557822011122308250 0.

Print CC:
Fax CC:

D Date / Time: 12/13/2011 04:25 PM ET
T Date / Time: 12/14/2011 04:38 AM ET
R Date / Time:
S Job #: CGHS1955782
D Job #: 4612
MT: 161022

(337)

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENETTE

MRN: DOB:
Account #: Age: 61 Y
DOS: 12/27/2011 Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Hospital followup on acute asthma exacerbation.

HISTORY OF PRESENT ILLNESS: The patient was previously seen on December 21, 2011, with status asthmaticus, and she was hospitalized for approximately 4 days. The patient is a 51-year-old female here after hospitalization for acute asthma exacerbation. The patient denies any smoking.

PERTINENT PAST MEDICAL HISTORY: The patient did not have the symptoms until approximately 4 to 6 months ago.

REVIEW OF SYSTEMS: The patient has some mild fatigue and some dyspnea on exertion, but no shortness of breath at this time.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 97.9, blood pressure is 137/81, pulse is 74, respiratory rate is 16, height is 5 feet 4 inches, weight is 144, BMI is 24.7, and oxygen is 98%.
General: The patient appears thin, but otherwise in no apparent distress.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Light wheeze, but no rales and no rhonchi.
Cardiovascular: Shows regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: The patient carries a diagnosis of asthma, but may actually have sarcoidosis which is in the differential, and she does have a pulmonary referral from the hospital. The plan is that she will continue with the prednisone 20 mg two p.o. daily, Singulair 10 mg p.o. daily, Advair 250/50 one puff twice a day, Ventolin HFA 90 mcg q.4 h., and naproxen 500 mg p.o. twice daily. The patient and her

Oct. 1. 2014 5:32PM Chesterfield Family Medicine No. 3004 P. 19
CLINIC NOTE

CLINIC NOTE

Name: SOWELL, GENETTE

MRN: DOB:
Account #: DOS: 12/27/2011

daughter were advised to ask them about doing an angiotensin-converting enzyme test, and suggest that her mom possibly may have sarcoidosis as opposed to asthma.

This job has been electronically signed by: Rochelle Hammett MD on 02/24/2012 at 2:55:00 PM (EST) Verification: 526017652012022414550O .

Print CC:
Fax CC:

D Date / Time: 01/06/2012 02:51 PM ET
T Date / Time: 01/07/2012 07:01 AM ET
R Date / Time:
S Job #: CGH52601785
D Job #: 5852
MT: 161022

Patient Encounter Form
Date: 12-27-11

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: Age: 61 Y
DOS: 01/12/2012 Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Needs a note to go back to work, feeling better.

HISTORY OF PRESENT ILLNESS: This patient is a 61-year-old African American female here with a chronic cough and wheeze status post hospitalization. The patient was given IV Solu-Medrol while in the hospital and treated appropriately for her cough and wheeze.

PERTINENT PAST MEDICAL HISTORY: ALLERGIC RHINITIS.

REVIEW OF SYSTEMS: The patient does have slight dyspnea on exertion, but currently no shortness of breath or wheeze.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98. Blood pressure is 147/79. Pulse is 93. Respiratory rate is 12. Height is 5 feet 4 inches. Weight is 144. BMI is 24.7.
General: Well-developed female in no apparent distress.
HEENT: Normal except for she wears glasses.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory Exam: Clear to auscultation bilaterally. No wheezes. No rales. No rhonchi.
Cardiovascular: Regular rate and rhythm. No murmurs. No rubs. No gallops.
GI: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has a cough that is now resolving. She is eligible for the flu vaccine and Pneumovax today.
2. The rib fracture is healing and almost completely resolved. The patient mentions no history of trauma except a lot of coughing.
3. The patient was also prescribed Os-Cal vitamin D 500 mg p.o. twice daily secondary to decreased p.o.

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:

Account#: DOS: 01/12/2012

intake of calcium and low vitamin D levels.
4. The patient is to follow up with me in 4 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/09/2012 at 2:14:00 PM (EST) Verification: 53182S8120120509141400 .

Print CC:
Fax CC:

D Date / Time: 01/26/2012 09:38 AM ET
T Date / Time: 01/26/2012 03:55 PM ET
R Date / Time:
S Job #: CGH53182981
D Job #: 7001
MT: 415595

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 02/09/2012
DOB:
Age: 61 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Four-week followup on cough, rib fracture, went out in the wind and now congested, cough, just getting worse x2 to 3 days.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with the above chief complaint. She reports a nonproductive cough. She denies fevers, chills, sweats.

PERTINENT PAST MEDICAL HISTORY: Allergic rhinitis.

REVIEW OF SYSTEMS: Just coughing.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98, BP is 143/98, pulse is 100, respiratory rate is 16, height is 5 feet 4 inches, weight is 143, BMI is 24.5, SpO2 is 96%.
General: A well-developed female, in no apparent distress.
HEENT: Mild nasal edema.
Neck: Supple. No masses. No retractions.
Respiratory: Slight scattered wheeze, but no rales, no rhonchi.
Cardiovascular: Tachycardic. No murmurs, rubs, or gallops. No carotid bruit.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient is to take albuterol nebulized solution every 3 hours and cromolyn sodium every 6 hours x3 to 4 days for her asthma exacerbation, and she is to follow up with me on Tuesday.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:43:00 AM (EST) Verification: S42235702012041608430O .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:48 PM ET
T Date / Time: 03/01/2012 11:39 AM ET
R Date / Time:
S Job #: CGH54223570
D Job #: 3001304
MT: 161022 /133798

Final Chart Copy
Page 1 of 1

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 02/14/2012

DOB:
Age: 61 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup on coughing. Has alot of drainage in the back of her throat and she thinks it is coming from her nasal cavity. Flonase and Singulair are not working.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of rhinitis and asthma versus sarcoidosis. She is here for the above chief complaint.

PERTINENT PAST MEDICAL HISTORY: Asthma.

REVIEW OF SYSTEMS: The patient denies any nausea, vomiting, or diarrhea. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 97.8, blood pressure is 147/82, pulse is 74, respiratory rate is 16, height is 5 feet 4 inches, weight is 145, and BMI is 24.9.
General: A well-developed female.
HEENT: The patient is wearing glasses. She has severe nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN:
1. The patient has rhinitis. She will take Mucinex.
2. As far as her asthma versus sarcoidosis, she seems to be doing well in that respect, and she will

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 02/14/2012

continue as is. The patient has been referred to Dr. Dyce for her chronic rhinitis, and will follow up with me in 2 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/16/2012 at 8:44:00 AM (EST) Verification: 5422356920120416084400 .

Print CC:
Fax CC:

D Date / Time: 02/29/2012 01:42 PM ET
T Date / Time: 03/01/2012 08:49 AM ET
R Date / Time:
S Job #: CGH54223569
D Job #: 3001303
MT: 161022

Oct. 1. 2014 5:31PM Chesterfield Family Medicine No. 3004 P. 11
Encounter Form Date: 2-14-12

OCT-13-2014 10:23AM Chesterfield Family Medicine SOWELL, GENNETTE No. 8047 P. 56/73

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: Age: 62 Y
DOS: 03/27/2012 Sex

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Wheezing, coughing x3 weeks, feels like something is in her throat. The phlegm has been clear.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old African American female with a history of obstructive lung disease. The patient also has a history of elevated blood pressures.

PERTINENT PAST MEDICAL HISTORY AND FAMILY HISTORY: As noted above.

REVIEW OF SYSTEMS: Also, as noted above in the history of present illness.

PAST SOCIAL HISTORY: Negative for smoking.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.1, blood pressure is 153/95, pulse is 72, respiratory rate is 18. Height is 5 feet 4 inches, weight is 146, BMI is 25.1. SpO2 93% to 94%.
General: Well-developed female, mild distress.
HEENT: No retractions.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Clear to auscultation bilaterally.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops. No carotid bruits.
Gastrointestinal: No tenderness. No distention. No guarding. No rebound.

ASSESSMENT AND PLAN: The patient has obstructive/restrictive lung disease, or combination of both.

The patient will be given:
1. Advair.
2. Singulair.
3. DuoNeb solution.

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN: DOB:
Account #: DOS: 03/27/2012

4. Medrol Dosepak

She is to follow up with me in 4 to 6 weeks.

This job has been electronically signed by: Rochelle Hammett MD on 05/11/2012 at 2:41:00 PM (EST) Verification: 552205872012051114410O .

Print CC:
Fax CC:

D Date / Time: 04/03/2012 01:15 PM ET
T Date / Time: 04/03/2012 07:34 PM ET
R Date / Time:
S Job #: CGH55220587
D Job #: 3001921
MT: 574332

Oct. 1. 2014 5:31PM Chesterfield Family Medicine No. 8004 P. 8
Patient Encounter Fo

Date: 3-27-12

Oct. 1. 2014 10:23AM Chesterfield Family Medicine SOWELL No. 8047 P. 53/73

OWELL, GENNETTE M (id , dob:

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:
Account #:
DOS: 05/08/2012
DOB:
Age: 62 Y
Sex:

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Followup. Needs refill on hydrochlorothiazide.

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old African American female who has obstructive restrictive lung disease, here with a cough productive of yellow phlegm. The patient denies any fevers, chills, or sweats.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: No nausea. No vomiting. No diarrhea.

PHYSICAL EXAMINATION:
Vital Signs: Temp is 98.3. BP is 141/80. Pulse is 62. Respiratory rate is 18. Height is 5 feet 4 inches. Weight is 144. BMI of 24.7.
General: A well-developed female in no apparent distress.
HEENT: Nasal edema. No erythema.
Neck: Supple. No masses. No thyromegaly.
Respiratory: Exam shows a few scattered wheezes. Regular rate and rhythm on cardiovascular exam. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN:
1. The patient has hypertension. We will give her hydrochlorothiazide 25 mg p.o. daily.
2. Asthma with acute bronchitis. A Z-Pak and Medrol Dosepak.
3. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 05/17/2012 at 10:36:00 AM (EST) Verification: 562771952012051710360O .

Print CC:
Fax CC:

D Date / Time: 05/11/2012 02:12 PM ET
T Date / Time: 05/12/2012 09:55 AM ET
R Date / Time:
S Job #: CGR5S277195
D Job #: 3002591
MT: 415595

Carolina Physicians Group
715 South Doctors Drive
Suite B
Cheraw, SC 29520
843 537 5112

CLINIC NOTE

Name: SOWELL, GENNETTE

MRN:		DOB:	
Account #:		Age:	63 Y
DOS:	03/19/2013	Sex:	F

Dictated By: Hammett, Rochelle MD

CHIEF COMPLAINT: Coughing, wheezing, getting stuck in throat and upper chest x1 week, just getting worse.

HISTORY OF PRESENT ILLNESS: The patient is a 63-year-old female with the above chief complaint. She has a history of chronic asthma exacerbation that was determined to be work-related and was suggested that she removed herself from the job, which she has not yet. The patient is going to work this morning and came at the end of the day to the clinic to be assessed.

PERTINENT PAST MEDICAL HISTORY: Hypertension.

REVIEW OF SYSTEMS: As noted above. No fevers, chills, or sweats.

PHYSICAL EXAMINATION:
Vital Signs: Temperature is 98.3, blood pressure is 132/80, pulse is 73, respiratory rate is 18, height is 5 feet 4 inches, weight is 156, BMI is 26.8, and pulse ox is 97%.
General: A well-developed female, audibly wheezing.
Neck: Supple. No masses. No thyromegaly. No JVD.
Respiratory: Diffuse scattered wheezes. She was given a nebulizer treatment.
Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.

ASSESSMENT AND PLAN: Asthma exacerbation, hypertension, and acute bronchitis. The patient was given a Z-Pak and Medrol Dosepak. She was also warned that if she is to again have these symptoms, that she is to come to the clinic right away and not go to work and she agreed. She is to follow up in 3 months.

This job has been electronically signed by: Rochelle Hammett MD on 04/09/2013 at 1:04:00 PM (EST) Verification: 638482592013040913040O .

Print CC:
Fax CC:

D Date / Time: 03/25/2013 02:24 PM ET
T Date / Time: 03/26/2013 08:07 AM ET
R Date / Time:
S Job #: CGH63848259
D Job #: 3007821
MT: 1088567

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SOWELL, GENNETTE (id dob:

Provider JOSE DEDIOS MD

Insurance Med Primary

Insurance #:
Prescription: CMX - Member is eligible.

Chief Complaint

New Consult, asthma, cough

HPI

Pt has no history of childhood asthma. Started being SOB a couple of years now. SOB has gotten worse the past year. She bronchitis several yrs ago and since that time she has been wheezing and been SOB daily. She was diagnosed with asthm previous lung doctor. Her triggers include pollen, dust. She was placed on Symbicort BID. She was also placed on Prednis from Nov 2012 until Jan 2013 and she completely felt fine but her BP increased. Since being off steroids, she has been mis SOB. She has daily and nighly symptoms.

No recent change in the environment. Non smoker but was exposed to people who smoked. Has pet dogs but she is not all No other pets. Denies molds.

Problems

- Asthma, unspecified (493.90)
- Unspecified allergic alveolitis and pneumonitis (495.9)
- Acute bronchospasm (519.11)
- Esophageal reflux (530.81)
- Hypersomnia, unspecified (780.54)

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION Inhale 3 mL twice a day by inhalation route.	04/08/13 prescribed
ALLEGRA 180 MG TABLET Take 1 tablet(s) every day by oral route.	04/08/13 entered
BROVANA 15 MCG/2 ML NEB SOLUTION Inhale 2 mL every day by inhalation route.	04/08/13 entered
CALCIUM 500	04/08/13 entered
EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR Inject 1 injector(s) by intramuscular route.	04/08/13 prescribed
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE Take 1 capsule(s) every day by oral route.	04/08/13 entered
IPRATROPIUM BROMIDE 0.02 % SOLN FOR INHALATION Inhale 2.5 mL every 6 hours by inhalation route., a	04/08/13 entered
K-DUR 20 MEQ TABLET,EXTENDED RELEASE Take 1 tablet(s) every day by oral route.	04/08/13 entered
MAGNESIUM take 1 tab	04/08/13 entered

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SOWELL, GENNETTE (id # dob:

NEXIUM 40 MG CAPSULE,DELAYED RELEASE Take 1 capsule(s) twice a day by oral route.	04/08/13	prescribed
PREDNISONE 10 MG TABLET Take 1 tablet(s) every day by oral route.	04/08/13	prescribed
SINGULAIR 10 MG TABLET Take 1 tablet(s) every day by oral route.	04/05/13	entered
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER Inhale 2 puff(s) twice a day by inhalation route.	04/08/13	prescribed
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/08/13	prescribed
XOLAIR 150 MG SUB-Q SOLN Inject 375 mg every 2 weeks by subcutaneous route.	04/08/13	prescribed

Social History

Reviewed Social History
General IM
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
Smoking Status: Never smoker.
Alcohol intake: None.
exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes (died age: 86)
Father - Coronary Artery Disease (died age: 84)
- Asthma

Document Review

Discussed the following orders:
- XOLAIR 150 MG SUB-Q SOLN - 04/08/13
- VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER - 04/08/13
- ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION - 04/08/13
- SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER - 04/08/13
- CULTURE, SPUTUM - 04/08/13
- NEXIUM 40 MG CAPSULE,DELAYED RELEASE - 04/08/13
- EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR - 04/08/13
- PREDNISONE 10 MG TABLET - 04/08/13
- TWO VIEW- X-RAY, CHEST - 04/08/13

Vitals

Ht: 5 ft 4 in	Wt: 152 lbs	BMI: 26.1
BP: 163/83	Pulse: 76 bpm	RR: 22
O2Sat: 99%	T: 97.3 F°	Age: 63

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SOWELL, GENNETTE (id [redacted] dob: [redacted]

ROS

Patient reports **cough, wheezing, shortness of breath, sputum production, and chest tightness; daily and nightly sin** She reports no depression; **would wake up gasping or choking related to** SOB. She reports no fever, no significant weig fatigue, no generalized weakness, and no pallor. She reports no chest pain on exertion, no palpitations, no edema, and no nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no edema. **Additionally reports: A full ROS was done and everything else is negative**
ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: **mild distress**. Ambulation: ambulating normall

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Nose: nares patent and no septal deviation. Lips, Teeth, and Gums: **Mallampati score 3-4. Large tongue.**. Oropha mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: **dyspneic**. Percussion: **hyperresonance**. Auscultation: **decreased breath sounds, inspiratory and expiratory wheezing; able to speak sentences w/o being SOB.**.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and R vessels: no JVD. Pulses including femoral / pedal: **radial pulses normal.**

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness.

Musculoskeletal:: Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: **no clubbing.**

Assessment / Plan

1. **ASTHMA, UNSPECIFIED** (493.90) - Patient likely has adult onset asthma for which she is very symptomatic daily and ni allergic to pollen and dust. She is steroid dependent. She has been off steroids since Jan because of her elevated BP. a lower prednisone dose. I will try to get her to have Xolair. D/W pt asthma plan. Told her she should get an epi pen. Sl a bronchitis -- I will order CXR. I will hold off on antibiotics for now.
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - TWO VIEW- X-RAY, CHEST
   - PREDNISONE 10 MG TABLET - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
   - EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR - Inject 1 injector(s) by intramuscular route. Qty: 1 injec Refills: 0 Pharmacy: CVS/PHARMACY #3565
   - CULTURE, SPUTUM
   - SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER - Inhale 2 puff(s) twice a day by inhalation r unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565 Note to Pharmacy: Please instruct patient how to use this.
   - ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION - Inhale 3 mL twice a day by inhalation route. Qty: 180 mL Pharmacy: CVS/PHARMACY #3565
   - VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER - Inhale 2 puff(s) every 4 hours by inhalation route as nee unit(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
   - XOLAIR 150 MG SUB-Q SOLN - Inject 375 mg every 2 weeks by subcutaneous route. Qty: 750 mg Refills: 1 Pl CVS/PHARMACY #3565

2. **ESOPHAGEAL REFLUX** (530.81) - She has GERD which likely is not optimally controlled and this can make asthma har Will increase her Nexium to BID.
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT
   - NEXIUM 40 MG CAPSULE,DELAYED RELEASE - Take 1 capsule(s) twice a day by oral route. Qty: 60 capsule(s)

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	INHALATION	
	ALBUTEROL SULFATE 0.63 MG/3 ML NEB SOLUTION Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
	BUDESONIDE 0.5 MG/2 ML NEB SUSPENSION	12/19/12 filled
	CALCIUM 500	04/08/13 entered
	CROMOLYN 20 MG/2 ML NEB SOLUTION	11/20/12 filled
	EPINEPHRINE 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR Inject 1 injector(s) by intramuscular route.	04/23/13 prescribed
	HYDROCHLOROTHIAZIDE 25 MG TABLET	04/29/13 filled
	IPRATROPIUM BROMIDE 0.02 % SOLN FOR INHALATION Inhale 2.5 mL every 6 hours by inhalation route. a	04/08/13 entered
	K-DUR 20 MEQ TABLET,EXTENDED RELEASE Take 1 tablet(s) every day by oral route.	04/08/13 entered
	MAGNESIUM take 1 tab	04/08/13 entered
	MONTELUKAST 10 MG TABLET	04/24/13 filled
	NASONEX 50 MCG/ACTUATION SPRAY	01/16/13 filled
	NEXIUM 40 MG CAPSULE,DELAYED RELEASE Take 1 capsule(s) twice a day by oral route.	04/23/13 prescribed
	PREDNISONE 10 MG TABLET Take 1 tablet(s) every day by oral route.	05/22/13 prescribed
	SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER Inhale 2 puff(s) twice a day by inhalation route.	04/23/13 prescribed
	VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed
	XOLAIR 150 MG SUB-Q SOLN Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed

Family History	Discussed Family History Mother - Diabetes (died age: 86) Father - Coronary Artery Disease (died age: 84) - Asthma
Past Medical History	[illegible]: Y [illegible]: Y GERD/Reflux: Y
Vaccine History	None recorded.

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Electronically Signed by: JOSE DEDIOS MD

5/29/13

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Patient	Sowell, Genette (63 YR, F)
DOB	[redacted]

Patient Demographics:

Address	[redacted]	Home Phone	[redacted]
		Work Phone	

Encounter Notes:

Encounter Reason/Date	f/u asthma very sob. asthma flaring up. 01/07/2014 - 09:30AM - TMG_The Medical Group Suite 302 303
History of Present Illness	Pt is here for f/u on her asthma. Since last seen, she states that her asthma has been stable until 3 weeks ago. She started coughing -- yellow sputum. More SOB. wheeze. (-) fevers, chills. She took ZPAK which made her feel better for a bit but her sx got worse. She was tapering down steroids to 5 mg/day when sx got worse. She is back on 10 mg of Pred for a month now. Last xolair was dec 31. she gets xolair q 2 weeks. She is working on getting disability. (-) hemoptysis. Has nightly sx. (-) sick contacts. She got the flu shot in 2013.
Review of Systems	Patient reports weight loss (6 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, sputum production, painful respiration, and chest tightness but reports no coughing up blood and no stridor. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS as noted in the HPI
Vitals	01/07/2014 10:06:59

Wt:	139 lbs	BP:	167/97	Pulse:	99 bpm
RR:	22	O2Sat:	99%	T:	97.1 F*
Ht:	5 ft 4 in	BMI:	23.9		

Procedure	None recorded.
Results/Interpretations	None recorded.

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Physical Exam

Patient is a 63-year-old female.

Constitutional: General Appearance: healthy-appearing. Level of Distress: mild distress. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; more wheezing compare to last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. Exacerbation of asthma - Pt's asthma get worse during the winter time plus the fact that she probably has bronchitis.

CXR today was reviewed and did not show infiltrates.
Will give steroid shot and inc pred to 20 mg/day/ Will treat for bronchitis with levaquin.
Will discuss about BT at MUSC on f/u. She is working on getting disability. Her work environment makes her asthma worse. If her asthma is still not controlled despite being on disability, will pursue consulting MUSC for bronchial thermoplasty. I discussed this plab with the pt and she is in agreement.
493.92: Asthma, unspecified type, with (acute) exacerbation

- ASTHMA ACTION PLAN: AFTER YOUR VISIT
- Depo-Medrol 40 mg and Decadron 4 mg - Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now Sample dispensed. Sample Qty: 1
- Pt will likely have poorly controlled asthma for which she is very symptomatic daily and nighly. She is allergic DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization - Inhale 3 mL every 4 hours by nebulization route as needed. Sample dispensed. Sample Qty: 120 3 mL blist pack(s)

2. Asthma -

to pollen and dust. She is steroid dependent. Her IgE is 480.
PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
Cont xolair q 2 weeks. Started it in July 1, 2013. cont Bactrim for PCP prophylaxis.
Asthma is worse during winter.
Pt will wean off dalirresp 2 to psych issues.
Will need PFT and chest ct scan on f/u prior to BT.
Asthma is flared up now. Cont symbicort, singulair, flonase, xolair. Will inc Pred to 20 mg/day. Will treat for bronchitis.
Will consider BT consult at MUSC on F/U.

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493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- prednisone 10 mg tablet - Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Singulair 10 mg tablet - Take 1 tablet(s) every day by oral route at bedtime. Qty: 30 tablet(s) Refills: 3
  Pharmacy: CVS/PHARMACY #3565
- Flonase 50 mcg/actuation nasal spray,suspension - Inhale 2 spray(s) every day by intranasal route at bedtime.
  Qty: 1 spray(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

3. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
530.81: Other specified disorders of esophagus; esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

4. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
Plan to start cpap 9 on once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

5. Obesity - Lost 6 lbs.
278.00: Obesity, unspecified
- Take 1 Tablet(s) every day by oral route for 7 days. Qty: 7 tablet(s) Refills: 0
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

6. Bronchitis - S/P ZPAK in dec. Will start levaquin.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT
- TWO VIEW X-RAY, CHEST
- levofloxacin 750 mg tablet -
  Pharmacy: CVS/PHARMACY #3565

I extensively discussed with the patient the diagnosis of Bronchitis. I told the patient to watch out for worsening

Discussion

Discussion Notes

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds,

of symptoms. If the patient has worse symptoms despite the medications prescribed, the patient was instructed to call our clinic or his/her PCP's clinic or go to the Emergency Room. Patient verbalizes understanding of the plan.

I extensively discussed with the patient potential side effects of Levofloxacin/Fluoroquinolone such as kidney failure and tendinitis and patient understands. Patient is instructed to call us if with untoward side effects.

Return to Office
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 02/04/2014 at 09:00 AM

Patient Medical History:

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Encounter Summary - Progress Note
Date Printed: 01/07/2014

Allergies List	Reviewed Allergies ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date		Source
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	08/04/12	filled	Caremark
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL (Max 4 day by inhalation route.	04/23/13	prescribed	Jose Dedios, MD
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled	Caremark
Calcium 500	04/08/13	entered	Donna Catoe
Cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled	Caremark
Dalirespi 500 mcg tablet	10/10/13	filled	Caremark
Depo-Medrol 40 mg and Decadron 4 mg Depo-Medrol 40 mg and Decadron 4 mg pls give 40 mg medrol IM now	01/07/14	sample given	Jose Dedios, MD
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: p c give duoneb now	01/07/14	sample given	Jose Dedios, MD
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Inject 1 injection(s) by intramuscular route.	04/23/13	prescribed	Jose Dedios, MD
Flonase 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14	prescribed	Jose Dedios, MD
hydrochlorothiazide 25 mg tablet	12/28/13	filled	Caremark
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: x	04/08/13	entered	Donna Catoe
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered	Donna Catoe
levofloxacin 750 mg tablet Take 1 tab-s(s) every day by oral route for 7 days, stop 01/14/2014	01/07/14	prescribed	Jose Dedios, MD

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magnesium take 1 tab	04/08/13 entered		Donna Catoe
methylprednisolone 4 mg tablets in a dose pack	11/27/13 filled		Caremark
Nasonex 50 mcg/actuation Spray	12/07/13 filled		Caremark
Nexium 40 mg capsule,delayed release TAKE - CAPSULE(S) TWICE A DAY BY ORAL ROUTE	12/07/13 filled		Caremark
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	01/07/14 prescribed		Jose Dedios, MD
Singulair 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime	01/07/14 prescribed		Jose Dedios, MD
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) 2 times a week by oral route for 20 days.	11/03/13 filled		Caremark
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler Inhale 1 puff(s) twice a day by inhalation route.	12/06/13 filled		Caremark
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13 prescribed		Jose Dedios, MD
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13 prescribed		Jose Dediok, MD

Family History

Reviewed Family History

Mother	- Diabetes mellitus (died age: 96) - previously recorded as Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 84) - previously recorded as Coronary Artery Disease

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Vaccine History

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Dose #	Exp.	VIS Date	Vaccine

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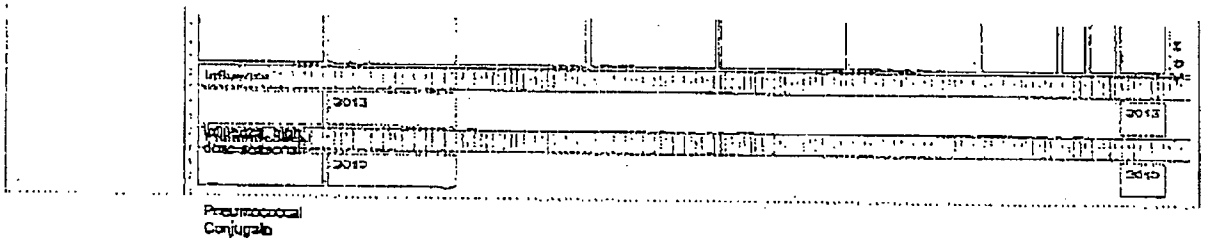
Date Printed: 01/07/2014



Electronically Signed by: JOSE DEDIOS MD

HARTSVILLE MEDICAL GROUP LLC - 701 Medical Park Dr Hartsville SC 29550-4778

SOWELL, GENNETTE (id dob:
HARTSVILLE MEDICAL GROUP LLC
701 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191
Fax: (843) 383-4142

Encounter Summary - Progress Note
Date Printed: 02/04/2014

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Patient	Sowell, Genette (63 YR, F)
DOB	

Patient Demographics:

Address		Home Phone	
		Work Phone	

Encounter Notes:

Encounter Reason/Date	f/u for asthma 02/04/2014 - 09:00AM - TMG_The Medical Group Suite 302 303
History of Present Illness	Pt is here for f/u on her asthma. Since last seen, she states that her asthma has been better since she has been on medical leave. (-) wheeze. Less SOB. (-) cough, cp, fevers, chills. Still gets Xolair q 2 weeks.
Review of Systems	Patient reports weight loss (6 lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and chest tightness but reports no coughing up blood and no stridor; less SOB and wheeze. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema. Additionally reports: A full and complete Review of Systems was done and all other systems are negative. ROS as noted in the HPI
Vitals	02/04/2014 09:04 am Wt: 142 lbs BP: 157/95 Pulse: 84 bpm RR: 16 O2Sat: 99% T: 96.8 F
Procedure	None recorded.
Results/Interpretations	None recorded.
Physical Exam	Patient is a 63-year-old female. Constitutional: General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally. Head: Head: normocephalic and atraumatic. Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

HARTSVILLE MEDICAL GROUP LLC · 701 MEDICAL PARK DR, HARTSVILLE SC 29550-4778

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Encounter Summary - Progress Note
Date Printed: 02/04/2014

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezing since last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment and Plan

1. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 85%.
   Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it in July 1, 2013. cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter.
   Pt will wean off dalfresp 2 to psych issues.
   Cont symbicort, singulair, flonase, xolair.
   Will consider BT consult at MUSC if asthma gets worse again.
   Plan to dec symbicort to 1P BID. Dec pred to 5 mg daily for 1 month then 5 mg EOD. Has been on pred for at least 1 yr.
   Need PFT.
   Plan is for pt to be on med leave until April then resume work then.
   Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making her asthma worse.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT
   - ABG (ARTERIAL STICK ONLY)
   - COMPLETE PFT W/ POST BRONCHODILATOR SPIROMETRY

2. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
   530.81: Other specified disorders of esophagus; esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30, CPAP of 9. Did not tolerate CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on fu.
   327.23: Organic sleep apnea; obstructive sleep apnea (adult)(pediatric)

4. Obesity - Lost 6 lbs.

[illegible] MEDICAL GROUP LLC - 701 Medical Park Dr, Hartsville SC 29550-4778

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Encounter Summary - Progress Note
Date Printed: 02/04/2014

278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion
Discussion Notes
I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pts meds.

Return to Office
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 04/03/2014 at 08:30 AM

Patient Medical History:

Allergies List	Reviewed Allergies ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date		Source
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled	Caremark
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed	Jose Dedios, MD
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled	Caremark
Calcium 500	04/08/13	entered	Donna Cates
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/28/13	filled	surescripts
cromolyn 20 mg/2 mL solution for nebulization	11/26/12	filled	Caremark
Dalirelp 500 mcg tablet	10/10/13	filled	Caremark
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by	01/07/14	sample given	Jose Dedios, MD

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Encounter Summary - Progress Note
Date Printed: 02/04/2014

Nebulization route as needed. Internal Note: pt give duonebs now			
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	01/07/14	filled	Caremark
hydrochlorothiazide 25 mg tablet	01/27/14	filled	Caremark
Ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: a	04/08/13	entered	Donna Caloe
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered	Donna Caloe
levofloxacin 750 mg tablet Take 1 tablet(s) every day by oral route for 5 days.	01/07/14	filled	Caremark
magnesium take 1 tab	04/08/13	entered	Donna Caloe
methylprednisolone 4 mg tablets in a dose pack	11/21/13	filled	Caremark
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	02/03/14	filled	Caremark
Nasonex 50 mcg/actuation Spray	12/07/13	filled	Caremark
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE	12/07/13	filled	Caremark
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	01/07/14	filled	Caremark
simvastatin 40 mg tablet	01/09/14	filled	Caremark
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 20 days.	11/03/13	filled	Caremark
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	01/12/14	filled	eurosrcpts
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed	Jose Dedios, MD

No. 8053 P. 32/49
Chesterfield Family Medicine
3. 2014 10:49AM

SOWELL, GENNETTE (id , dob:
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Encounter Summary - Progress Note
Date Printed: 02/04/2014

	Xolair 150 mg subcutaneous solution 04/23/13 prescribed Inject 300 mg every 2 weeks by subcutaneous route.	Jose Dedios, MD

Family History

Reviewed Family History

Mother	- Diabetes mellitus (died age: 86) - previously recorded as Diabetes
Father	- Asthma
	- Coronary arteriosclerosis (died age: 64) - previously recorded as Coronary Artery Disease

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux Y

Vaccine History

Reviewed Vaccines

Vaccine Type	Dose	Amt	Route	Site	Lot #	Mfr	Exp Date	Dose Seq	Vac Give #	Vaccine Info
Influenza, high dose seasonal	2013								2013	
Pneumococcal Conjugate	2010								2013	

Electronically Signed by: JOSE DEDIOS MD

Sowell, Genette (ID), DOB:
HARTSVILLE MEDICAL GROUP LLC

No. 8053 P. 33/49 Unesterfield Family Medicine 2014 10:49AM

Health Management Associates
The Medical Group Suite 302 303
701 Medical Park Dr Suite 302-303
Hartsville, SC 29550-4778
Phone: (843) 383-5191, Fax: (843) 383-4142

Date: 04/03/2014

RE: Genette Sowell, DOB: PT ID:

Dear Rochelle D Hammett MD,

I would like to thank you for refering Genette Sowell to our practice for consultation and evaluation of f/u asthma/pt file worker com/not working at this time/feeling great . on 04/03/2014. I have enclosed a copy of the office evaluation for your records. Once again, thank you for allowing me to participate in the care of this patient.

Sincerely,

Electronically Signed by: JOSE DEDIOS MD

ENCOUNTER REASON/DATE

f/u asthma/pt file worker com/not working at this time/feeling great
04/03/2014 - 08:30AM - TMG_The Medical Group Suite 302 303

PROBLEMS:

Problems not reviewed (last reviewed 02/04/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

ALLERGIES:

Reviewed Allergies
ZYRTEC: Hives

MEDICATIONS:

Reviewed Medications

Name	Date
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12 filled
albuterol sulfate 0.83 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
Bactrim DS 800 mg-160 mg tablet Take 1 tablet(s) 3 times a week by oral route for 30 days.	04/03/14 prescribed
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12 filled
Calcium 500	04/08/13 entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/25/13 filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12 filled

HARTSVILLE MEDICAL GROUP LLC - 701 Medical Park Dr, Hartsville SC 29550-4778

OWELL, GENETTE (id

Deliresp 500 mcg tablet	10/10/13	filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duonab now.	01/07/14	sample given
epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector Take 1 auto(s) as needed by injection route as directed for 30 days.	04/03/14	prescribed
fluticasone 50 mcg/actuation nasal spray,suspension Inhale 2 spray(s) every day by intranasal route at bedtime.	03/26/14	filled
hydrochlorothiazide 25 mg tablet	03/23/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	03/08/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE 1 CAPSULE(S) TWICE A DAY BY ORAL ROUTE.	03/12/14	filled
prednisone 10 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	03/27/14	filled
prednisone 2.5 mg tablet Take 1 tablet(s) every day by oral route for 30 days.	04/03/14	prescribed
simvastatin 40 mg tablet	03/05/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Family History:

Reviewed Family History

Mother - Diabetes mellitus (died age: 88)
- previously recorded as Diabetes

Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Social History:

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.
exposed to smoke at work has lived at present home for 25 yrs: (+) dogs: (-) birds: (-) molds, rubs

Surgical History

Reviewed Surgical History
- Hysterectomy

Additional History

None recorded.

Oct. 13. 2014 10:48AM Chesterfield Family Medicine [illegible] No. 8053 P. 24/49

History of Present Illness:

Pt is here for fu on her asthma and SOB.
Since last seen, she states that she has been getting xolair q 2 weeks. Has not missed a dose.
She has filed workmans comp.
She has not gone back to work and has felt better and asthma is better since not being back to work.
She was able to drop predsnisone to 5 mg/d for a month now but had to inc to 10 mg/d since last week 2 to spring.
Her sx are not as bad as when she was working though.
She is OK with 10 mg/d.
Almost daily wheeze.
On and off cough.
SOB with more than ADLs.
Hs woken up 2 nights 2 to wheeze last week.
(-) fevers, chills, cp.

Has not been admitted to the hospital nor has been sick since last seen.

She is happy with the way her asthma is right now.

Review of Systems:

Patient reports weight gain (4lbs) but reports no fever, no fatigue, no generalized weakness, and no pallor. She reports cough, wheezing, shortness of breath, and chest tightness but reports no coughing up blood and no stridor; less SOB and wheeze compared to mos ago.. She reports no dry eyes and no vision change. She reports no difficulty hearing. She reports no bleeding gums. She reports no chest pain on exertion, no palpitations, no edema, and no paroxysmal nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinence and no difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching. She reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. She reports no swollen glands, no easy bruising, and no excessive bleeding. She reports no edema.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional:
General Appearance: healthy-appearing. Level of Distress: NAD. Ambulation: ambulating normally.

Head:
Head: normocephalic and atraumatic.

Eyes:
Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT:
Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and nares patent. Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck:
Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs:
Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles or rhonchi and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezing since last seen.

Cardiovascular:
Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen:
Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal::
Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic:
Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin:
Inspection and palpation: no rash or lesions. Nails: no clubbing.

PROCEDURE DOCUMENTATION

None recorded.

ASSESSMENT/PLAN

1. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen and dust. She is steroid dependent. Her IgE is 480.
PFT (1/2012) FEV1/FVC 71%, FEV1 1.6 95%.
PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
ABG (4/2014) 7.4, 43, 75
Chest CTA (Chesterfield, 12/2011) -- No pulm emboli.
Cont symbicort 160/4.5 1-2P BID, alb neb, singulair, flonase.
Cont xolair q 2 weeks. Started it inJUly 1, 2013. Has not been working since Jan 2014.
Cont Bactrim for PCP prophylaxis.
Asthma is worse during winter/spring/season changes.
Plan to dec symbicort to 1P BID once present flare is better.
She is on Pred 10 mg/d now. Once asthma is better, she will dec pred to 5 mg/d, then 2.5 mg/day, then EOD then dc if at all possible.
Pt is significantly improved since being off work. Her asthma has been better. Clearly, her work environment was making her asthma worse.
493.90: Asthma, unspecified type, unspecified
- ASTHMA IN ADULTS: AFTER YOUR VISIT
- Bactrim DS 800 mg-160 mg tablet - Take 1 tablet(s) 3 times a week by oral route for 30 days. Qty: 12.86 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
- prednisone 2.5 mg tablet - Take 1 tablet(s) every day by oral route for 30 days. Qty: 30 tablet(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565
- epinephrine 0.3 mg/0.3 mL (1:1,000) injection,auto-injector - Take 1 auto(s) as needed by injection route as directed for 30 days. Qty: 1 auto(s) Refills: 3 Pharmacy: CVS/PHARMACY #3565

2. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
530.81: Esophageal reflux
- GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolerate CPAP. Had asthma flare.
Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
Plan to discuss cpap again on f/u.
She wants to hold off on cpap. Will force the issue if BP remains a problem.
327.23: Obstructive sleep apnea (adult)(pediatric)

4. Obesity
278.00: Obesity, unspecified
- STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
- ADVISED TO LOSE WEIGHT

5. Bronchitis - S/P Levaquin in Jan.
CXR (Jan) no infiltrate.
Clinically better.
Will observe.
490: Bronchitis, not specified as acute or chronic
- BRONCHITIS: AFTER YOUR VISIT

Discussion
Discussion Notes
I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Asthma. Patient understands. I stressed the importance of NOT smoking as it makes asthma worse. We discussed asthma plan. Patient understands.

I spent at least 25 minutes with the patient today and more than 50% of the time was spent counseling and coordinating care. I extensively discussed the plan of care with the patient. Patient understands. We have been in contact with the infusion center in Florence which gives pt's meds.

I extensively discussed with the patient the diagnosis, pathophysiology, and treatment options for Obstructive Sleep Apnea (OSA). I discussed with the patient that untreated OSA is a cardiovascular risk factor, risk factor for arrhythmias and stroke. Untreated OSA would make it more difficult to control pulmonary problems such as asthma or COPD. Patient understands.

Return to Office

- to see Jose Dedios, MD at TMG_The Medical Group Suite 302 303 on or around 07/03/2014
- Jose Dedios, MD for Established Patient 30 at TMG_The Medical Group Suite 302 303 on 07/10/2014 at 08:30 AM

Oct. 13. 2014 10:42AM Chesterfield Family Medicine No. 8053 P. 2/49

HARTSVILLE MEDICAL GROUP LLC • 701 Medical Park Dr, Hartsville SC 29550-4778

SOWELL, GENNETTE (id dob:

Encounter performed and documented by Jose Dedios, MD
Encounter reviewed & signed by Jose Dedios, MD on 07/18/2014 at 7:07pm

Encounter Date: 07/07/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID#	Appt. Date/Time	07/07/2014 09:00AM
DOB		Service Dept.	TMG_The Medical Group Suite :
Provider	JOSE DEDIOS MD		
Insurance	Med Primary: Insurance # : Policy/Group # Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Chief Complaint

f/u for asthma / pt to receive injections. patient is here for dyspnea as well.

HPI

patient is here for followup on her asthma. Since last seen, she had to change insurance and because of that, she was not cc infusion Center for her Xoliar. She has not received Xolair since April. Since being off it, she has more dyspnea, wheezing, cc had to be on prednisone at 20 mg a day to control her asthma since April.

Patient also had an accidant where in she blanked out while driving. This was started July. Her potassium was low. She takes

Asthma seems stable with high dose of prednisone.

Patient has not been admitted nor has been an antibiotic since last seen.

Problems

Reviewed Problems
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date	
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12	filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13	prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14	filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12	filled
Calcium 500	04/08/13	entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13	filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12	filled
Daliresp 500 mcg tablet	10/10/13	filled

HARTSVILLE MEDICAL GROUP LLC · 701 Medical Park Dr, Hartsville SC 29550-4778

SOWELL, GENNETTE (id lob: (

DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duioneb now.	01/07/14	sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14	filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14	renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14	filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route. Internal Note: a	04/08/13	entered
K-Dur 20 mEq tablet,extended release Take 1 tablet(s) every day by oral route.	04/08/13	entered
magnesium take 1 tab	04/08/13	entered
montelukast 10 mg tablet TAKE 1 TABLET BY MOUTH AT BEDTIME	05/05/14	filled
Nasonex 50 mcg/actuation Spray	12/07/13	filled
Nexium 40 mg capsule,delayed release TAKE ONE CAPSULE BY MOUTH TWICE A DAY	05/05/14	filled
prednisone 10 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY	05/19/14	renewed
prednisone 2.5 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE FOR 30 DAYS.	05/03/14	filled
simvastatin 40 mg tablet TAKE 1 TABLET EVERY DAY	05/03/14	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE 1 TABLET(S) 3 TIMES A WEEK BY ORAL ROUTE FOR 30 DAYS.	05/01/14	filled
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler TAKE 1 PUFF BY MOUTH TWICE A DAY.	02/17/14	changed
Ventolin HFA 90 mcg/actuation aerosol inhaler Inhale 2 puff(s) every 4 hours by inhalation route as needed.	04/23/13	prescribed
Xolair 150 mg subcutaneous solution Inject 300 mg every 2 weeks by subcutaneous route.	04/23/13	prescribed

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	Lot #	Mfr.	Exp. Date	Date on VIS	VIS Given	Vaccinator
Influenza										
influenza, high dose seasonal	2013								2013	
Pneumococcal										
Pneumococcal Conjugate	2010								2010	

Social History

Reviewed Social History
General IM
Smoking Status: Never smoker.
Alcohol intake: None.
Occupation: employed deli piggly wiggly.
Marital status: Widowed 7 children.

SOWELL, GENNETTE (ic dob:

exposed to smoke at work; has lived at present home for 25 yrs; (+) dogs; (-) birds; (-) molds, tubs

Past Medical History

Reviewed Past Medical History
Allergies: Y
Asthma: Y
GERD/Reflux: Y

Surgical History

Reviewed Surgical History
- Hysterectomy

Family History

Reviewed Family History
Mother - Diabetes mellitus (died age: 86)
- previously recorded as Diabetes
Father - Asthma
- Coronary arteriosclerosis (died age: 84)
- previously recorded as Coronary Artery Disease

Document Review

Discussed the following orders:
- BASIC METABOLIC PANEL - 07/07/14

Discussed the following results:
- Clinical Document - 06/30/14
- Clinical Document - BRIOVARX - CORNELIA GA - BRIOVARX - CORNELIA GA - 06/24/14
- Clinical Document - 05/09/14

Vitals

07/07/2014 09:06 am

Wt:	145 lbs	BP:	168/88	Pulse:	80 bpm
RR:	20	O2Sat:	97%	T:	96.9 F°
Ht:	5 ft 4 in	BMI:	24.9		

ROS

Patient reports cough, wheezing, shortness of breath, and sputum production but reports no coughing up blood, no strid painful respiration; Rest of Pulmonary ROS as written in the HPI. As mentioned in HPI.. She reports no fever, no significa loss, no fatigue, no generalized weakness, and no pallor. She reports no dry eyes and no vision change. She reports no diffic She reports no bleeding gums. She reports no chest pain/discomfort, no chest pain on exertion, no palpitations, and no parox nocturnal dyspnea. She reports no abdominal pain, no nausea, no vomiting, and normal appetite. She reports no incontinenc difficulty urinating. She reports no muscle aches and no muscle weakness. She reports no jaundice, no rashes, and no itching reports no loss of consciousness, no weakness, and no numbness. She reports no depression and no sleep disturbances. Sh increased thirst. She reports no swollen glands, no easy bruising, no excessive bleeding, and no petechiae. She reports no e varicose veins, and no pain.
Additionally reports: A full and complete Review of Systems was done and all other systems are negative.
ROS as noted in the HPI

Physical Exam

Patient is a 64-year-old female.

Constitutional: General Appearance: overweight. Level of Distress: NAD. Ambulation: ambulating normally.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or septal deviation and

SOWELL, GENNETTE (id , dob:

Lips, Teeth, and Gums: Mallampati score 3-4. Large tongue.. Oropharynx: moist mucous membranes and no erythema.

Neck: Neck: supple, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no rales/crackles and decreased breath sounds, diminished air movement, inspiratory wheezing, and expiratory wheezing; less wheezi last seen..

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RR vessels: no JVD. Pulses including femoral / pedal: radial pulses normal.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft, non-distended, and no tenderness. Liver: non-tender and r hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal:: Motor Strength and Tone: normal. Extremities: no cyanosis, edema, or varicosities.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact.

Skin: Inspection and palpation: no rash or lesions. Nails: no clubbing.

Assessment / Plan

1. Asthma - Patient likely has adult onset asthma for which she is very symptomatic daily and nighly. She is allergic to pollen
   She is steroid dependent. Her IgE is 480.
   PFT (1/2012) FEV1/FVC 71%, FEV1 1.8 95%.
   PFT (4/2014) FEV1/FVC 65, FEV1 1.63 67%.
   ABG (4/2014) 7.4, 43, 75
   Chest CTA (Chesterfield, 12/2011) – No pulm emboli.
   Cont symbicort 160/4.5 2P BID, alb neb, singulair, flonase.
   Cont xolair q 2 weeks. Started it inJUly 1, 2013.Has not been working since Jan 2014.
   patient was all was worse off xolair. Patient to take medication today.
   Plan to be on xolair q. 2 weeks.
   We need to call the company so she can get a discounted price. She P. $69 a month. She was being 1000 dollars when getting it in Florence.
   Continue xoliar. feels better on it.
   Plan to wean off prednisone for the next month. Decrease to 10 mg a day for 2 weeks then 5 mg a day for 2 weeks until I
   Cont Bactrim for PCP prophylaxis.
   Asthma is worse during winter/spring/season changes.
   493.90: Asthma, unspecified type, unspecified
   - ASTHMA IN ADULTS: AFTER YOUR VISIT

2. Gastroesophageal reflux disease - Reflux is stable. cont nexium BID.
   530.81: Esophageal reflux
   - GASTROESOPHAGEAL REFLUX DISEASE (GERD): AFTER YOUR VISIT

3. Obstructive sleep apnea syndrome - PSG discussed with the patient. She was mild OSA, worse during REM sleep.
   PSG (5/29/13) AHI 6, REM AHI 30. CPAP of 9. Did not tolertae CPAP. Had asthma flare.
   Plan to start cpap 9 cm once asthma is better controlled. Pt has claustrophobia.
   Plan to discuss cpap again on f/u.
   She wants to hold off on cpap. Will force the issue if BP remains a problem.
   Will discuss sleep apnea in followup.
   327.23: Obstructive sleep apnea (adult)(pediatric)

4. Obesity
   278.00: Obesity, unspecified
   - STARTING A WEIGHT LOSS PLAN: AFTER YOUR VISIT
   - ADVISED TO LOSE WEIGHT

5. Hypokalemia - patient had hypokalemia causing her to black out start of July.
   She is on a higher dose of potassium.
   We'll talk about sleep apnea in 2 weeks.
   276.8: Hypopotassemia
   - BASIC METABOLIC PANEL

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SOWELL, GENNETTE (id [redacted] dob: [redacted]

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 07/21/2014

Patient

Name	SOWELL, GENNETTE (64, F) ID	**Appt. Date/Time**	07/21/2014 01:30PM
DOB		**Service Dept.**	TMG_The Medical Group Suite :
Provider	MICHELLE-ANNE K IVERSON DO		
Insurance	Med Primary: : Insurance # : Policy/Group # : Employer Name : UNKNOWN Prescription: CMX - Member is eligible. details Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inqu Prescription: ESI1 - Member is eligible. details		

Chief Complaint

here for injections

Problems

Problems not reviewed (last reviewed 07/07/2014)
- Asthma
- Gastroesophageal reflux disease
- Hypersomnia

Allergies

Reviewed Allergies
ZYRTEC: Hives

Medications

Reviewed Medications

Name	Date
Advair Diskus 500 mcg-50 mcg/dose powder for inhalation	09/04/12 filled
albuterol sulfate 0.63 mg/3 mL solution for nebulization Inhale 3 mL twice a day by inhalation route.	04/23/13 prescribed
amlodipine 10 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	05/05/14 filled
budesonide 0.5 mg/2 mL suspension for nebulization	12/19/12 filled
Calcium 500	04/08/13 entered
cetirizine 10 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/26/13 filled
cromolyn 20 mg/2 mL solution for nebulization	11/20/12 filled
Daliresp 500 mcg tablet	10/10/13 filled
DuoNeb 0.5 mg-3 mg(2.5 mg base)/3 mL solution for nebulization Inhale 3 mL every 4 hours by nebulization route as needed. Internal Note: pls give duioneb now.	01/07/14 sample given
EpiPen 2-Pak 0.3 mg/0.3 mL (1:1,000) injection,auto-injector TAKE 1 AUTO(S) AS NEEDED BY INJECTION ROUTE AS DIRECTED FOR 30 DAYS.	04/03/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension USE 2 SPRAYS IN EACH NOSTRIL AT BEDTIME	06/17/14 renewed
hydrochlorothiazide 25 mg tablet TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	04/22/14 filled
ipratropium bromide 0.02 % solution for inhalation Inhale 2.5 mL every 6 hours by inhalation route.	04/08/13 entered