

**Fill in this information to identify the case:**

Debtor 1 Tehum Care Services, Inc.

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Southern District of Texas

Case number 23-90089 (CML)

Official Form 410

**Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. **Who is the current creditor?** Andrea Abraham, as Personal Representative of the Estate of Gregory A. Abraham, deceased  
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. **Has this claim been acquired from someone else?**  No  
 Yes. From whom? \_\_\_\_\_

3. <b>Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Marc S Berlin - Feiger Law P.C.</u> Name <u>19390 West Ten Mile Road</u> Number Street <u>Southfield MI 48075</u> City State ZIP Code Contact phone <u>(248) 355-5555</u> Contact email <u>m.berlin@feigerlaw.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		

4. **Does this claim amend one already filed?**  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
 MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**  No  
 Yes. Who made the earlier filing? \_\_\_\_\_



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 8 2 3

7. How much is the claim? \$ \$ 1,178,369.93. Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
Wrongful death lawsuit pending as result of medical malpractice

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_%  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_
- Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ \_\_\_\_\_
- Wages, salaries, or commissions (up to \$15,150\* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ \_\_\_\_\_
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_
- Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/11/2023  
MM / DD / YYYY

Kenneth Beams  
Signature

Print the name of the person who is completing and signing this claim:

Name Kenneth R. Beams  
First name Middle name Last name

Title Attorney for the creditor

Company Kenneth R. Beams, PLLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 32400 Telegraph Road, Suite 103  
Number Street

Bingham Farms MI 48025  
City State ZIP Code

Contact phone 248-396-3987 Email kennethbeams@gmail.com

# **EXHIBIT 1**

**Case Expense Summary (Original STI)**

Fieger, Fieger, Kenney &amp; Harrington P.C.

Case Range: 20197.000 to 20197.000  
 Date Range: 01/01/80 to 07/17/23  
 Employee Range: 0 to 999

Case No.: 20197.000 Abraham (dec'd)/Gregory

Civil Rights - 1983

<b>Date</b>	<b>Em</b>	<b>Amount</b>	<b>Description</b>
03/19/2020	HA	1.50	TELEPHONE - Melvindale, MI
03/23/2020	HA	0.50	DOCUMENT REPRODUCTION - CORRESPONDENCE
mm/dd/yyyy	HA	1.00	DOCUMENT REPRODUCTION - MEMOS
03/25/2020	HA	6.90	Postage
mm/dd/yyyy	HA	2.50	DOCUMENT REPRODUCTION - CONTRACT
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - ENV TO CLIENT
mm/dd/yyyy	HA	2.00	DOCUMENT REPRODUCTION - FOIA REQUEST
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - ENV FOIA
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - FOIA ENV
mm/dd/yyyy	HA	0.65	Postage
03/26/2020	HA	13.80	Postage
mm/dd/yyyy	HA	2.00	DOCUMENT REPRODUCTION - FOIA REQ
mm/dd/yyyy	HA	2.00	DOCUMENT REPRODUCTION - FOIA REQ
mm/dd/yyyy	HA	0.50	Postage
03/30/2020	HA	1.00	DOCUMENT REPRODUCTION - LTR TO CLIENT
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - ENV TO CLIENT
mm/dd/yyyy	HA	0.50	Postage
04/07/2020	HA	2.00	DOCUMENT REPRODUCTION - FOIA REQUEST
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - ENV FOIA
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - FOIA ENV
mm/dd/yyyy	HA	6.90	Postage
04/21/2020	HA	0.50	Postage
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - LTR TO CLIENT
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - AFF HEIR
mm/dd/yyyy	HA	0.50	DOCUMENT REPRODUCTION - ENV TO CLIENT
mm/dd/yyyy	HA	0.50	Postage
04/28/2020	MS	0.50	Postage
05/07/2020	MS	190.00	open estate Howard T. Linden, P.C.
05/08/2020	MS	0.50	DOCUMENT REPRODUCTION - LINDEN
05/12/2020	MS	1.00	DOCUMENT REPRODUCTION - LTR TO CLIENT RE SOCIAL MEDIA
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - LTR TO CLIENT W/SIGNED CONTRACT
mm/dd/yyyy	MS	2.50	DOCUMENT REPRODUCTION - CONTRACT
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - ENVELOPE

**Case Expense Summary (Original STI)**

Fieger, Fieger, Kenney &amp; Harrington P.C.

<u>Date</u>	<u>Em</u>	<u>Amount</u>	<u>Description</u>
mm/dd/yyyy	MS	0.65	Postage
05/14/2020	MS	1.00	DOCUMENT REPRODUCTION - MEDICAL AUTH
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - EMPLOYMENT AUTH
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - HEIR AT LAW
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - LTR TO CLIENT W/AUTHS
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - ENVELOPE
mm/dd/yyyy	MS	1.30	Postage
05/21/2020	MS	0.50	DOCUMENT REPRODUCTION - AFF OF HEIR
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - LTR TO CLIENT
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - ENVELOPE
mm/dd/yyyy	MS	1.00	Postage
05/28/2020	MS	117.59	records County of Kent
06/05/2020	MS	96.50	DOCUMENT REPRODUCTION - FOIA RESPONSE
06/08/2020	MS	0.50	DOCUMENT REPRODUCTION - KENT INV
06/16/2020	MS	0.50	DOCUMENT REPRODUCTION - EMAIL FROM CLIENT
mm/dd/yyyy	MS	3.00	DOCUMENT REPRODUCTION - TIMELINE
06/24/2020	MS	0.50	DOCUMENT REPRODUCTION - AUTHORIZATION
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - EMPLOYMENT AUTH
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - RECORD REQUEST EMPLOYMENT
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - ENVELOPE
mm/dd/yyyy	MS	0.50	Postage
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - DEATH CERTIFICATE
mm/dd/yyyy	MS	1.00	DOCUMENT REPRODUCTION - LETTERS OF AUTHORITY
06/25/2020	MS	6.00	FACSIMILE - FAX REQUEST
mm/dd/yyyy	MS	1.50	DOCUMENT REPRODUCTION - AUTHORIZATIONS
mm/dd/yyyy	MS	0.30	TELEPHONE - Brighton, MI
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - LETTERS OF AUTHORITY
06/29/2020	MS	55.82	records MRO Corporation inv# 35835888 HFHS
07/13/2020	MS	10.00	FACSIMILE - FAX REQUEST
mm/dd/yyyy	MS	0.30	TELEPHONE - Brighton, MI
07/14/2020	MS	0.50	DOCUMENT REPRODUCTION - DEATH CERT
mm/dd/yyyy	MS	8.00	FACSIMILE - FAX REQUEST
07/24/2020	MS	2.50	TELEPHONE - Livonia, MI
07/27/2020	MS	1.00	DOCUMENT REPRODUCTION - EXPERT CV
08/18/2020	MS	65.00	records Minute Man Services, Inc. inv# 163661B Spectrum
08/25/2020	MS	2.00	DOCUMENT REPRODUCTION - FOIA RESPONSE
08/26/2020	MS	65.00	estate publication Howard T. Linden, P.C.
mm/dd/yyyy	MS	101.10	records Minute Man Services, Inc. inv# 163661C Spectrum
09/01/2020	MS	0.50	DOCUMENT REPRODUCTION - MCMUNN FEE SCHEDULE
mm/dd/yyyy	MS	2.00	DOCUMENT REPRODUCTION - MICHAEL MCMUNN CV
mm/dd/yyyy	MS	1.00	DOCUMENT REPRODUCTION - MCMUNN INTRO LETTER

**Case Expense Summary (Original STI)**

Fieger, Fieger, Kenney &amp; Harrington P.C.

<u>Date</u>	<u>Em</u>	<u>Amount</u>	<u>Description</u>
09/10/2020	MS	472.20	records Minute Man Services, Inc. inv# 163661A Spectrum Blodgett
mm/dd/yyyy	MS	472.20	Minute Man Services, Inc. records inv# 163661-A on SpectrumHealthlBlogettHosp
09/16/2020	MS	0.50	DOCUMENT REPRODUCTION - EXPERT FEE SCHEDULE
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - MEMO FOR APPROVAL OF EXPERT
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - MEMO FOR APPROVAL OF EXPERT
09/17/2020	MS	3000.00	Expert - Michael D. McMunn retainer
09/25/2020	MS	25.38	records MRO Corporation inv# 37676336 HFH
10/12/2020	MS	0.50	DOCUMENT REPRODUCTION - LTR TO MCMUNN W/DISK FOR REVIEW
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - COPY LTR TO MCMUNN W/RECORDS TO REVIEW
11/19/2020	MS	1218.75	Expert - Michael D. McMunn inv# Abra2020 reviews, conference
11/20/2020	MS	2000.00	Expert - Jeremy D. Graham retainer
12/01/2020	MS	1.00	DOCUMENT REPRODUCTION - LTR TO DR. GRAHAM W/RECORDS
12/02/2020	MS	38.83	FEDEX: j graham 675250841073
12/14/2020	MS	2975.00	Expert - Jeremy D. Graham reviews, research
05/05/2021	MS	190.00	open estate Howard T. Linden, P.C. letter
05/12/2021	MS	0.50	DOCUMENT REPRODUCTION - INVOICE REPRODUCTION
10/13/2021	MS	1.50	TELEPHONE - Melvindale, MI
12/17/2021	MS	0.50	DOCUMENT REPRODUCTION - LTR TO CLIENT
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - ENV TO CLIENT
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - ENV TO CLIENT
mm/dd/yyyy	MS	146.00	DOCUMENT REPRODUCTION - NOTICE OF INTENT
12/20/2021	MS	1.76	Postage
mm/dd/yyyy	MS	65.10	Postage
12/21/2021	MS	0.50	DOCUMENT REPRODUCTION - LETTER TO CLIENT
01/06/2022	MS	0.50	DOCUMENT REPRODUCTION - MED RECORDS
01/07/2022	MS	0.50	DOCUMENT REPRODUCTION - MM INVOICE
01/17/2022	MS	1.80	TELEPHONE - Melvindale, MI
06/14/2022	MS	12.00	open estate Howard T. Linden, P.C. letter
06/28/2022	MS	0.50	DOCUMENT REPRODUCTION - CHECK REQUEST
mm/dd/yyyy	MS	3.50	DOCUMENT REPRODUCTION - AFFIDAVIT OF MERIT
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - LETTER TO DR. GRAHAM
mm/dd/yyyy	MS	0.50	DOCUMENT REPRODUCTION - LETTER TO DR. GRAHAM
mm/dd/yyyy	MS	5.00	DOCUMENT REPRODUCTION - AFFIDAVIT TO DR. GRAHAM
mm/dd/yyyy	MS	260.00	filing fee Kent County Circuit Court complaint

**Case Expense Summary (Original STI)**

Fieger, Fieger, Kenney &amp; Harrington P.C.

<u>Date</u>	<u>Em</u>	<u>Amount</u>	<u>Description</u>
mm/dd/yyyy	MS	52.49	Federal Express Federal Express Corporation recipient j graham 549138451713
07/01/2022	MS	7.50	DOCUMENT REPRODUCTION - COMPLAINT
mm/dd/yyyy	MS	45.94	Federal Express Corporation Federal Express recipient m berlin
mm/dd/yyyy	MS	1.00	DOCUMENT REPRODUCTION - JURY DEMAND
07/05/2022	MS	1.00	Parking - Grand Rapids - RCM
mm/dd/yyyy	MS	187.50	Mileage - Grand Rapids complaint - RCM
mm/dd/yyyy	MS	6.00	DOCUMENT REPRODUCTION - COMPLAINT
mm/dd/yyyy	MS	11.00	DOCUMENT REPRODUCTION - COMPLAINT
07/08/2022	MS	11.00	DOCUMENT REPRODUCTION - TC COMPLAINT
07/11/2022	MS	80.35	process service - American Court Services LLC Inv# 16522
mm/dd/yyyy	MS	1.96	Postage
07/16/2022	MS	140.00	process service - American Court Services LLC Inv# 16521
07/26/2022	MS	1.68	Postage
07/27/2022	MS	1.62	Postage
08/01/2022	MS	1.14	Postage
10/20/2022	MS	0.50	DOCUMENT REPRODUCTION - ORDER
10/25/2022	MS	1.50	TELEPHONE - Melvindale, MI
01/19/2023	MS	2.50	TELEPHONE - Grand Rapids, MI
01/20/2023	MS	0.57	Postage
01/30/2023	MS	2.22	Postage
mm/dd/yyyy	MS	28.75	FEDEX: Kent County Circuit Court 394030407618
mm/dd/yyyy	MS	19.50	DOCUMENT REPRODUCTION - WITNESS & EXHIBIT LISTS
01/31/2023	MS	60.50	DOCUMENT REPRODUCTION - LIEN REQUESTS
02/06/2023	MS	1.74	Postage
02/08/2023	MS	2.34	Postage
mm/dd/yyyy	MS	0.06	Postage
03/31/2023	MS	3.80	filing fee Pacer Service Center 00790080 01427284
06/13/2023	MS	12.00	open estate Howard T. Linden, P.C. letter
Case Total:		12380.99	
Totals:		12380.99	

# **EXHIBIT 2**

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

Date	Service Description	Amount
3/17/2020	Review of fact information from intake department	.6
3/17/2020	Meeting with client for initial interview	1.0
3/23/2020	Preparation of memorandum with summary of interview of client	.3
3/23/2020	Correspondence prepared to client from Geoffrey Fieger, Esq. regarding retention of representation	.1
3/23/2020	Prepared contract for legal representation	.2
3/23/2020	Send contract for legal representation to client to be signed	.1
3/25/2020	Review of documents from client including death certificate, timeline and probate documents	.4
3/23/2020	Prepared and served Freedom of Information Act Request to Kent County Jail and Sheriff Department	.2
4/7/2020	Review of return receipt green card from Kent County Jail	.1
4/20/2020	Correspondence prepared to August Abraham with affidavit of heir-at-law prepared	.3
4/28/2020	Review transfer memo and file	.2
4/28/2020	Correspondence prepared to client advising of Heather Abreu's department from firm and transfer to Marc Berlin	.1
5/1/2020	Review hard copy of file regarding status; telephone call to client to discuss same	.6



**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

5/1/2020	Telephone conference to client regarding review of file being transferred, review of records, probate documents and video	.2
5/7/2020	Telephone conference with Howard Linden Esq.; review of probate documents; and telephone conference with client regarding Letters of Authority	1.0
5/12/2020	Correspondence prepared to client with copy of fully executed contract for legal representation	.1
5/12/2020	Correspondence prepared to client discussing social media posting	.1
5/15/2020	Preparation of authorizations for Spectrum Health, employment, HIPAA and affidavit of heir-at-law for Andrea Abraham	.4
5/15/2020	Correspondence prepared to client with authorizations for Spectrum Health, employment, HIPAA and affidavit of heir-at-law to client	.1
5/21/2020	Receipt and review of signed authorizations and affidavit from client	.2
5/27/2020	Correspondence prepared to Kent County Sheriff Department with follow-up on FOIA request	.1
6/8/2020	Receipt and review of records and files from Kent County sheriff Department (193 pages)	1.0
6/16/2020	Receipt and review of correspondence from client requesting confirmation of receipt of timeline and status of obtaining records and videos	.1
6/24/2020	Preparation of request for employment records served on Livonia Police Department	.2

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

6/24/2020	Receipt and review of additional signed authorizations from client including employment, Ascension Health System and Henry Ford Health System	.1
6/24/2020	Receipt and review of letters of authority issued by Livingston County Circuit Court	.1
6/25/2020	Preparation of request for radiology records and films served on Henry Ford Health System	.3
6/25/2020	Preparation of request for complete chart of medical records served on Henry Ford Health System	.3
6/25/2020	Preparation of request for complete chart of medical records served on Ascension Health System	.3
7/7/2020	Receipt and review of invoice for copies of records from Henry Ford Health System and approval of same	.1
7/23/2020	Receipt and review of records and files from Brighton Recovery Center (48 pages)	.4
7/27/2020	Receipt and review of records and files from City of Livonia Police Department (19 pages)	.2
7/27/2020	Receipt and review of potential expert Michael McMunn CRNA's curriculum vitae	.1
7/27/2020	Receipt and review of potential expert Gordon Bouchard R.N.'s curriculum vitae	.1
8/3/2020	Receipt and review of records and files from Henry Ford West Bloomfield Hospital & Medical Center (37 pages)	.3

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

8/7/2020	Preparation of request for complete file of employment and retirement records from City of Livonia		.3
8/26/2020	Receipt and review of invoice for copies of records from Spectrum Health Radiology Department		.1
8/26/2020	Receipt and review of records and files from Spectrum Health Blodgett Hospital and Spectrum Health Butterworth Hospital (2 CDs)		.2
8/27/2020	Receipt and review of invoice and proof of publication regarding estate from Howard T. Linden, Esq. and approval of same		.1
8/27/2020	Receipt and review of invoice for copies of billing records from Spectrum Health System and approval of same		.1
8/27/2020	Receipt and review of billing records and files from Spectrum Health System (34 pages)		.3
9/1/2020	Receipt and review of potential expert Michael McMunn's fee schedule & W-9		.1
9/1/2020	Receipt and review of potential expert Michael McMunn's retainer agreement and introductory letter		.2
9/10/2020	Receipt and review of invoice for copies of records from Spectrum Health Blodgett Hospital and approval of same		.1
9/10/2020	Receipt and review of records and files from Spectrum Health Blodgett Hospital and Spectrum Health Butterworth Hospital (932 pages)		2.0
9/15/2020	Receipt and review of additional records and files from City of Livonia Police Department (61 pages)		.6

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

9/15/2020	Receipt and review of employment records and files from City of Livonia (232 pages)	2.0
9/20/2020	Preparation of review of records and creation of timeline from Kent County Correctional Facility and Kent County Sheriff Department records	.3
9/28/2020	Receipt and review of invoice for radiology records and films from Henry Ford Health System	.1
10/12/2020	Correspondence prepared to expert Michael McMunn with records to review and signed retainer agreement	.1
12/1/2020	Receipt and review of invoice for expert retainer from Jeremy Graham M.D.	.1
12/1/2020	Receipt and review of expert Jeremy Graham M.D.'s curriculum vitae & W-9	.3
12/1/2020	Correspondence prepared to expert Jeremy Graham M.D. with records to review	.1
12/3/2020	Receipt and review of decedent's obituary with Harry Will Funeral Homes	.1
12/3/2020	Conduct telephone conference with expert Michael McMunn CRNA to discuss case and his opinion of same.	.6
12/3/2020	Preparation of summary and notes from telephone conversation with expert Michael McMunn CRNA after review of records	.3
12/15/2020	Receipt and review of expert Jeremy Graham M.D.'s observation and notes after review of records	.3
12/15/2020	Receipt and review of invoice for review of records from expert Jeremy Graham M.D. and approval of same	.1

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

12/15/2020	Receipt and review of expert Jeremy Graham M.D.'s chronology of events after review of records	.4
2/2/2021	Conduct telephone conference with expert Jeremy Graham M.D. to discuss case and his opinion of same.	.6
2/2/2021	Preparation of summary and notes from telephone conversation with expert Jeremy Graham M.D. after review of records	.3
5/17/2021	Receipt and review of invoice for updated letters of authority from Howard T. Linden, Esq. and approval of same	.1
6/4/2021	Review of photographs of decedent in hospital	.1
11/2/2021	Receipt and review of correspondence from Kent County Prosecutor's office regarding falsified breathalyzers	.2
12/16/2021	Review of medical records received to make allegations for standard of care allegations against potential Defendants for notice of intent to file claim.	3.0
12/16/2021	Preparation of notice of intent to file claim	8.0
12/21/2021	Correspondence prepared to client with copy of notice of intent and summary of malpractice act	.1
1/6/2022	Preparation of request for medical records, radiology records/films and billing records from Spectrum Health System through Minute Man Services	.2
1/6/2022	Receipt and review of invoice for updated medical records and files from Spectrum Health Blodgett Hospital and approval of same	.1

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

1/7/2023	Receipt and review of invoice for updated billing records from Spectrum Health System and approval of same	.1
6/28/2022	Preparation of affidavit of meritorious on behalf of expert Jeremy Graham M.D.	.4
6/28/2022	Correspondence prepared with affidavit of meritorious defense to expert Jeremy Graham M.D. for review and signature	.1
6/29/2022	Receipt and review of updated Letters of Authority issued by the Livingston County Probate Court	.1
6/29/2022	Review of additional photographs of decedent's family, children and boating received from client	.1
7/1/2022	Preparation of complaint with jury demand	1.0
7/1/2022	Preparation of summons issued to Defendants Corizon Health Inc. and Daniel Carrel D.O.	.3
7/5/2022	Receipt and review of fully executed affidavit of meritorious defense by expert Jeremy Graham M.D.	.2
7/8/2022	Receipt and review of true copies/filled copies of Plaintiff's complaint with affidavit of meritorious defense, jury demand and summons	.2
7/8/2022	Correspondence prepared to client with copies of filed complaint with affidavit of meritorious defense and jury demand	.1
7/27/2022	Correspondence prepared to attorney Devlin Scarber with copies of decedent's medical records, billing records, letters of authority, death certificate, City of Livonia records, Kent County FOIA response, and films from Spectrum Health System	.1

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

7/27/2022	Correspondence prepared to client requesting potential witness information, estate heir information, and medical treaters	.1
7/27/2022	Preparation of Return of Service on Defendant Defendants Corizon Health Inc. and Daniel Carrel D.O. for services of summons, complaint, affidavit of meritorious defense and jury demand.	.2
8/1/2022	Correspondence prepared to client with authorizations to be signed on behalf of Defendants	.2
8/19/2022	Receipt and review of completed information from client regarding witness information, estate heir information, and treaters.	.3
8/19/2022	Receipt and review of photograph from client showing decedent with his family	.1
9/26/2022	Receipt and review of Defendants answer to complaint, further answers, reservation of rights, reliance on Plaintiff's jury demand, and affirmative defenses.	.4
10/6/2022	Receipt and review of the Court's notice for scheduling conference	.1
10/24/2022	Preparation of pretrial scheduling order	.3
10/24/2022	Correspondence prepared to Judge Quist with Plaintiff's proposed pretrial scheduling order and explanation of needed additional discovery time.	.1
10/28/2022	Receipt and review of Defendant Daniel Carrel D.O.'s affidavit of meritorious defense.	.4
11/3/2022	Receipt and review of the Court's detailed scheduling order including deadlines for trial.	.2



**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

11/7/2022	Receipt and review of email correspondence from client with additional potential witnesses.	.1
11/21/2022	Receipt and review of the Court's issued Order for Parties to participate in facilitative mediation.	.1
12/27/2022	Receipt and review of correspondence from ADR Clerk directed to Robert Riley, Esq. regarding appointment as facilitator.	.1
1/19/2023	Correspondence prepared to Robert Riley requesting facilitation be scheduled including a proposed stipulation naming facilitator and caption	.1
1/20/2023	Correspondence prepared to client advising of scheduling order dates, as well as detailed information as to each deadline or date.	.2
1/24/2023	Correspondence prepared to counsel requesting status of approval on stipulation naming facilitator.	.1
1/24/2023	Receipt and review of notice of scheduled facilitation date from Robert Riley.	.1
1/27/2023	Receipt and review of potential expert Dennis Simpson's curriculum vitae and W-9.	.4
1/30/2023	Correspondence prepared to Medicaid-Michigan Department of Health & Human Services with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Correspondence prepared to Medicare with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Correspondence prepared to Blue Cross Complete of Michigan with supporting documentation requesting any purported medical expenses and lien.	.2



**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

1/30/2023	Correspondence prepared to McLaren Health Plan with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Correspondence prepared to Meridian Health Plan of Michigan Services with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Correspondence prepared to Molina Healthcare of Michigan with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Correspondence prepared to Priority Health Choice with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Correspondence prepared to United Healthcare Community Plan with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Preparation of Plaintiff's lay and expert witness lists.	.6
1/30/2023	Correspondence prepared to court for filing Plaintiff's lay and expert witness lists.	.1
1/30/2023	Correspondence prepared to counsel providing a copy of Plaintiff witness list and requesting status of approval on stipulation naming facilitator.	.1
1/31/2023	Receipt and review of correspondence from counsel as well as approval signature on stipulation naming facilitator.	.1
2/6/2023	Receipt and review of Defendants interrogatories and request for production of documents directed to Decedent	.5
2/6/2023	Receipt and review of unsigned proposed authorizations for client to sign.	.3

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

2/6/2023	Receipt and review of response correspondence from Medicaid-Michigan Department of Health & Human Services confirming no subrogation interests.	.1
2/7/2023	Receipt and review of response correspondence from Multiplan Ameritas confirming no subrogation interests; not a member.	.1
2/7/2023	Receipt and review of response correspondence from McLaren Health Plan of Michigan requesting order to compel before providing requested information.	.1
2/8/2023	Correspondence prepared to Judge Quist with proposed stipulation naming facilitator approved by all counsel.	.1
2/13/2023	Receipt and review of response correspondence from The Rawling's Company confirming no subrogation interests.	.1
2/15/2023	Receipt and review of true copy of order naming facilitator.	.1
2/21/2023	Receipt and review of response correspondence from Medicare confirming no subrogation interests.	.1
2/21/2023	Receipt and review of response correspondence from Molina Healthcare of Michigan confirming searching for records.	.1
2/24/2023	Correspondence prepared to expert Michael McMann advising of trial date and requesting updated CV, as well as fee schedule.	.1
2/24/2023	Correspondence prepared to expert Jeremy Graham M.D. advising of trial date and requesting updated CV, as well as fee schedule.	.1
2/27/2023	Receipt and review of Defendant Corizon Health Inc. notice and suggestion of bankruptcy.	.3

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

3/3/2023	Receipt and review of Defendant Daniel Carrel, D.O.'s emergency motion for stay of proceedings, including brief in support, and exhibits.	.6
3/6/2023	Receipt and review of confirmation reminder of facilitation hearing from Robert Riley.	.1
3/7/2023	Correspondence prepared to counsel confirming receipt of Defendant's motion for stay of proceedings but no notice of hearing provided.	.1
3/13/2023	Preparation and receipt/review of correspondence to and from Judge Quist's office requesting telephone conference as to Defendant's motion for stay of proceedings.	.2
3/14/2023	Receipt and review of correspondence from Judge Quist confirming telephone conference.	.1
3/16/2023	Receipt and review of correspondence and proposed stipulated order for stay of proceedings from counsel.	.1
3/17/2023	Correspondence prepared to counsel with approval and permission to sign and submit stipulated order for stay of proceedings.	.1
5/31/2023	Correspondence prepared to and from Howard Linden, Esq. regarding status of case and request to keep estate opened.	.1
6/27/2023	Receipt and review of invoice for updated letters of authority from Howard T. Linden, Esq. and approval of same.	.1
7/13/2023	Preparation of subpoena, request for radiology films, and supporting documentation to Spectrum Health Butterworth Hospital.	.3
7/13/2023	Preparation of subpoena, request for medical records and billing records, and supporting documentation to Michigan Health Psychologists PLLC.	.3

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

7/13/2023	Preparation of subpoena, request for medical and billing records, and supporting documentation to Henry Ford Maplegrove Center.	.3
7/13/2023	Preparation of subpoena, request for records, and supporting documentation to Harry Will Funeral Homes.	.3
7/13/2023	Second correspondence prepared to Priority Health Choice with supporting documentation requesting any purported medical expenses and lien.	.3
7/13/2023	Second correspondence prepared to Molina Healthcare of Michigan with supporting documentation requesting any purported medical expenses and lien.	.3
7/13/2023	Second correspondence prepared to Meridian Health Plan with supporting documentation requesting any purported medical expenses and lien.	.3
7/13/2023	Second correspondence prepared to McLaren Health Plan with supporting documentation requesting any purported medical expenses and lien.	.3
7/13/2023	Second correspondence prepared to Blue Cross Complete of Michigan with supporting documentation requesting any purported medical expenses and lien.	.3
7/13/2023	Correspondence prepared to Blue Cross Shield of Michigan with supporting documentation requesting any purported medical expenses and lien.	.3
7/13/2023	Second correspondence prepared to United Healthcare Community Plan with supporting documentation requesting any purported medical expenses and lien.	.3
7/14/2023	Preparation of Plaintiff's Initial Disclosures Pursuant to MCR 2.392(A)	1.1
7/14/2023	Preparation of proof of service showing service of Plaintiff's Initial Disclosures.	.2

**ATTORNEY FEE & BILLING SUMMARY**  
 Estate of Gregory Abraham  
 Fieger Fieger Kenney & Harrington P.C.

7/14/2023	Prepared correspondence to court with proof of service as to Plaintiff's Initial Disclosures for filing.	.1
7/14/2023	Correspondence prepared to counsel providing copies of Plaintiff's Initial Disclosures including voluminous attachments to same.	.1
7/17/2023	Receipt and review of 2 <sup>nd</sup> updated Letters of Authority issued by the Livingston County Probate Court.	.1

**TOTAL HOURS: 48.9**  
**Per Signed Contract: \$600.00 per hour**  
**TOTAL AMOUNT: \$29,340.00**

# **EXHIBIT 4**

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF KENT

ANDREA ABRAHAM, as Personal  
Representative of the Estate of  
GREGORY A. ABRAHAM,

Plaintiff

Case No. 2022- 06060 -NH

v.

HON. GEORGE JAY QUIST  
(P-43884)

CORIZON HEALTH, INC.; and  
DANIEL CARREL, D.O.;  
Jointly and Severally,

Defendants.

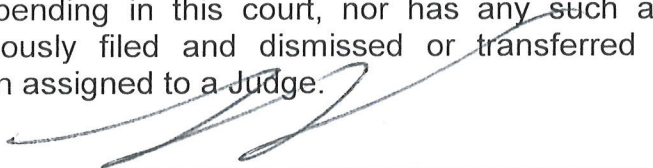
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GEOFFREY N. FIEGER (P30441)  
MARC S. BERLIN (P37140)  
Fieger, Fieger, Kenney & Harrington  
Attorneys for Plaintiff  
19390 West Ten Mile Road  
Southfield, Michigan 48075  
Telephone: (248) 355-5555  
Facsimile: (248) 355-5148  
[m.berlin@fiegerlaw.com](mailto:m.berlin@fiegerlaw.com)

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**PLAINTIFF'S COMPLAINT AND AFFIDAVITS OF MERIT**

There is no other civil action between these parties arising out of the same transaction or occurrence as alleged in the complaint pending in this court, nor has any such action been previously filed and dismissed or transferred after having been assigned to a Judge.



\_\_\_\_\_  
Marc S. Berlin, Esq.

NOW COMES Plaintiff, ANDREA ABRAHAM, as Personal Representative of the Estate of GREGORY A. ABRAHAM, Deceased, by and through his attorneys, FIEGER,



FIEGER, KENNEY & HARRINGTON, P.C., and for his Complaint and Affidavits of Merit, states:

**PARTIES, VENUE AND JURISDICTION**

1. At all times relevant hereto, Plaintiffs Decedent, GREGORY A. ABRAHAM, was a resident of the City of Howell, County of Livingston, and State of Michigan.

2. On May 26, 2020, ANDREA ABRAHAM was duly appointed as Personal Representative of the Estate of Gregory A. ABRAHAM. by the Livingston County Probate Court, Case No. 20-19344-DE.

3. The amount in controversy is in excess of TWENTY-FIVE THOUSAND (\$25,000.00) DOLLARS, exclusive of costs, interest, and attorney fees.

4. Defendant, DANIEL CARREL, D.O., (hereinafter "Dr. Carrel"), is a physician specializing in Internal Medicine licensed to practice medicine in the State of Michigan, who conducts regular business in the City of Grand Rapids, County of Kent, State of Michigan.

5. At all times relevant hereto, Defendant, Dr. Carrel, was engaged in the practice of medicine in the City of Grand Rapids, County of Kent, State of Michigan, and held himself out to the public in general, and to Decedent in particular, as a skilled and competent medical doctor, capable of properly and skillfully treating, caring for, and providing medical services to the public in general, and to Decedent in particular.

6. Defendant, CORIZON HEALTH, INC., (hereinafter "Corizon Health"), is a foreign profit corporation incorporated under the laws of the State of Delaware, that



conducts regular business in the City of Grand Rapids, County of Kent, State of Michigan.

7. Defendant, Corizon Health, has as its resident agent, The Corporation Company, 40600 Ann Arbor Road East, Suite 201, Plymouth, Michigan 48170-4675.

8. Defendant, Corizon Health, is vicariously liable for the actions and inactions of its agents, ostensible agents, and/or employees, whether physicians, residents, interns, or other healthcare providers including, but not limited to, Defendant, Dr. Carrel, as set forth herein and incorporated by reference herein.

9. At all times relevant hereto, Defendant Dr. Carrel, was the actual, apparent, and/or ostensible principal, agent, servant and/or employee of Defendant, Corizon Health and at all times relevant, was acting within the course and scope of his agency and/or employment with Defendant, Corizon Health, when the medical malpractice alleged herein was committed, thereby imposing vicarious liability upon Defendant, Corizon Health.

#### **COMMON ALLEGATIONS**

10. On February 16, 2020, Decedent, Gregory Abraham died at Spectrum Health Blodgett Hospital, in Grand Rapids. The cause of death is listed as a viscus perforation due to acute kidney injury and sepsis.

11. Mr. Abraham had a history of alcohol abuse and following his arrest in Kent County on January 7, 2020, for appearing at a court hearing intoxicated, Mr. Abraham suffered from neglect and medical malpractice by the health care providers at the Kent County Jail, directly resulting in his death, which could and should have been easily preventable.

12. On January 7, 2020, Mr. Abraham arrived at the jail, and answered “no” to all of the health risks on the Officer Intake Form.

13. On January 9, 2020, a note appears in the record that Mr. Abraham, “appeared to have fallen in his cell,” and “appeared to be WD (withdrawal) . . . notification to be left open to attempt at another time . . . possible concerns about dementia to be assessed when WD is not a factor.”

14. No evaluation was made as to the reason for the above-described fall, whether it was mechanical or an alcohol withdrawal seizure. No cause for the fall is documented as having been considered or evaluated.

15. On January 10, 2020, Mr. Abraham was transported from the jail to Spectrum Blodgett Hospital, “for WD.” He was then 3 days past his last alcohol intake. He was given 10 mg of valium at the jail.

16. When Mr. Abraham arrived at the hospital, it was approximately 4-5 hours after the unwitnessed fall episode. He was found unresponsive in his jail cell, and the emergency department note goes on to state:

He has a history of alcohol use and has been incarcerated for the past 3 days. He was treated with 1 dose of Valium 10 mg. per EMS report patient has been alert but confused. He has not been combative. Vitals on arrival he is afebrile, mild tachycardia, and had normal blood pressure. He is alert but confused on exam. He otherwise has no obvious focal neurological deficit. Skin and eye exam shows scleral icterus. Infectious and behavioral health workup initiated. Patient is being treated with 1 L of IV saline bolus.

17. Subsequent labs were notable for elevated total bilirubin and mild thrombocytopenia. The head CT showed atrophy but otherwise no acute finding. Ammonia level was 51. Mr. Abraham had progressive agitation and required a dose of Ativan 1 mg IV.

18. Mr. Abraham was admitted to the hospital, and it was noted that a urine culture was sent as the elevated white blood count on his urinalysis was likely an inflammatory response.

19. It was the conclusion of the emergency department that Mr. Abraham was suffering from “altered mental status, possible alcohol withdrawal versus hepatic encephalopathy.”

20. The history and physical upon admission indicated, “Concern for alcohol withdrawal versus DTs as well as alcohol withdrawal seizures.” A psychiatry consult that day also indicated, “Alcohol withdrawal, delirium tremens.”

21. On January 13, 2020, Mr. Abraham underwent a neurology consult, noting that he had improved since his initial presentation, and his history seemed consistent with the alcohol withdrawal explaining his unresponsive episodes and confabulations, and Wernicke Encephalopathy was given as an explanation for his persistent cognitive impairment.

22. Mr. Abraham was discharged back to the jail on January 16, 2020. The discharge summary notes, in part:

Gregory Abraham is a 56 year old man with PMH of alcohol abuse, alcohol hepatitis and hypertension who presented from jail with two police officers for alcohol withdrawal and altered mental status. According to the emergency department note, EMS personnel stated that the Kent County jail gave the patient a dose of Valium around 0345 the morning of presentation for suspected alcohol withdrawal. Then, around 7:00 am he was found unconscious on the floor of his cell in a puddle of his own drool. EMS also reported that he was combative and irrational at the jail but was able to follow commands. EMS also stated that he went to Court on 01/07/2020 and then was brought to jail later that day. . . . It was felt that the patient’s altered mental status was likely related to



Wernicke's encephalopathy as he was noted to have confabulations. He received thiamine and folate along with multivitamin. He received aggressive IV fluids for rhabdomyolysis with elevated CK levels that did improve. RUQ US on 1/10 showing "a mixture of diffuse fatty infiltration and diffuse hepatocellular disease. There is a hepatomegaly. Mild dilatation of the main portal vein. This can indicate portal hypertension . . . ." LFTs began to improve. Mentation began to improve. LFTs were noted to be down trending while inpatient. He required multiple rounds of replacements for hypokalemia, hypomagnesemia, hypophosphatemia. It was recommended that the medical team at the jail to obtain bloodwork on 1/18/2020 (CNP, Mg, Phos) to monitor electrolytes and these can be replace with oral supplements. Patient was discharged back to Kent County Jail on 01/16/2020 in stable condition.

23. Once he returned to the jail, Mr. Abraham came under the care of Corizon Health, and its agents and employees. His physician is recorded to be Daniel Carrel, D.O.

24. On January 19, it was noted that Mr. Abraham was, "exhibiting odd behaviors since moving . . . does not seem to be mental health related . . ." It was noted he was diagnosed with Wernicke Encephalopathy which was "not" a mental health issue. It was noted that he needed to be watched more closely, but jail personnel indicated that a camera cell was not used for that purpose. Moreover, Mr. Abraham did not meet criteria for the infirmary.

25. On January 21, 2020, Mr. Abraham was noted to be compliant but confused and thought he saw his dog. Parenthetically, it should be noted that as early as January 9, 2020, there is a comment in the jail records that, "Patient has a history of ETOH WD from September. I remember him well."

26. Also on January 19, 2020, Mr. Abraham was noted to have visual hallucinations, with deputies Michalski and Ritz expressing concern about Mr. Abraham's ability to understand and follow directions.

27. By January 21, 2020, Mr. Abraham was noted to be jaundiced and noted to have 2+ bilateral edema. The diagnosis is, "ETOH liver disease with hypercoagulopathy." The plan was to get a plain abdominal x-ray. The abdominal exam undertaken at that time did not evaluate for fluids/ascites. The labs were consistent with alcoholic undernutrition. By this point, Mr. Abraham had decompensated cirrhosis which needed treatment.

28. On January 22, 2020, Mr. Abraham was noted to be "distended" by NP Sherwood and Nurse Navarro. His LFTs, PTs, INR and platelets were altered. His skin was noted to be mottled and jaundiced with edema 2+ bilaterally. His abdomen was firm and distended and his general appearance was noted to be "very thin extremities, firm abdomen." No neurological exam was performed, and no further assessment of his abnormal abdomen was undertaken.

29. On presentation to the infirmary, where he was seen by NP Sherwood, the "present illness" was noted to be confusion and possible hallucinations. Although it was noted that Mr. Abraham was mentating "clearly," he did not state or know his location. He was again noted to be jaundiced and diagnosed with alcoholic liver disease with hypercoagulopathy. The abdominal exam did not evaluate for fluid or ascites.

30. On January 23, 2020, Mr. Abraham continued to be distended and jaundiced.

31. On January 25, 2020, Mr. Abraham was seen by Dr. Carrel. He undertook a "SOAP" exam noting, in part, that Mr. Abraham was speaking in full sentences. The nursing note immediately above Dr. Carrel's, however, noted that the patient was confused at times, and while the nurse encouraged fluids, the patient stated he was drinking water, but his water from 6 hours earlier was still full and half a cup from the previous shift remained by the bedside.

32. By January 28, 2020, Mr. Abraham was noted to be distended and pale, and diagnosed with hepatic encephalopathy.

33. By February 3, 2020, Mr. Abraham was noted to be jaundiced with a handwritten note from NP Sherwood stating, in pertinent part:

Pt seen for routine eval. He remains anxious re: incarceration, believes he should now be released. Pt states he feels well and there is nothing wrong with him. O<sub>2</sub> sat currently 93% on room air. O<sub>2</sub> is off, altho pt reminded freq to wear it. No physical complaints. A & oriented to self. His mattress has been turned upside down so that the fitted sheet likes under the pt mattress. Pt does not recognize anything odd about this. Extremities are very thin with muscle wasting. Abd is soft but distended. Hyperactive BS. No edema. Lungs are clear in upper posterior lung fields and anteriorly but diminished signif in bases. . . . Etoh abuse & sequalae. Signif lab abnormalities requiring K<sup>+</sup>, Magnesium. INR↑ @ 1.5. Wernicke Encephalopathy. Pt has made no improvement in mentation since arrival -- still not a good candidate for gen pop.

34. On February 4, 2020, further labs were taken. Had a Maddrey score been taken to determine the degree of Mr. Abraham's alcoholic hepatitis, the score would have warranted Glucocorticosteroid therapy for alcoholic liver injury. By this point, Mr. Abraham had critical sodium and magnesium levels, which required hospitalization with IVs and monitoring.

35. Mr. Abraham was septic.



36. In the afternoon of February 6, 2020, Mr. Abraham's heart rate was 124, respirations were 28, he had abdominal pain and extension, and was delirious. He continued to be septic and was now near shock.

37. Throughout this time, he had been monitored by Dr. Correl.

38. On February 6, 2020, Mr. Abraham was transferred to Spectrum Health Blodgett Hospital. The chief complaint was noted to be abdominal pain and bloating with a diagnosis of septic shock, spontaneous bacterial peritonitis, and hepatic encephalopathy. When he arrived, the emergency department noted:

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Patient was seen and evaluated emergently. Patient presents with initially 3/4 sirs criteria. Patient is altered therefore code sepsis was activated . . . Due to patient's history of alcoholic cirrhosis with diffuse abdominal tenderness with my concern for SBP I did perform emergent paracentesis to send off fluid prior to antibiotic administration.

39. An analysis of the acidic fluid revealed 7,890 nucleated cells with 97% neutrophil predominance, which is consistent with spontaneous bacterial peritonitis. The chest x-ray showed bilateral pleural effusions. Mr. Abraham was admitted to the intensive care unit in guarded condition.

40. Mr. Abraham underwent additional paracentesis on February 9 and February 12. Although he was transferred out of the ICU, he continued to remain encephalopathic.

41. He continued to have persistently lactic acid despite IV fluids, and a CT of the abdomen and pelvis showed free gas. Although surgery was consulted, it was recommended against performing surgery because of the poor prognosis. This was discussed with the family, who opted for comfort measures, only.

42. Mr. Abraham died on February 16, 2020.

**COUNT I**

**MEDICAL MALPRACTICE/NEGLIGENCE/GROSS NEGLIGENCE  
OF DEFENDANT DANIEL CARREL, D.O.**

43. Plaintiff hereby reiterates each and every allegation contained in the preceding paragraphs of this Complaint, as if fully stated herein word for word and paragraph by paragraph.

44. In treating the Decedent, Dr. Carrel was required to provide the recognized standard of practice or care within his specialty of internal medicine and thus was required to render care as a reasonable and prudent internal medicine physician of average training, experience, and education under the same or similar clinical circumstances as pertained to Decedent, as reasonably applied in light of the facilities available in the community or other facilities reasonable available under the circumstances pertinent to his rendering care to Decedent as set forth by Michigan statute and case law interpreting same.

45. The applicable standard of practice/care required Dr. Carrel to timely and appropriately do all of the following, which he failed to do, and is, therefore, professionally negligent:

- a. Perform and appreciate a thorough history and physical examination;
- b. Properly treat Decedent's decompensated liver cirrhosis;
- c. Properly treat Decedent's Wernicke Encephalopathy;
- d. Properly arrive at a differential diagnosis, which includes, but is not limited to, Wernicke Encephalopathy and decompensated liver cirrhosis;
- e. Refrain from limiting Decedent's diagnosis to hepatic encephalopathy;



- f. Perform a Maddrey score;
  - g. Admit Decedent to the hospital for treatment no later than February 4, 2020;
  - h. Recognize that Decedent was in septic shock and immediately provide for hospital admission;
  - i. Provide appropriate care, monitoring, and treatment for a patient such as Decedent, who was suffering from Wernicke Encephalopathy, alcohol withdrawal, hepatic encephalopathy and decompensated liver cirrhosis;
  - j. Timely and appropriately recognize that Decedent required hospitalization no later than February 4, 2020;
- 
- k. Keep apprised of Decedent's status and changes in his condition after personally examining him on January 25, 2020;
  - l. Properly supervise the nurse practitioners and nursing staff;
  - m. Consider Decedent's history and physical symptoms together with the clinical picture so as to make the proper diagnosis and to treat the pathology while at the same time preventing harmful and fatal effects of same;
  - n. Other acts of professional negligence yet to be determined.

46. The above breaches of the standard of care by Daniel Carrel, D.O., were the proximate cause of Decedent's death, described above. Had Decedent been properly diagnosed, treated, and sent to the hospital no later than February 4, 2020, more likely than not, he could have been medically treated and his life saved. Decedent had progressive worsening of his condition, as evidenced by lab values and physical exam, and had he been transferred to the hospital before he went into septic shock, his life would have been saved.

47. The aforementioned negligence has caused Plaintiff to expend, or have expended on her behalf, substantial amounts of money for medical expenses for which reimbursement is sought.

48. Decedent was caused to experience physical pain, mental anguish, cognitive impairment, extensive pain and suffering, emotional distress, humiliation, fright, and depression at the time leading up to his death, as well as various medical, prescriptive, nursing, and hospital expenses, loss of earnings, loss of earning capacity, loss of enjoyment of life, and other damages, all of which are past, present, and future.

49. Decedent left behind family who suffered loss of love, companionship, society, comfort, and solace, as well as all the services compensable under Michigan Law, including conscious pain and suffering sustained by Decedent, medical expenses, funeral and burial expenses, loss of earnings, loss of earning capacity, and damages for loss of consortium and/or companionship sustained by those persons deemed to be interested persons pursuant to MCL 600.2922.

50. Plaintiff seeks all damages permitted under Michigan's statutory and common law, whether known now or becoming known during the pendency of this case.

51. Defendant, Corizon Health, is liable for the acts and/or omissions of its agents, ostensible agents, servants, and/or employees who rendered care and treatment to Plaintiff, including, but not limited to, Dr. Carrel, pursuant to the doctrines of vicarious liability and/or *respondeat superior*.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court enter a judgment against Defendants in an amount in excess of Twenty-Five Thousand (\$25,000.00) Dollars, plus costs, interest and attorney fees.

COUNT II

PROFESSIONAL NEGLIGENCE/GROSS NEGLIGENCE  
OF DEFENDANT CORIZON HEALTH, INC.

52. Plaintiff hereby reiterates each and every allegation contained in the preceding paragraphs of this Complaint, as if fully stated herein word for word and paragraph by paragraph.

53. Pursuant to MCL 333.21513 and MCL 333.20141, Defendant, Corizon Health, is responsible for all phases of the operation of the medical services at Prison Facilities, selection of medical personnel, and quality of care rendered.

54. In treating Decedent, Corizon Health, through its agents and/or employees, whether physicians, residents, interns, or other healthcare providers including, but not limited to, Defendant, Dr. Carrel, involved in the care and treatment of Decedent, was required to provide the recognized standard of practice or care as that of the skill and care ordinarily possessed and exercised by a reasonably prudent medial provider.

55. When presented with a patient like Decedent, Defendant Corizon Health, had a direct duty to comply with the applicable standards of care, which it failed to do, and is, therefore, negligent:

- a. Provide Decedent proper medical care based on his known medical history;
- b. Employ or contract with physicians, who possess that degree of skill and learning ordinarily possessed and exercised by practitioners of their profession in the same or similar localities;
- e. Adequately supervise, direct, monitor, and control these healthcare providers;

- f. Draft, promulgate, adopt, and/or enforce appropriate rules, regulations, policies, and procedures which would enable and engender its healthcare providers, including but not limited to, its physicians, to render appropriate and timely treatment to patients looking to it for said treatment, including Decedent, and ensure the adequacy of the experience level and expertise of these providers;
- g. Corizon Health, Inc., will be held vicariously liable for the professional actions of its agents, employees, and ostensible agents as a matter of law, including, but not limited to, Daniel Carrel, D.O.;
- h. Other acts of professional negligence yet to be determined.

56. The above breaches of the standard of care Corizon Health, through its agents and employees, including, but not limited to Daniel Carrel, D.O., involved in the care and treatment of Decedent was the proximate cause of Decedent's death, described above.

57. Had Decedent been properly diagnosed, treated, and sent to the hospital no later than February 4, 2020, more likely than not, he could have been medically treated and his life saved. Decedent had progressive worsening of his condition, as evidenced by lab values and physical exam, and had he been transferred to the hospital before he went into septic shock, his life would have been saved.

58. The aforementioned negligence has caused Decedent to expend, or have expended on his behalf, substantial amounts of money for medical expenses for which reimbursement is sought.

59. Decedent was caused to experience physical pain, mental anguish, cognitive impairment, extensive pain and suffering, emotional distress, humiliation, fright, and depression at the time leading up to his death, as well as various medical,



prescriptive, nursing, and hospital expenses, loss of earnings, loss of earning capacity, loss of enjoyment of life, and other damages, all of which are past, present, and future.

60. Decedent left behind family who suffered loss of love, companionship, society, comfort, and solace, as well as all the services compensable under Michigan Law, including conscious pain and suffering sustained by Decedent, medical expenses, funeral and burial expenses, loss of earnings, loss of earning capacity, and damages for loss of consortium and/or companionship sustained by those persons deemed to be interested persons pursuant to MCL 600.2922.

61. Plaintiff seeks all damages permitted under Michigan's statutory and common law, whether known now or becoming known during the pendency of this case.

62. Defendant, Corizon Health, Inc, is liable for the acts and/or omissions of its agents, ostensible agents, servants, and/or employees who rendered care and treatment to Decedent, including, but not limited to, Daniel Carrel, D.O., pursuant to the doctrines of vicarious liability and/or *respondeat superior*.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court enter a judgment against Defendants in an amount in excess of Twenty-Five Thousand (\$25,000.00) Dollars, plus costs, interest and attorney fees.

Respectfully submitted,

**Fieger, Fieger, Kenney & Harrington, P.C.**

/s/ Marc S. Berlin

GEOFFREY N. FIEGER (P30441)

MARC S. BERLIN (P37140)

Attorneys for Plaintiffs

19390 West Ten Mile Road

Southfield, Michigan 48075

(248) 355-5555

[m.berlin@fiegerlaw.com](mailto:m.berlin@fiegerlaw.com)

Dated: July 5, 2022

**AFFIDAVIT OF MERITORIOUS CLAIM OF JEREMY D. GRAHAM, DO MA FACP.**  
**PURSUANT TO MCL 600.2912d**

STATE OF WASHINGTON )  
 ) ss:  
COUNTY OF SPOKANE )

I hereby certify that I have reviewed the Notice of Intent to File Claim and all medical records supplied by Plaintiff's attorney concerning the allegations contained in the Notice. During the year immediately preceding the date of the occurrence that is the basis for this action, I devoted a majority of my professional time to the active clinical practice of internal medicine. I further reserve the right to add or amend this Affidavit as additional information becomes available. My opinions are preliminary because I have not reviewed any deposition testimony and may not have reviewed complete medical records. I, therefore, reserve the right to amend and supplement my opinions after reviewing any additional materials submitted to me.

**1. THE APPLICABLE STANDARD OF CARE OR PRACTICE**

**A. Daniel Carrel, D.O.** The applicable standard of care of Dr. Carrel is that of a physician specializing in internal medicine, thus imposing upon Dr. Carrel the duty to render care as a reasonable and prudent internal medicine physician of average training, experience, and education under the same or similar clinical circumstances as pertain to Decedent, as reasonably applied in light of the facilities available in the community or other facilities reasonably available under the circumstances, pertinent to him in rendering care to Decedent, as set forth by Michigan statute and case law interpreting same, and in conformance thereof, required Dr. Carrel to:

1. Perform and appreciate a thorough history and physical examination;
2. Properly treat Decedent's decompensated liver cirrhosis;
3. Properly treat Decedent's Wernicke Encephalopathy;
4. Properly arrive at a differential diagnosis, which includes, but is not limited to, Wernicke Encephalopathy and decompensated liver cirrhosis;

5. Refrain from limiting Decedent's diagnosis to hepatic encephalopathy;
  6. Perform a Maddrey score;
  7. Admit Decedent to the hospital for treatment no later than February 4, 2020;
  8. Recognize that Decedent was in septic shock and immediately provide for hospital admission;
  9. Provide appropriate care, monitoring, and treatment for a patient such as Decedent, who was suffering from Wernicke Encephalopathy, alcohol withdrawal, hepatic encephalopathy, and decompensated liver cirrhosis;
- 
10. Timely and appropriately recognize that Decedent required hospitalization no later than February 4, 2020;
  11. Keep apprised of Decedent's status and changes in his condition after personally examining him on January 25, 2020;
  12. Properly supervise the nurse practitioners and nursing staff;
  13. Consider Decedent's history and physical symptoms together with the clinical picture so as to make the proper diagnosis and to treat the pathology while at the same time preventing harmful and fatal effects of same;
  14. Other acts of professional negligence yet to be determined.

**B. Corizon Health** The applicable standard of care of Advance Correctional Healthcare, Inc., is that of a reasonable and prudent health facility. At a minimum, Corizon Health, through its agents and employees, had a duty to:

1. Provide Decedent proper medical care based on his known medical history;
2. Employ or contract with physicians, who possess that degree of skill and learning ordinarily possessed and exercised by practitioners of their profession in the same or similar localities;
3. Adequately supervise, direct, monitor, and control these healthcare providers;



4. Draft, promulgate, adopt, and/or enforce appropriate rules, regulations, policies, and procedures which would enable and engender its healthcare providers, including but not limited to, its physicians, to render appropriate and timely treatment to patients looking to it for said treatment, including Decedent, and ensured the adequacy of the experience level and expertise of these providers;
5. Corizon Health, Inc., will be held vicariously liable for the professional actions of its agents, employees, and ostensible agents as a matter of law, including, but not limited to, Daniel Carrel, D.O.;
6. Other acts of professional negligence yet to be determined.

2. **THE APPLICABLE STANDARD OF CARE OR PRACTICE WAS BREACHED**

A. **Daniel Carrel, D.O.** Daniel Carrel, D.O., breached the applicable standard of practice or care when he negligently failed to:

1. Perform and appreciate a thorough history and physical examination;
2. Properly treat Decedent's decompensated liver cirrhosis;
3. Properly treat Decedent's Wernicke Encephalopathy;
4. Properly arrive at a differential diagnosis, which includes, but is not limited to, Wernicke Encephalopathy and decompensated liver cirrhosis;
5. Refrain from limiting Decedent's diagnosis to hepatic encephalopathy;
6. Perform a Maddrey score;
7. Admit Decedent to the hospital for treatment no later than February 4, 2020;
8. Recognize that Decedent was in septic shock and immediately provide for hospital admission;
9. Provide appropriate care, monitoring, and treatment for a patient such as Decedent, who was suffering from Wernicke Encephalopathy, alcohol withdrawal, hepatic encephalopathy, and decompensated liver cirrhosis;



10. Timely and appropriately recognize that Decedent required hospitalization no later than February 4, 2020;
11. Keep apprised of Decedent's status and changes in his condition after personally examining him on January 25, 2020;
12. Properly supervise the nurse practitioners and nursing staff;
13. Consider Decedent's history and physical symptoms together with the clinical picture so as to make the proper diagnosis and to treat the pathology while at the same time preventing harmful and fatal effects of same;
14. Other acts of professional negligence yet to be determined.

---

**B. Corizon Health** Corizon Health, through its agents and employees, breached the applicable standard of practice or care when it negligently failed to:

1. Provide Decedent proper medical care based on his known medical history;
2. Employ or contract with physicians, who possess that degree of skill and learning ordinarily possessed and exercised by practitioners of their profession in the same or similar localities;
3. Adequately supervise, direct, monitor, and control these healthcare providers;
4. Draft, promulgate, adopt, and/or enforce appropriate rules, regulations, policies, and procedures which would enable and engender its healthcare providers, including but not limited to, its physicians, to render appropriate and timely treatment to patients looking to it for said treatment, including Decedent, and ensured the adequacy of the experience level and expertise of these providers;
5. Corizon Health, Inc., will be held vicariously liable for the professional actions of its agents, employees, and ostensible agents as a matter of law, including, but not limited to, Daniel Carrel, D.O.;
6. Other acts of professional negligence yet to be determined.

**3. THE ACTIONS WHICH SHOULD HAVE BEEN TAKEN OR OMITTED BY THE HEALTHCARE PROFESSIONALS AND FACILITIES IN ORDER TO HAVE COMPLIED WITH THE APPLICABLE STANDARD OF CARE OR PRACTICE**

**A. Daniel Carrel, D.O.** In order to achieve compliance with the applicable standard of care, Daniel Carrel, D.O., should have:

1. Performed and appreciated a thorough history and physical examination;
2. Properly treated Decedent's decompensated liver cirrhosis;
3. Properly treated Decedent's Wernicke Encephalopathy;
4. Properly arrived at a differential diagnosis, which includes, but is not limited to, Wernicke Encephalopathy and decompensated liver cirrhosis;
5. Refrained from limiting Decedent's diagnosis to hepatic encephalopathy;
6. Performed a Maddrey score;
7. Admitted Decedent to the hospital for treatment no later than February 4, 2020;
8. Recognized that Decedent was in septic shock and immediately provide for hospital admission;
9. Provided appropriate care, monitoring, and treatment for a patient such as Decedent, who was suffering from Wernicke Encephalopathy, alcohol withdrawal, hepatic encephalopathy, and decompensated liver cirrhosis;
10. Timely and appropriately recognized that Decedent required hospitalization no later than February 4, 2020;
11. Kept apprised of Decedent's status and changes in his condition after personally examining him on January 25, 2020;
12. Properly supervised the nurse practitioners and nursing staff;
13. Considered Decedent's history and physical symptoms together with the clinical picture so as to make the proper diagnosis and to treat the pathology while at the same time preventing harmful and fatal effects of same;
14. Other acts of professional negligence yet to be determined.

**B. Corizon Health .:** In order to achieve compliance with the applicable standard of care, Corizon Health, should have:

1. Provided Decedent proper medical care based on his known medical history;
2. Employed or contracted with physicians, who possess that degree of skill and learning ordinarily possessed and exercised by practitioners of their profession in the same or similar localities;
3. Adequately supervised, directed, monitored, and controlled these healthcare providers;
4. Drafted, promulgated, adopted, and/or enforced appropriate rules, regulations, policies, and procedures which would enable and engender its healthcare providers, including but not limited to, its physicians, to render appropriate and timely treatment to patients looking to it for said treatment, including Decedent, and ensured the adequacy of the experience level and expertise of these providers;
5. Corizon Health, Inc., will be held vicariously liable for the professional actions of its agents, employees, and ostensible agents as a matter of law, including, but not limited to, Daniel Carrel, D.O.;
6. Other acts of professional negligence yet to be determined.

4. **THE MANNER IN WHICH THE VIOLATION OF THE STANDARDS OF PRACTICE OR CARE WAS A PROXIMATE CAUSE OF THE INJURY CLAIMED IN THE NOTICE:**

The above breaches of the standard of care were the proximate cause of Decedent's death, described above. Had Decedent been properly diagnosed, treated, and sent to the hospital no later than February 4, 2020, more likely than not, he could have been medically treated and his life saved. Decedent had progressive worsening of his condition, as evidenced by lab values and physical exam, and had he been transferred to the hospital before he went into septic shock, his life would have been saved. The aforementioned negligence has caused Decedent to expend, or have expended on his behalf, substantial amounts of money for medical expenses for which reimbursement is sought. Decedent was caused to experience physical pain, mental anguish, cognitive impairment, extensive pain and suffering, emotional distress, humiliation, fright, and depression at the time leading up to his death, as well as various medical, prescriptive, nursing, and hospital expenses, loss of earnings, loss of earning capacity, loss of enjoyment of life, and other damages, all of which are past, present, and future. Decedent left behind family who suffered loss of love, companionship, society, comfort, and solace, as well as all the services compensable under Michigan Law, including conscious pain and suffering sustained by Decedent, medical expenses, funeral and



burial expenses, loss of earnings, loss of earning capacity, and damages for loss of consortium and/or companionship sustained by those persons deemed to be interested persons pursuant to MCL 600.2922. Plaintiff seeks all damages permitted under Michigan's statutory and common law, whether known now or becoming known during the pendency of this case.

The joint and several negligence of the aforementioned healthcare providers created a foreseeable risk of injury to Decedent. But for the joint and several negligence of the healthcare providers, Decedent would not have died.

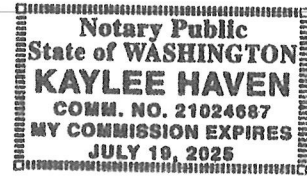
Jeremy D. Graham DO MA FACP  
JEREMY D. GRAHAM, D.O., M.A., F.A.C.P.

Subscribed and sworn to before me  
this 30<sup>th</sup> day of June, 2022

Kaylee Haven  
Notary Public

Spokane County, Washington

My Commission Expires: July 19<sup>th</sup> 2025



# **EXHIBIT 5**

STATE OF MICHIGAN  
CERTIFICATION OF VITAL RECORD

COUNTY OF KENT  
STATE OF MICHIGAN

202002180000379 Pgs:1 DC  
02/18/2020 09:53 AM  
Lisa Posthumus Lyons  
Kent County Clerk/Register, MI



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
211598

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Gregory Anthony Abraham		2. DATE OF BIRTH [REDACTED]	3. SEX Male	4. DATE OF DEATH February 16, 2020
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Gregory A. Abraham		6a. AGE- Last Birthday (Years) 56	6b. UNDER 1 YEAR MONTHS DAYS	6c. UNDER 1 DAY HOURS MINUTES
	7a. LOCATION OF DEATH Spectrum Health Blodgett Hospital 49506		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH East Grand Rapids		7c. COUNTY OF DEATH Kent
INFORMANT	8a. CURRENT RESIDENCE - STATE Michigan	8b. COUNTY Livingston	8c. LOCALITY Howell	8d. STREET AND NUMBER [REDACTED]	
	9a. ZIP CODE 48843	9b. BIRTH PLACE Detroit, Michigan	10. SOCIAL SECURITY NUMBER [REDACTED]	11. DECEDENT'S EDUCATION Associate degree	
	12. RACE White	13a. ANCESTRY Irish, Polish, German, Croatian		13b. HISPANIC ORIGIN No	14. EVER IN THE U.S. ARMED FORCES? No
PARENTS	15. USUAL OCCUPATION Police Officer		16. KIND OF BUSINESS OR INDUSTRY Municipal	17. MARITAL STATUS Divorced	18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)
	19. FATHER'S NAME (First, Middle, Last) Gary Anthony Abraham		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Sandra Kay Jakovich		
	21a. INFORMANT'S NAME Andrea Abraham	21b. RELATIONSHIP TO DECEDENT Former wife	21c. MAILING ADDRESS [REDACTED]		
DISPOSITION	22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Southern Michigan Cremation Services		23b. LOCATION - City or Village, State Livonia, Michigan
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Tracy L. Spiess		25. LICENSE NUMBER 4501007675	26. NAME AND ADDRESS OF FUNERAL FACILITY Harry J. Will Funeral Homes Livonia, 37000 W. Six Mile Road, Livonia, Michigan 48152	
	27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the disease and injuries stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, further investigation, or my opinion, death occurred of the form, cause and place, and due to the cause(s) and manner stated. Balaji Vutla, MD		28a. ACTUAL OR PRESUMED TIME OF DEATH 0254 Military Time	28b. PRONOUNCED DEAD ON February 16, 2020	28c. TIME PRONOUNCED DEAD 0254 Military Time
CERTIFICATION	29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospital	31. IF HOSPITAL Inpatient	
	27b. DATE SIGNED February 17, 2020	27c. LICENSE NUMBER 4301100194	32. MEDICAL EXAMINER'S CASE NUMBER	33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Balaji Vutla, MD, Spectrum Health - Blodgett Campus, 1840 Wealthy SE, Grand Rapids, Michigan 49506			35a. REGISTRAR'S SIGNATURE <i>Lisa Posthumus Lyons</i>	
CAUSE OF DEATH	35b. DATE FILED February 18, 2020			36. PART I. ENTER the cause of death - disease, injury or poisoning - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or circulatory failure. Indicate vital status during the ending. Enter only one cause on line. If death was an accident or non-natural cause of death, the cause of death is to be reported elsewhere in Part I or Part II of the cause of death section. IMMEDIATE CAUSE (final disease or condition resulting in death) Sepsis DUE TO (LIST AS A CONSEQUENCE OF) Acute Kidney Injury DUE TO (LIST AS A CONSEQUENCE OF) Viscus Perforation DUE TO (LIST AS A CONSEQUENCE OF) Alcoholic Cirrhosis DUE TO (LIST AS A CONSEQUENCE OF)	
	37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			38. IF FEMALE <input type="checkbox"/> Had pregnancy a year prior to death <input type="checkbox"/> Had pregnancy, but pregnant to term at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Had two pregnancies, but pregnant 4-5 days to 1 year before death	
	39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable	
MEDICAL EXAMINER	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. DESCRIBE HOW INJURY OCCURRED		
	41d. INJURY AT WORK	41e. PLACE OF INJURY	41f. IF TRANSPORTATION INJURY	41g. LOCATION	
	42. LISA POSTHUMUS LYONS, CLERK OF KENT COUNTY DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in the office of the County Clerk				



DATED: FEB 24 2020

*Lisa Posthumus Lyons*  
LISA POSTHUMUS LYONS  
KENT COUNTY CLERK/REGISTER





# **EXHIBIT 6**

Approved, SCAO

JIS CODE: LET

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF LIVINGSTON

LETTERS OF AUTHORITY FOR  
PERSONAL REPRESENTATIVE

FILE NO.  
20-19344-DE

Estate of GREGORY ANTHONY ABRAHAM a/k/a GREGORY A. ABRAHAM

TO:

Name and address  
ANDREA ABRAHAM  
4157 SONATA DR.  
HOWELL, MI 48843

Telephone no.  
(313) 903-0378

You have been appointed and qualified as personal representative of the estate on 05/26/2020. You are authorized to perform all acts authorized by law unless exceptions are specified below. Date

Your authority is limited in the following way:

- You have no authority over the estate's real estate or ownership interests in a business entity that you identified on your acceptance of appointment.
- Other restrictions or limitations are:

These letters expire: 05/26/2024  
Date

06/20/2023  
Date

Kathe Wenzel  
Register Kathe Wenzel

SEE NOTICE OF DUTIES ON SECOND PAGE

Attorney name (type or print) \_\_\_\_\_ Bar no. \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

6.20.23  
Date

Heather Smothers  
Deputy register  
HEATHER SMOTHERS

Do not write below this line - For court use only

FILED 06/20/2023 LIVINGSTON COUNTY PROBATE COURT

# **EXHIBIT 7**

REQ-163661-A 

<b>INSTRUCTIONS TO WITNESS:</b>	<p><b>THE ENCLOSED SUBPOENA/LETTER OF REQUEST DOES NOT REQUIRE YOUR PERSONAL APPEARANCE.</b></p> <p>It does require that all records specified in the subpoena/letter of request be submitted to us by one of the methods listed below:</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>Mail:</b></td> <td style="width: 33%;"><b>Secure Email:</b></td> <td style="width: 33%;"><b>Fax:</b></td> </tr> <tr> <td>MINUTE MAN SERVICES, INC. 3905 ROCHESTER ROAD ROYAL OAK, MI 48073</td> <td>REQ@MM.SERVICES</td> <td>(248) 585-5822 <i>*Please only fax invoices and No Record Statements. Faxes are unreliable and the quality is poor.</i></td> </tr> </table>	<b>Mail:</b>	<b>Secure Email:</b>	<b>Fax:</b>	MINUTE MAN SERVICES, INC. 3905 ROCHESTER ROAD ROYAL OAK, MI 48073	REQ@MM.SERVICES	(248) 585-5822 <i>*Please only fax invoices and No Record Statements. Faxes are unreliable and the quality is poor.</i>	
<b>Mail:</b>	<b>Secure Email:</b>	<b>Fax:</b>					
MINUTE MAN SERVICES, INC. 3905 ROCHESTER ROAD ROYAL OAK, MI 48073	REQ@MM.SERVICES	(248) 585-5822 <i>*Please only fax invoices and No Record Statements. Faxes are unreliable and the quality is poor.</i>					
<p>A digital version of the requested records (PDF/TIFF/JPEG, CD of films, audio CD, videos on DVD, etc.) is preferred, but is not mandatory. Paper records can be single sided without paperclips or staples.</p> <p>***IF THE TOTAL COST TO COPY THE DOCUMENTS EXCEEDS \$100.00 OR THE DOCUMENTS ARE ON FILM <b>DO NOT BEGIN COPYING</b> UNTIL YOU HAVE PROVIDED US WITH A QUOTATION AND APPROVAL TO PROCEED IS GIVEN.  <b>WITHOUT PRIOR APPROVAL, PAYMENT IS NOT GUARANTEED.</b> IF WE DECLINE COPYING SERVICES, YOU WILL ONLY BE PAID THE INITIAL FEE IN ACCORDANCE WITH MCL 333.26269(1)(A). FOR COPYING COST LESS THAN \$100 YOU MAY CONSIDER THIS TO BE YOUR APPROVAL TO PROCEED. ALL COPYING CHARGES REGARDLESS OF COST MUST BE IN ACCORDANCE OF THE MICHIGAN MEDICAL RECORDS ACCESS ACT.***</p> <p><b>PLEASE SIGN &amp; DATE WHERE APPROPRIATE BELOW, AND RETURN WITH REQUESTED RECORDS</b> no later than the due date listed on subpoena/letter of request.                  If additional assistance is needed, please call (248) 585-6300.</p>							

SENT ORIGINALLY ON 08/06/2020 (PLEASE DO NOT DUPLICATE)

**CERTIFICATION OF RECORD:**

RECORDS RE: GREGORY ANTHONY ABRAHAM

In response to the subpoena/letter of request issued, I hereby certify that the records submitted are the only records in my/our possession or control pertaining to the above individual.

\_\_\_\_\_  
Date

XX \_\_\_\_\_  
Signature

SPECTRUM HEALTH (#151) BLODGETT HOSPITAL (#3) MEDICAL RECORDS

Enclosed are **ORIGINALS** that must be copied and returned to us. Page Count: \_\_\_\_\_

Enclosed are **COPIES** that do not need to be returned. CD Count: \_\_\_\_\_

**NO RECORD STATEMENT:**

RECORDS RE: GREGORY ANTHONY ABRAHAM

I hereby certify that after a thorough and diligent search, no records pertaining to the above individual can be located.

\_\_\_\_\_  
Date

XX \_\_\_\_\_  
Signature

SPECTRUM HEALTH (#151) BLODGETT HOSPITAL (#3) MEDICAL RECORDS

If reason is different than the description above, please provide additional information below.  
 (e.g. past retention, records located at different facility/location)

REQ-163661-A 



BUTTERWORTH HOSPITAL  
 100 Michigan St NE  
 Grand Rapids MI 49503-2560

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M

**Patient**

**Demographics**

Name: Gregory Anthony Abraham  
 Address: [REDACTED] 3843  
 Date of birth: [REDACTED] Sex: Male Gender identity: Male  
 Home phone: [REDACTED]

**Patient Expiration**

Date/time of death: 2/16/2020 0254  
 Preliminary cause of death: Septic shock (HCC)

**Allergies as of 2/16/2020**

Allergies last reviewed by Vicky L Lowing on 2/11/2020 0723  
 No Known Allergies

**Immunizations as of 2/15/2020**

No documentation.

**Problem List as of 2/16/2020**

Problems last reviewed by Stefano M Crescentini, MD on 2/8/2020 1306

**Acute peritonitis (HCC)**

Diagnosis: Acute peritonitis (HCC) Noted on: 02/07/2020 Chronic: No

**Overview Note**

CT abdomen done on February 6th, 2020:  
 IMPRESSION:

Large ascites.

Right-sided colitis likely infectious/inflammatory. Advise correlation consider post treatment progress imaging.

Moderate-sized hiatal hernia, reflux, and distal esophagitis.

**Alcohol abuse**

Diagnosis: Alcohol abuse Noted on: 01/10/2020 Chronic: No

**Alcoholic hepatitis**

Diagnosis: Alcoholic hepatitis Noted on: 01/10/2020 Chronic: No

**Altered mental status**

Diagnosis: Altered mental status Noted on: 01/10/2020 Chronic: No

**Chronic anemia**

Diagnosis: Chronic anemia Noted on: 01/10/2020 Chronic: No

**Colitis, acute**

Diagnosis: Colitis, acute Noted on: 02/13/2020 Chronic: No

**Decompensated hepatic cirrhosis (HCC) with ascites**

Diagnosis: Decompensated hepatic cirrhosis (HCC) Noted on: 02/13/2020 Chronic: No

**End stage liver disease (HCC)**

Diagnosis: End stage liver disease (HCC) Noted on: 02/07/2020 Chronic: No

**Hepatic encephalopathy (HCC)**



BUTTERWORTH HOSPITAL Abraham, Gregory Anthony  
 100 Michigan ST NE MRN: 18702148, DOB: [REDACTED] Sex: M  
 Grand Rapids MI 49503-2560

**Patient (continued)**

**Problem List (continued) as of 2/16/2020**

Diagnosis: Hepatic encephalopathy (HCC) Noted on: 02/07/2020 Chronic: No

**High anion gap metabolic acidosis**

Diagnosis: High anion gap metabolic acidosis Noted on: 01/10/2020 Chronic: No

**Lactic acidosis**

Diagnosis: Lactic acidosis Noted on: 02/07/2020 Chronic: No

**Severe sepsis (HCC)**

Diagnosis: Severe sepsis (HCC) Noted on: 02/06/2020 Chronic: No

**History as of 2/16/2020**

**Medical History as of 2/16/2020**

**Past Medical History**

Diagnosis	Date	Comments	Source
Alcohol abuse	—	—	Provider
Alcoholic hepatitis	—	—	Provider
Decompensated hepatic cirrhosis (HCC)	2/13/2020	—	Provider
Hepatic encephalopathy (HCC)	2/7/2020	—	Provider
Hypertension	—	—	Provider

**Surgical History as of 2/16/2020**

**Past Surgical History**

Procedure	Laterality	Date	Comments	Source
HX HERNIA SURGERY	—	—	—	Provider
IR PARACENTESIS WITH IMAGE GUIDANCE	—	2/9/2020	—	Provider
IR PARACENTESIS WITH IMAGE GUIDANCE	—	2/12/2020	—	Provider

**Family History as of 2/16/2020**

**Family History as of 2/16/2020**

**Father**

Relationship: Father Name: — Status: Alive Age: — Genetic Sex: Male Gender Identity: Male Father: —  
 Mother: — Linked with: — Comment: —

**Mother**

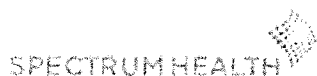
Relationship: Mother Name: — Status: Alive Age: — Genetic Sex: Female Gender Identity: Female Father: —  
 Mother: — Linked with: — Comment: —

**Other**

Relationship: Other Name: — Status: — Age: — Genetic Sex: Unknown Gender Identity: — Father: —  
 Mother: — Linked with: — Comment: —

Condition	Age of Onset	Comment
Cirrhosis		





BUTTERWORTH HOSPITAL Abraham, Gregory Anthony  
 100 Michigan St NE MRN: 18702148, DOB: [REDACTED], Sex: M  
 Grand Rapids MI 49503-2560

**Patient (continued)**

**History (continued) as of 2/16/2020**

**Substance & Sexuality History as of 2/16/2020**

**Tobacco Use as of 2/16/2020**

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Never Smoker	---	---	---	---
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source
Chew	---	Current User	---	Provider

**Alcohol Use as of 2/16/2020**

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	20 Cans of beer 10 Standard drinks or equivalent	30.0 standard drinks	Unable to articulate amount at this time	Provider
Frequency	Typical Drinks	Binge Drinking		
---	---	---		

**Drug Use as of 2/16/2020**

Drug Use	Types	Frequency	Comments	Source
Not Currently	---	---	---	Provider

**Sexual Activity as of 2/16/2020**

Sexually Active	Birth Control	Partners	Comments	Source
---	---	---	---	Provider

**Socioeconomic History as of 2/16/2020**

**Socioeconomic as of 2/16/2020**

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	---	---	---	---	English	Non-Hispanic	White or Caucasian, Not Hispanic	---
Financial Resource Strain	Food Insecurity: Worry	Food Insecurity: Inability	Transportation Needs: Medical	Transportation Needs: Non-medical				
---	---	---	---	---				

**Social Documentation History as of 2/16/2020**

Social Documentation last reviewed by Brenda J Hoffner, FNP on 2/13/2020

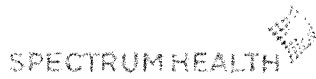
Arrested in Pentwater about 1 month prior to admission. His parents have property in Pentwater, MI  
 Lives on east side of the state  
 Divorced 6 months ago due to alcoholism

Source: Provider

**Medication List**

**Medications**

This report is for documentation purposes only. The patient should not follow medication instructions within.  
 For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.



BUTTERWORTH HOSPITAL Abraham, Gregory Anthony  
100 Michigan St NE MRN: 18702148, DOB [REDACTED], Sex: M  
Grand Rapids MI 49503-2560

**Patient (continued)**

**Medication List (continued)**

**Current Medications**

**furosemide (LASIX) 40 MG tablet**

Instructions: Take 40 mg by mouth Every morning.  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020

**lactulose (CONSTULOSE) 20 GM/30ML SOLN**

Instructions: Take 30 mL by mouth Every morning.  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020

**magnesium oxide (MAG-OX) 400 (241.3 Mg) MG tablet**

Instructions: Take 400 mg by mouth 2 times daily (with meals).  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020

**potassium chloride (K-TAB) 10 MEQ tablet**

Instructions: Take 10 mEq by mouth Every morning.  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020

**Prenatal Vit-Fe Fumarate-FA (PRENATAL PLUS) 27-1 MG TABS**

Instructions: Take 1 tablet by mouth Daily.  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020

**spironolactone (ALDACTONE) 100 MG tablet**

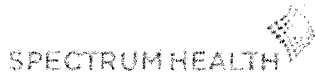
Instructions: Take 100 mg by mouth Every morning.  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020

**Thiamine HCl (THIAMINE, B-1,) 100 MG tablet**

Instructions: Take 100 mg by mouth Daily.  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020

**VITAMIN K PO**

Instructions: Take 5 mg by mouth Daily. Per charge RN at kent county jail  
Entered by: Danielle Fron, CPHT Entered on: 2/6/2020  
Informant: Other



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett CT

Visit Information

Appointment Information

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST  
 2/14/2020 3:00 PM

Completed

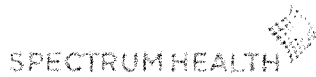
Time	Provider	Department	Length
3:00 PM	BL CT 01	SHBL IMAG CT	30 min

Referral Provider: VUTLA, BALAJI  
 Enc Form Number: 32936600

Arrival Time: 2:42 PM

History

Made On:	2/14/2020 2:08 PM	By:	George L Dcbias, RTR	ES
Checked In:	2/14/2020 2:42 PM	By:	Kimberly B Twiss, RTR	ES
EOD Status:	2/18/2020 11:03 PM	By:	Background, Cadence	ES



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

Imaging

Imaging

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST (Final result)

Electronically signed by: Balaji Vutla, MD, MPH on 02/14/20 1357 Status: Completed  
 This order may be acted on in another encounter.  
 Ordering user: Balaji Vutla, MD, MPH 02/14/20 1357  
 Authorized by: Balaji Vutla, MD, MPH  
 Frequency: Routine Once 02/14/20 1357 - 1 occurrence  
 Quantity: 1  
 Indications comment: Abdominal distention, worsening leukocytosis

Ordering provider: Balaji Vutla, MD, MPH  
 Ordering mode: Standard  
 Class: Hospital Performed  
 Lab status: Final result  
 Instance released by: Balaji Vutla, MD, MPH (auto-released)  
 2/14/2020 1:57 PM

Questionnaire

Question	Answer
Rule Out/Verify/Other Pertinent History:	Abdominal infectious etiology
What are the patient's sedation requirements?	No Sedation
Initiate Rad Pre Procedure Protocol?	Yes
Initiate CT Contrast Protocol?	Yes
Do you want PO contrast administered prior to CT imaging?	No

Screening Form

General Information

Patient Name: Abraham, Gregory Anthony  
 Date of Birth: 5/22/1963  
 Legal Sex: Male

MRN: 18702148  
 Home Phone: 313-903-0379

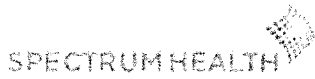
Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST	Balaji Vutla, MD, MPH 616-391-3139 (616)479-5626	Balaji Vutla, MD, MPH 616-391-3139 (616)479-5626	2/14/2020 3:00 PM BL CT 01 SHBL IMAG CT

Screening Form Questions

No questions have been answered for this form.

Begin Exam Questions

	Answer	Comment
Correct Patient?	Yes	
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Verified Labs?	N/A	
Verified Contrast Allergies?	N/A	
Verified Steroid Prep?	N/A	
Patient given reason for imaging today?		
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	



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 Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

Imaging (continued)

End Exam Questions

	Answer	Comment
Did you deviate from the order?		
Select type of deviation (definition of each below):		
Patient factors for deviation:		
Please specify reason for motion:		
Technical factors for deviation:		
Please specify reason for IV problems:		
Please specify reason why unable to visualize anatomy:		
Imaged in error (IE modifier)		
Research Protocol Followed?		
Did the patient have a possible contrast reaction?		
Medication Lot Number		
Was there a possible extravasation during this exam?		
Estimated volume of extravasation		
Contrast media injection method		
Contrast Rate		
Was there a possible MRI Thermal burn?		
On site RN and/or Physician notified		
Full name of RN notified		
Notified Ordering Provider		
Full name of provider notified		
Patient sent to Emergency Department for evaluation/treatment?		
Is this a special needs patient?		

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST

Resulted: 02/14/20 1603, Result status: Final result

Ordering provider: Balaji Vutla, MD, MPH 02/14/20 1357

Order status: Completed

Resulted by: Michael J Votruba, MD

Filed by: Edi, Rad Results In 02/14/20 1606

Performed: 02/14/20 1501 - 02/14/20 1502

Accession number: 4078958

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

EXAMINATION: CT Abdomen and Pelvis without IV Contrast

EXAM DATE: 2/14/2020 3:02 PM

TECHNIQUE: Standard protocol CT imaging of the abdomen and pelvis was performed without intravenous contrast.

INDICATION: Abdominal distention, worsening leukocytosis. Sepsis with septic shock. Acute colitis

COMPARISON: February 6, 2020

ENCOUNTER: Not applicable

CT ABDOMEN AND PELVIS FINDINGS:

Lung Bases: There are small pleural effusions, greater on the right than left. There is a large sliding hiatus hernia containing approximately 50% of the stomach. Calcific granulomatous changes are seen in the mediastinum and hila.

Hepatobiliary: The posterior aspect of the liver is not included on this CT, the posterior aspect of the chest wall especially on the right is not included. There is a large amount of fluid adjacent to the liver, there are several pockets of gas in the fluid adjacent to the liver. There is density within the gallbladder probably vicariously excreted contrast.

Pancreas: The pancreas is normal.



BLODGETT HOSPITAL  
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 Acct #: 99105609860  
 Visit date: 2/14/2020

**02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)**

**Imaging (continued)**

Spleen: The spleen is not enlarged.

Adrenals: The adrenal glands are normal.

Kidneys, Ureters, & Bladder: Both kidneys have a normal size and morphology. There is no hydronephrosis. No renal calculi are present. Both ureters have a normal course and caliber and the urinary bladder a normal morphology and uniform wall thickness. No ureteral or bladder calculi are identified. The urinary bladder was empty at the time of imaging.

Gastrointestinal: The stomach and small bowel are normal with no obstruction or inflammation. The appendix is not well-visualized, although there is no evidence of acute appendicitis. There are multiple sigmoid diverticula. The right lobe measures only partially visualized. There is a prominence of the ascending colon, but the colon cannot be well evaluated on today's study due to lack of intravenous contrast. There is less enlargement of the ascending colon and hepatic flexure than on the previous CT.

Reproductive Organs: Unremarkable

Lymphatic System: Reactive lymph nodes are present, similar compared to the prior CT

Vasculature: Normal caliber abdominal aorta

Peritoneum: There is a large amount of ascites, similar compared to the prior study. There are bubbles of peritoneal gas, not identified on the previous CT. There is edema in the mesentery. The mesenteric edema has increased in comparison to the prior study.

Abdominal wall & Musculoskeletal: No suspicious bone lesions.

Assessment of the solid organs, soft tissues, and vascular structures is overall limited on noncontrast imaging. There are multiple coil staples from previous hernia surgery.

**Impression:**

1. There is again a large amount of ascites, and there is now free gas in the peritoneum. This may be secondary to a viscus perforation.
2. The cecum and ascending colon is still distended but overall the distention of the colon is less than on the previous CT suggesting improvement of the previously noted colitis.
3. There is a large hiatus hernia containing an almost half of the stomach.
4. There is increased edema within the mesentery.
5. Small pleural effusions
6. Multiple sigmoid diverticula.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present





BLODGETT HOSPITAL  
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 Acct #: 99105609860  
 Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

Imaging (continued)

**CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST** Resulted: 02/14/20 1501, Result status: In process  
 Ordering provider: Balaji Vutla, MD, MPH 02/14/20 1357 Order status: Completed  
 Resulted by: Michael J Votruba, MD Filed by: Kimberly B Twiss, RTR 02/14/20 1501  
 Performed: 02/14/20 1501 - 02/14/20 1502 Accession number: 4078958  
 Resulting lab: EXTERNAL LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/00 1424 - Present

Signed

Electronically signed by Michael J Votruba, MD on 2/14/20 at 1603 EST

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

Coding Summary

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
99105609860 - ABRAHAM,GREGORY ANTHONY	BCBS [2]	None	None

Admission Information

Arrival Date/Time:	02/06/2020 1442	Admit Date/Time:	02/06/2020 1725	IP Adm. Date/Time:	02/06/2020 2315
Admission Type:	Emergency	Point of Origin:	Emergency Room	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Jason R Biehl, MD	Attending Provider:	Balaji Vutla, MD, MPH	Referring Provider:	Balaji Vutla, MD, MPH

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/16/2020 0254	Expired	None	None	Spectrum Health Hospitals Blodgett CT

Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
K72.90	Hepatic failure, unspecified without coma (HCC)	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
A41.9 [Principal]	Sepsis, unspecified organism (HCC)	Yes	No		Yes
K76.7	Hepatorenal syndrome (HCC)	No	MCC		Yes
R65.21	Severe sepsis with septic shock (HCC)	Yes	MCC		No
K65.2	Spontaneous bacterial peritonitis (HCC)	Yes	MCC		No
K76.6	Portal hypertension (HCC)	No	CC		No
N17.9	Acute kidney failure, unspecified (HCC)	No	CC		No
A09	Infectious gastroenteritis and colitis, unspecified	Yes	CC		No
E87.1	Hypo-osmolality and hyponatremia	Yes	CC		No



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Abraham, Gregory Anthony  
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Acct #: 99105609860  
Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

Coding Summary (continued)

ICD Code	Description	Yes/No	CC	No
E87.2	Acidosis	No	CC	No
D68.9	Coagulation defect, unspecified (HCC)	No	CC	No
E51.2	Wernicke's encephalopathy	Yes	CC	No
E72.20	Disorder of urea cycle metabolism, unspecified (HCC)	No	CC	No
Z51.5	Encounter for palliative care	No	No	No
Z66	Do not resuscitate	No	No	No
E87.5	Hyperkalemia	Yes	No	No
D64.9	Anemia, unspecified	Yes	No	No
K70.11	Alcoholic hepatitis with ascites	Yes	No	No
K70.31	Alcoholic cirrhosis of liver with ascites (HCC)	Yes	No	No
K81.9	Cholecystitis, unspecified	No	No	No
I10	Essential (primary) hypertension	Yes	No	No
F10.20	Alcohol dependence, uncomplicated (HCC)	Yes	No	No
F17.210	Nicotine dependence, cigarettes, uncomplicated	Yes	No	No
Z65.1	Imprisonment and other incarceration	Exempt from POA reporting	No	No
F43.10	Post-traumatic stress disorder, unspecified	Yes	No	No
K21.0	Gastro-esophageal reflux disease with esophagitis	Yes	No	No
K44.9	Diaphragmatic hernia without obstruction or gangrene	Yes	No	No
K72.90	Hepatic failure, unspecified without coma (HCC)	Yes	No	No
R34	Anuria and oliguria	No	No	No
R68.0	Hypothermia, not associated with low environmental temperature	No	No	No

ICD Procedures (ICD-10-PCS)

Code	Description	Date	Performing Provider	Px Event
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/09/2020	Manish K Varma, MD	
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/12/2020	Michael F Knox, MD	

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
871 [Billing]	MS-DRG V37 (FY 2020)	Analyzed DRG	1.8663	018	10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
871	MS-DRG V37 (FY 2020)		1.8663		10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
871	MS-DRG V37 (FY 2020)	HAC Dx Included	1.8663	018	10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
720	APR-DRG V37 (FY 2020)		1.7194	018	10	4	4	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	Admission DRG	0.9133	018	10	3	3	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	PPC DRG	1.7194	018	10	4	4	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	PPC Admit DRG	1.8663	018	10			
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound

Visit Information

Appointment Information

US LIVER INCLUDING DUCTS WITH DOPPLER  
 2/14/2020 4:00 AM Completed

Time	Provider	Department	Length
4:00 AM	BL US 01	SHBL IMAG US	60 min

Referral Provider: HOFFNER, BRENDA J  
 Enc Form Number: 32920707  
 Arrival Time: 3:35 AM

History

Made On:	2/14/2020 3:00 AM	By:	Nicole Moore, RTR	ES
Checked In:	2/14/2020 3:35 AM	By:	Nicole Moore, RTR	ES
EOD Status:	2/18/2020 11:03 PM	By:	Background, Cadence	ES



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Visit date: 2/14/2020

**02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)**

**Imaging**

**Imaging**

**US LIVER INCLUDING DUCTS WITH DOPPLER (Final result)**

Electronically signed by: **Brenda J Hoffner, FNP on 02/14/20 0251** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: **Brenda J Hoffner, FNP 02/14/20 0251** Ordering provider: **Brenda J Hoffner, FNP**  
 Authorized by: **Brenda J Hoffner, FNP** Ordering mode: **Standard**  
 Frequency: **Now Once 02/14/20 0251 - 1 occurrence** Class: **Hospital Performed**  
 Quantity: **1** Lab status: **Final result**  
 Instance released by: **Brenda J Hoffner, FNP (auto-released) 2/14/2020 2:51 AM**

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	decompensated cirrhosis with recurrent large volume ascites
Rule Out/Verify/Other Pertinent History:	r/o portal vein thrombosis
What are the patient's sedation requirements?	No Sedation
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes
Initiate Ultrasound Protocol	Yes

Radiology / Imaging - ORD Level Scan - Scan on 2/14/2020 4:13 AM by Nicole Moore, RTR: VASCULAR WORKSHEET LIVER DOPPLER (below)

SPECTRUM HEALTH

BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)

SPECTRUM HEALTH *16114 RAJ-734773*

ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT  
(CONTINUED)

LIVER DOPPLER

HISTORY *anxiety, CT 2/16/20*

NPO  Drugs/Alcohol  Hypertension  Hepatitis  
 Prior exam *11/10/20*  Fever  Cholesterol medicines  Allergies  
 Pain, specify \_\_\_\_\_  History of cancer  Nausea/Vomiting  Diarrhea  
 Surgeries \_\_\_\_\_  Weight loss  Cirrhosis  Abnormal liver function tests  
 Diabetes, Type  1  2  Positive Murphy's Sign

Technologist Name: *Abraham, Gregory A.*  
 Patient ID: [REDACTED]  
 Study #: *2040*  
 Accession #: *18702148*

TECHNOLOGIST DOPPLER FINDINGS (Direction of flow)

HA:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
aPSV:	<i>207</i> cm/sec	EDV: <i>1.7</i> cm/sec
HV: Main	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Right	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Left	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
SPL V:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
SMV:	<i>not seen</i>	<input type="checkbox"/> Abnormal
PV: Main	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Right	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Left	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
IVC:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

*at aortic*

*document thrombus on image*

*mpv 12mm  
ivc 0mm*

Liver: *13.7cm length, echogenic texture*

Spleen: *10.6cm length*

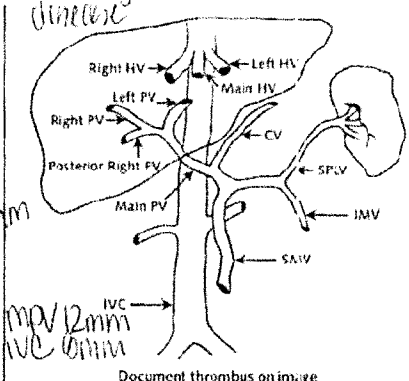
Right kidney: \_\_\_\_\_

Parcreas: *mostly obscured by bowel*

Gallbladder: *wall 4.4mm, sludge-filled*

Common bile duct (mm): *0mm*

*end stage liver disease*



TECHNOLOGIST COMMENTS

*Affected mental status, patient could not stop moving around during exam, unable to follow commands. Large amount of fluid throughout abdomen. Recanalized umbilical at lig area.*

CHARGES:  Doppler complete  Doppler limited

TIME: \_\_\_\_\_ DATE: *2/14/20* Technologist signature: *N. Moore*

NPO  
 Pain  
 Fever  
 Weight loss  
 Positive Murphy's Sign  
 Hypertension  
 Cholesterol medicines  
 Nausea/Vomiting  
 Cirrhosis  
 Abnormal liver function tests  
 Allergies  
 Diarrhea  
 Abnormal liver function tests





BLODGETT HOSPITAL  
1840 Wealthy St SE  
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)

**SPECTRUM HEALTH**  
Record  
**ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT**

**ABDOMINAL ULTRASOUND**

**HISTORY**

	YES	NO
Nothing by mouth	<input type="checkbox"/>	<input type="checkbox"/>
Pain/Murphy's sign	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Food intolerance(s)	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis/Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol medicine	<input type="checkbox"/>	<input type="checkbox"/>
Other diseases	<input type="checkbox"/>	<input type="checkbox"/>
Personal history of cancer	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Prior exam	<input type="checkbox"/>	<input type="checkbox"/>
Additional information		

Hours: \_\_\_\_\_  
Location/Specify: \_\_\_\_\_  
List type(s) of food: \_\_\_\_\_  
Type:  1  2  
Describe: \_\_\_\_\_  
Type: \_\_\_\_\_  
Describe: \_\_\_\_\_

**TECHNOLOGIST FINDINGS**

	SEEN	NOT WELL SEEN	cm
Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
Biliary ducts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Left kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Aorta:			
Proximal	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Middle	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Distal	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Right iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Left iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Tenderness with examination	<input type="checkbox"/>	<input type="checkbox"/>	
Inferior vena cava	<input type="checkbox"/>	<input type="checkbox"/>	
Doppler:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not ordered
Murphy's sign	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	

**TECHNOLOGIST COMMENTS**  
\_\_\_\_\_

**CHARGES:**  Doppler complete  Doppler limited

TIME \_\_\_\_\_ DATE \_\_\_\_\_ Technologist signature \_\_\_\_\_

DO NOT MARK BEYOND THIS LINE      BARCODED      DO NOT MARK BEYOND THIS LINE      **OVER →**

Spectrum Health  
10095 02/14/2020

US LIVER INCLUDING DUCTS WITH DOPPLER

Resulted: 02/14/20 0758, Result status: Final result

Ordering provider: Brenda J Hoffner, FNP 02/14/20 0251  
Resulted by: John E Meyer, MD  
Performed: 02/14/20 0335 - 02/14/20 0413  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES  
Narrative:

Order status: Completed  
Filed by: Edi, Rad Results In 02/14/20 0800  
Accession number: 4076068

EXAMINATION: Liver Ultrasound with Complete Duplex Doppler Imaging of the Liver

EXAM DATE: 2/14/2020 4:13 AM



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/14/2020

**02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)**

**Imaging (continued)**

TECHNIQUE: Ultrasound of the right upper quadrant of the abdomen and the spleen is performed, with complete duplex Doppler imaging of the liver. Color Doppler and spectral Doppler is performed.

INDICATION: Decompensated cirrhosis with recurrent large volume ascites.

COMPARISON: CT abdomen from 02/06/2020. Ultrasound from 1/10/2020

**FINDINGS:**

Grayscale findings:

Liver: Mild nodularity of the liver contour is seen compatible with cirrhosis. No mass is visualized. The liver is mildly enlarged.

Gallbladder: A large amount of sludge is seen in the gallbladder. No gallstone is seen. Diffuse mild gallbladder wall thickening is visualized.

Bile Ducts: No bile duct dilatation is seen. The internal diameter of the proximal common bile duct measures 6 mm.

Pancreas: The pancreas is not well seen due to bowel gas and stomach gas.

Spleen: The spleen is normal size.

A large amount of ascites is seen.

Complete duplex Doppler imaging of the liver findings:

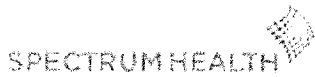
Complete duplex Doppler imaging of the liver was performed to assess for portal hypertension and vein thrombosis. A recanalized umbilical vein is seen indicating portal hypertension. The peak systolic velocity in the hepatic artery is 307 cm/s, which is increased, and could represent compensatory increased hepatic arterial blood flow to the liver in the setting of portal hypertension. Color Doppler imaging demonstrates antegrade blood flow in the main portal vein. Spectral Doppler waveforms in the hepatic veins demonstrate diminished pulsatility which is likely due to decreased compliance of the liver caused by cirrhosis. No thrombus is seen in the visualized portal veins or hepatic veins.

Impression:

1. Cirrhosis and portal hypertension. No liver mass is seen.
2. A large amount of sludge is seen throughout the gallbladder. The gallbladder wall is diffusely mildly thickened which could be due to cirrhosis or due to mild cholecystitis.
3. A large amount of ascites is seen.
4. The significant findings (Orange alert) is notified at 7:58 AM on 2/14/2020.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Road City, MI	07/13/12 1428 - Present



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)

United Campus 615 S  
Bower Greenville, MI

US LIVER INCLUDING DUCTS WITH DOPPLER

Resulted: 02/14/20 0335, Result status: In process

Ordering provider: Brenda J Hoffner, FNP 02/14/20 0251  
Resulted by: John E Meyer, MD  
Performed: 02/14/20 0335 - 02/14/20 0413  
Resulting lab: EXTERNAL LAB

Order status: Completed  
Filed by: Nicole Moore, RTR 02/14/20 0335  
Accession number: 4076068

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

Signed

Electronically signed by John E Meyer, MD on 2/14/20 at 0758 EST

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Coding Summary

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
99105609860 - ABRAHAM, GREGORY ANTHONY	BCBS [2]	None	None

Admission Information

Arrival Date/Time:	02/06/2020 0335	Admit Date/Time:	02/06/2020 1725	IP Adm. Date/Time:	02/06/2020 2315
Admission Type:	Emergency	Point of Origin:	Emergency Room	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Jason R Biehl, MD	Attending Provider:	Balaji Vutla, MD, MPH	Referring Provider:	Brenda J Hoffner, FNP

Discharge Information

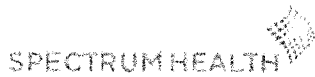
Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/16/2020 0254	Expired	None	None	Spectrum Health Hospitals Blodgett Ultrasound

Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
K72.90	Hepatic failure, unspecified without coma (HCC)	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
A41.9 [Principal]	Sepsis, unspecified organism (HCC)	Yes	No		Yes
K76.7	Hepatorenal syndrome (HCC)	No	MCC		Yes
R65.21	Severe sepsis with septic shock (HCC)	Yes	MCC		No
K65.2	Spontaneous bacterial peritonitis (HCC)	Yes	MCC		No
K76.0	Portal hypertension (HCC)	No	CC		No
N17.9	Acute kidney failure, unspecified (HCC)	No	CC		No



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/14/2020

02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Coding Summary (continued)

ICD-10 Code	Description	Yes/No	CC	No
A09	Infectious gastroenteritis and colitis, unspecified	Yes	CC	No
E87.1	Hypo-osmolality and hyponatremia	Yes	CC	No
E87.2	Acidosis	No	CC	No
D68.9	Coagulation defect, unspecified (HCC)	No	CC	No
E51.2	Wernicke's encephalopathy	Yes	CC	No
E72.20	Disorder of urea cycle metabolism, unspecified (HCC)	No	CC	No
Z51.5	Encounter for palliative care	No	No	No
Z66	Do not resuscitate	No	No	No
E87.5	Hyperkalemia	Yes	No	No
D64.9	Anemia, unspecified	Yes	No	No
K70.11	Alcoholic hepatitis with ascites	Yes	No	No
K70.31	Alcoholic cirrhosis of liver with ascites (HCC)	Yes	No	No
K81.9	Cholecystitis, unspecified	No	No	No
I10	Essential (primary) hypertension	Yes	No	No
F10.20	Alcohol dependence, uncomplicated (HCC)	Yes	No	No
F17.210	Nicotine dependence, cigarettes, uncomplicated	Yes	No	No
Z65.1	Imprisonment and other incarceration	Exempt from POA reporting	No	No
F43.10	Post-traumatic stress disorder, unspecified	Yes	No	No
K21.0	Gastro-esophageal reflux disease with esophagitis	Yes	No	No
K44.9	Diaphragmatic hernia without obstruction or gangrene	Yes	No	No
K72.90	Hepatic failure, unspecified without coma (HCC)	Yes	No	No
R34	Anuria and oliguria	No	No	No
R68.0	Hypothermia, not associated with low environmental temperature	No	No	No

ICD Procedures (ICD-10-PCS)

Code	Description	Date	Performing Provider	Px Event
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/09/2020	Manish K Varma, MD	
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/12/2020	Michael F Knox, MD	

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
871 [Billing]	MS-DRG V37 (FY 2020)	Analyzed DRG	1.8663	018	10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
871	MS-DRG V37 (FY 2020)		1.8663		10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
871	MS-DRG V37 (FY 2020)	HAC Dx Included	1.8663	018	10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
720	APR-DRG V37 (FY 2020)		1.7194	018	10	4	4	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	Admission DRG	0.9133	018	10	3	3	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	PPC DRG	1.7194	018	10	4	4	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	PPC Admit DRG	1.8663	018	10			
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/12/2020

**02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology**

**Visit Information**

**Appointment Information**

IR PARACENTESIS WITH IMAGE GUIDANCE Completed  
 2/12/2020 2:00 PM

Time	Provider	Department	Length
2:00 PM	BL IR 03	SHBL IMAG IR	60 min
2:00 PM	Connie J Vos, RN (Rad/Proc RN)	SHBL IMAG IR	60 min

Referral Provider: VUTLA, BALAJI Arrival Time: 1:43 PM  
 Enc Form Number: 32881864

**History**

Made On:	2/12/2020 1:05 PM	By:	Medhan L Feqan, RN	ES
Checked In:	2/12/2020 1:43 PM	By:	Craig R Myers, RTR	ES
Add Asgn Rsc:	2/12/2020 1:48 PM	By:	Medhan L Feqan, RN	ES
EOD Status:	2/16/2020 11:03 PM	By:	Background, Cadence	ES





BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/12/2020

**02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

**Imaging**

**Imaging**

**IR PARACENTESIS WITH IMAGE GUIDANCE (Final result)**

Electronically signed by: **Balaji Vutla, MD, MPH on 02/12/20 0941** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Balaji Vutla, MD, MPH 02/12/20 0941 Ordering provider: Balaji Vutla, MD, MPH  
 Authorized by: Balaji Vutla, MD, MPH Ordering mode: Standard  
 Frequency: Routine Once 02/12/20 0941 - 1 occurrence Class: Hospital Performed  
 Quantity: 1 Lab status: Final result  
 Instance released by: Balaji Vutla, MD, MPH (auto-released) 2/12/2020 9:41 AM

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms: Diagnostic or Therapeutic?	Cirrhosis Therapeutic
Rule Out/Verify/Other Pertinent History:	Cirrhosis
Does the patient have a contrast allergy?	No
Sleep apnea or other special sedation concerns?	No Sedation
What are the patient's sedation requirements?	No Sedation

**Screening Form**

**General Information**

Patient Name: Abraham, Gregory Anthony MRN: 18702148  
 Date of Birth: 5/22/1963 Home Phone: 313-903-0379  
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
IR PARACENTESIS WITH IMAGE GUIDANCE	Balaji Vutla, MD, MPH (616)391-3139 (616)479-5626	Balaji Vutla, MD, MPH (616)391-3139 (616)479-5626	2/12/2020 2:00 PM BL IR 03 SHBL IMAG IR

**Screening Form Questions**

No questions have been answered for this form.

**Previous Implant Safety Evaluations**

No previous implant documentation available.

**Form History**

Status	User	Time
Created	N/A	02/12/2020 09:41 AM EST

**End Exam Questions**

Question	Answer	Comment
Did the patient have a possible contrast reaction?		
Medication Lot Number		
Was there a possible extravasation during this exam?		
Estimated volume of extravasation		
Contrast media injection method		
Contrast Rate		
Was there a possible MRI Thermal burn?		
On site RN and/or Physician notified		
Full name of RN notified		
Notified Ordering Provider		



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Visit date: 2/12/2020

**02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

**Imaging (continued)**

Full name of provider notified  
Patient sent to Emergency Department  
for evaluation/treatment?

**IR PARACENTESIS WITH IMAGE GUIDANCE**

Resulted: 02/12/20 1429, Result status: Final result

Ordering provider: Balaji Vutla, MD, MPH 02/12/20 0941      Order status: Completed  
Resulted by: Michael F Knox, MD      Filed by: Edi, Rad Results In 02/12/20 1432  
Performed: 02/12/20 1412 - 02/12/20 1424      Accession number: 4067277  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:  
EXAMINATION: Ultrasound-Guided Paracentesis  
EXAM DATE: 2/12/2020 2:24 PM

TECHNIQUE: Ultrasound evaluation of the abdomen shows large volume ascites. Image is recorded in PACS.

INDICATION: Cirrhosis. Recurrent ascites  
COMPARISON: Prior paracentesis from 2/9/2020. CT of abdomen and pelvis from 2/6/2020

**PROCEDURE:**

Risks, benefits, and alternatives were discussed with the patient's parents who agreed to proceed and provided informed consent. The right lower quadrant was prepped draped in usual sterile fashion. Using real-time ultrasound guidance, a 19 gauge Yueh catheter was inserted into the peritoneal cavity and 3550 mL serous peritoneal fluid were aspirated and discarded. The catheter was removed. There were no complications. Estimated blood loss: Less than 2 mL.

Impression:  
Uncomplicated ultrasound guided therapeutic paracentesis.

**Testing Performed By**

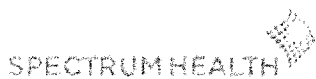
Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**IR PARACENTESIS WITH IMAGE GUIDANCE**

Resulted: 02/12/20 1412, Result status: In process

Ordering provider: Balaji Vutla, MD, MPH 02/12/20 0941      Order status: Completed  
Resulted by: Michael F Knox, MD      Filed by: Craig R Myers, RTR 02/12/20 1412  
Performed: 02/12/20 1412 - 02/12/20 1424      Accession number: 4067277  
Resulting lab: EXTERNAL LAB

**Testing Performed By**



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Visit date: 2/12/2020

**02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

**Imaging (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Michael F Knox, MD on 2/12/20 at 1429 EST



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/12/2020

**02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

Case 631468

**Surgery Information**

**General Information**

Date: 2/12/2020	Time:	Status: Posted
Location: SHBL IMAG IR	Room:	Service:
Patient class:	Case classification:	

**Diagnosis Information**

No post-op diagnosis codes associated with the log.

**Timeouts**

**Connie J Vos, RN at Wed Feb 12, 2020 1402 EST**

**Timeout Details**

Timeout type: Pre Brief

**Timeout Questions**

- Correct patient? Yes
- Correct site? Yes
- Correct side? Yes
- Correct position? Yes
- Correct procedure? Yes
- Site marked? Yes
- H&P note completed? Yes
- Consents verified? Yes
- Radiology studies available? Yes
- Relevant lab results available? Yes
- Allergies reviewed? Yes
- Have all team members been introduced? Yes
- Has the anesthesia reviewed the patient? Yes
- Has the nursing staff reviewed the equipment for potential problems? Yes

**Verification History**

Staff	Performed	Verified
Connie J Vos, RN	Wed Feb 12, 2020 1402 EST	Wed Feb 12, 2020 1402 EST

**Connie J Vos, RN at Wed Feb 12, 2020 1404 EST**

**Timeout Details**

Timeout type: Timeout

**Timeout Questions**

- Correct patient? Yes
- Correct site? Yes
- Correct side? Yes
- Correct position? Yes
- Correct procedure? Yes
- Site marked? Yes
- Consents verified? Yes

**Staff Present**

Staff	Other
Connie J Vos, RN	Michael F Knox, MD
Craig R Myers, RTR	



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Visit date: 2/12/2020

02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)

Case 631468 (continued)

Verification History

Staff	Performed	Verified
Connie J Vos, RN	Wed Feb 12, 2020 1404 EST	Wed Feb 12, 2020 1404 EST

Clinical Documentation

Case Tracking Events

Event	Time In
In Preprocedure	1325
In Room	1358
Out of Room	1425
Post Procedure (No \$)	1431
Procedural Care Complete	1443

Event Tracking

No event timings documented

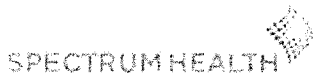
Patient Preparation

None

Additional Items

Item Name	Tmp?	Type	Used	Wstd	Chrg?	Inv Location	Latex?
NEEDLE CENTESIS YUEH 19GAX7CM		Needle	1	0	No	SHGR NON INVASIVE RADIOLOGY SUPPLIES	
PACK DIAG RADIOLOGY BTW		Supply	1	0	Yes	SHGR NON INVASIVE RADIOLOGY SUPPLIES	





BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Visit date: 2/12/2020

**02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)  
(continued)**

**Coding Summary**

**Account Information**

Hospital Account	Primary Payer	Affiliated Recurring Accounts	Combined from HAR
99105609860 - ABRAHAM, GREGORY ANTHONY	BCBS [2]	None	None

**Admission Information**

Arrival Date/Time:	02/06/2020 1343	Admit Date/Time:	02/06/2020 1725	IP Adm. Date/Time:	02/06/2020 2315
Admission Type:	Emergency	Point of Origin:	Emergency Room	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Jason R Biehl, MD	Attending Provider:	Balaji Vutla, MD, MPH	Referring Provider:	Balaji Vutla, MD, MPH

**Discharge Information**

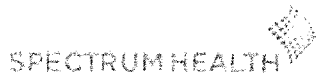
Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/16/2020 0254	Expired	None	None	Spectrum Health Hospitals Blodgett Interventional Radiology

**Admission Diagnoses / Reasons for Visit (ICD-10-CM)**

Code	Description	Comments
K72.90	Hepatic failure, unspecified without coma (HCC)	

**Final Diagnoses (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
A41.9 [Principal]	Sepsis, unspecified organism (HCC)	Yes	No		Yes
K76.7	Hepatorenal syndrome (HCC)	No	MCC		Yes
R65.21	Severe sepsis with septic shock (HCC)	Yes	MCC		No
K65.2	Spontaneous bacterial peritonitis (HCC)	Yes	MCC		No
K76.6	Portal hypertension (HCC)	No	CC		No
N17.9	Acute kidney failure, unspecified (HCC)	No	CC		No
A09	Infectious gastroenteritis and colitis, unspecified	Yes	CC		No
E87.1	Hypo-osmolality and hyponatremia	Yes	CC		No
E87.2	Acidosis	No	CC		No
D68.9	Coagulation defect, unspecified (HCC)	No	CC		No
E51.2	Wernicke's encephalopathy	Yes	CC		No
E72.20	Disorder of urea cycle metabolism, unspecified (HCC)	No	CC		No
Z51.5	Encounter for palliative care	No	No		No
Z66	Do not resuscitate	No	No		No
E87.5	Hyperkalemia	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
K70.11	Alcoholic hepatitis with ascites	Yes	No		No
K70.31	Alcoholic cirrhosis of liver with ascites (HCC)	Yes	No		No
K81.9	Cholecystitis, unspecified	No	No		No
I10	Essential (primary) hypertension	Yes	No		No
F10.20	Alcohol dependence, uncomplicated (HCC)	Yes	No		No
F17.210	Nicotine dependence, cigarettes, uncomplicated	Yes	No		No
Z65.1	Imprisonment and other incarceration	Exempt from POA reporting	No		No
F43.10	Post-traumatic stress disorder, unspecified	Yes	No		No
K21.0	Gastro-esophageal reflux disease with esophagitis	Yes	No		No



BLODGETT HOSPITAL Abraham, Gregory Anthony  
 1840 Wealthy St SE MRN: 18702148, DOB: [REDACTED], Sex: M  
 Grand Rapids MI 49506-2921 Acct #: 99105609860  
 Visit date: 2/12/2020

**02/12/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)  
 (continued)**

**Coding Summary (continued)**

K44.9	Diaphragmatic hernia without obstruction or gangrene	Yes	No	No
K72.90	Hepatic failure, unspecified without coma (HCC)	Yes	No	No
R34	Anuria and oliguria	No	No	No
R68.0	Hypothermia, not associated with low environmental temperature	No	No	No

**ICD Procedures (ICD-10-PCS)**

Code	Description	Date	Performing Provider	Px Event
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/09/2020	Manish K Varma, MD	
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/12/2020	Michael F Knox, MD	

**DRG Information**

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
871 [Billing]	MS-DRG V37 (FY 2020)	Analyzed DRG	1.8663	018	10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
871	MS-DRG V37 (FY 2020)		1.8663		10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
871	MS-DRG V37 (FY 2020)	HAC Dx Included	1.8663	018	10			11,045.76
Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC								
720	APR-DRG V37 (FY 2020)		1.7194	018	10	4	4	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	Admission DRG	0.9133	018	10	3	3	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	PPC DRG	1.7194	018	10	4	4	
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								
720	APR-DRG V37 (FY 2020)	PPC Admit DRG	1.8663	018	10			
Description: SEPTICEMIA & DISSEMINATED INFECTIONS								



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Visit date: 2/9/2020

**02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology**

**Visit Information**

**Appointment Information**

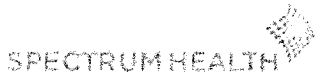
IR PARACENTESIS WITH IMAGE GUIDANCE Completed  
 2/9/2020 9:30 PM

Time	Provider	Department	Length
9:30 PM	BL IR 02	SHBL IMAG IR	60 min

Referral Provider: LOREE, COURTNEY M Arrival Time: 9:35 PM  
 Enc Form Number: 32803913

**History**

Made On:	2/9/2020 9:01 PM	By:	Jessica A Yates, RN	ES
Checked In:	2/9/2020 9:35 PM	By:	Jacob Rcssman	ES
EOD Status:	2/13/2020 11:03 PM	By:	Background, Cadence	ES



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Visit date: 2/9/2020

02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)

Imaging

Imaging

IR PARACENTESIS WITH IMAGE GUIDANCE (Final result)

Electronically signed by: **Christine S Martin, PA-C** on 02/06/20 2342 Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Christine S Martin, PA-C 02/06/20 2342 Ordering provider: Courtney M Loree, PA-C  
 Authorized by: Courtney M Loree, PA-C Ordering mode: Standard  
 Frequency: Routine Once 02/06/20 2343 - 1 occurrence Class: Hospital Performed  
 Quantity: 1 Lab status: Final result  
 Instance released by: Christine S Martin, PA-C (auto-released) 2/6/2020 11:42 PM

Questionnaire

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	ascites
Diagnostic or Therapeutic?	Therapeutic
Rule Out/Verify/Other Pertinent History:	SBP
Sleep apnea or other special sedation concerns?	No Sedation
What are the patient's sedation requirements?	No Sedation

Screening Form

General Information

Patient Name: Abraham, Gregory Anthony MRN: 18702148  
 Date of Birth: 5/22/1963 Home Phone: 313-903-0379  
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
IR PARACENTESIS WITH IMAGE GUIDANCE	Courtney M Loree, PA-C 616-267-8244	Courtney M Loree, PA-C 616-267-8244	2/9/2020 9:30 PM BL IR 02 SHBL IMAG IR

Screening Form Questions

No questions have been answered for this form.

Previous Implant Safety Evaluations

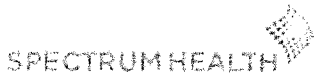
No previous implant documentation available.

Form History

Status	User	Time
Created	N/A	02/06/2020 11:42 PM EST

End Exam Questions

Question	Answer	Comment
Did the patient have a possible contrast reaction?		
Medication Lot Number		
Was there a possible extravasation during this exam?		
Estimated volume of extravasation		
Contrast media injection method		
Contrast Rate		
Was there a possible MRI Thermal burn?		
On site RN and/or Physician notified		
Full name of RN notified		
Notified Ordering Provider		
Full name of provider notified		



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 Visit date: 2/9/2020

**02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

**Imaging (continued)**

Patient sent to Emergency Department for evaluation/treatment?

**IR PARACENTESIS WITH IMAGE GUIDANCE**

Resulted: 02/09/20 2335, Result status: Final result

Ordering provider: Courtney M Loree, PA-C 02/06/20 2342  
 Resulted by: Manish K Varma, MD  
 Performed: 02/09/20 2146 - 02/09/20 2337  
 Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES  
 Narrative:

Order status: Completed  
 Filed by: Edi, Rad Results In 02/09/20 2337  
 Accession number: 4054270

EXAMINATION: Ultrasound-Guided Paracentesis  
 EXAM DATE: 2/9/2020 9:35 PM

TECHNIQUE: Ultrasound-Guided Paracentesis

INDICATION: ascites.  
 COMPARISON: None

**PROCEDURE:**

Risks, benefits, and alternatives were discussed with the patient who agreed to proceed. The right lower quadrant was prepped draped in usual maximum sterile fashion. Using real-time ultrasound guidance, a 19 gauge Yueh catheter was inserted into the peritoneal cavity and 6000 mL serous peritoneal fluid were aspirated. The catheter was removed. There were no complications. Estimated blood loss: Less than 2 mls.

Impression:  
 Uncomplicated ultrasound guided paracentesis.

**Testing Performed By**

Lab	Abbreviation	Name	Director	Address	Valid Date Range
2110000913 -	Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**IR PARACENTESIS WITH IMAGE GUIDANCE**

Resulted: 02/09/20 2336, Result status: In process

Ordering provider: Courtney M Loree, PA-C 02/06/20 2342  
 Resulted by: Manish K Varma, MD  
 Performed: 02/09/20 2146 - 02/09/20 2337  
 Resulting lab: EXTERNAL LAB

Order status: Completed  
 Filed by: Jacob Rossman 02/09/20 2336  
 Accession number: 4054270

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Visit date: 2/9/2020

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**02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

**Imaging (continued)**

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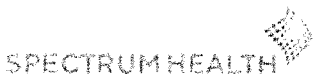
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present
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---

**Signed**

Electronically signed by Manish K Varma, MD on 2/9/20 at 2335 EST

---



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 Acct #: 99105609860  
 Visit date: 2/9/2020

**02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

Case 627936

**Surgery Information**

**General Information**

Date: 2/9/2020	Time:	Status: Posted
Location: SHBL IMAG IR	Room:	Service:
Patient class:	Case classification:	

**Diagnosis Information**

No post-op diagnosis codes associated with the log.

**Timeouts**

**Brett D Oman, RN at Sun Feb 9, 2020 2300 EST**

**Timeout Details**

Timeout type: Pre Brief

**Timeout Questions**

- Correct patient? **Yes**
- Correct site? **Yes**
- Correct side? **Yes**
- Correct position? **Yes**
- Correct procedure? **Yes**
- Site marked? **Yes**
- H&P note completed? **Yes**
- Consents verified? **Yes**
- Radiology studies available? **Yes**
- Relevant lab results available? **Yes**
- Allergies reviewed? **Yes**
- Have all team members been introduced? **Yes**
- Has the nursing staff reviewed the equipment for potential problems? **N/A**

**Staff Present**

- Other
- Brett D Oman, RN
- Jacob Rossman
- Manish K Varma, MD

**Verification History**

Staff	Performed	Verified
Brett D Oman, RN	Sun Feb 9, 2020 2300 EST	Sun Feb 9, 2020 2300 EST

**Brett D Oman, RN at Sun Feb 9, 2020 2300 EST**

**Timeout Details**

Timeout type: Timeout

**Timeout Questions**

- Correct patient? **Yes**
- Correct site? **Yes**
- Correct side? **Yes**
- Correct position? **Yes**
- Correct procedure? **Yes**
- Site marked? **Yes**
- Consents verified? **Yes**



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 Acct #: 99105609860  
 Visit date: 2/9/2020

**02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**

Case 627936 (continued)

**Staff Present**

Staff

Manish K Varma, MD

Other

Jacob Rossman  
 Brett D Oman, RN

**Verification History**

Staff

Brett D Oman, RN

Performed

Sun Feb 9, 2020 2300 EST

Verified

Sun Feb 9, 2020 2300 EST

**Clinical Documentation**

**Case Tracking Events**

Event	Time In
In Facility	Thu Feb 6, 2020 1725
In Room	Sun Feb 9, 2020 2145
Case Start	Sun Feb 9, 2020 2305
Case Finish	Sun Feb 9, 2020 2333
Out of Room	Sun Feb 9, 2020 2334

**Event Tracking**

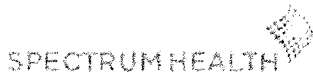
No event timings documented

**Patient Preparation**

None

**Additional Items**

Item Name	Tmp?	Type	Used	Wstd	Chrg?	Inv Location	Latex?
NEEDLE CENTESIS YUEH 19GAX7CM		Needle	1	0	No	SHBL IR SPEC PROC RM2 SPBL2	
PACK DIAG RADIOLOGY BTW		Supply	1	0	Yes	SHBL IR SPEC PROC RM2 SPBL2	



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Visit date: 2/9/2020

**02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)**  
(continued)

**Coding Summary**

**Account Information**

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
99105609860 - ABRAHAM,GREGORY ANTHONY	BCBS [2]	None	None

**Admission Information**

Arrival Date/Time:	02/06/2020 2135	Admit Date/Time:	02/06/2020 1725	IP Adm. Date/Time:	02/06/2020 2315
Admission Type:	Emergency	Point of Origin:	Emergency Room	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Jason R Biehl, MD	Attending Provider:	Balaji Vutla, MD, MPH	Referring Provider:	Courtney M Loree, PA-C

**Discharge Information**

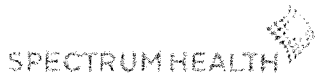
Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/16/2020 0254	Expired	None	None	Spectrum Health Hospitals Blodgett Interventional Radiology

**Admission Diagnoses / Reasons for Visit (ICD-10-CM)**

Code	Description	Comments
K72.90	Hepatic failure, unspecified without coma (HCC)	

**Final Diagnoses (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
A41.9 (Principal)	Sepsis, unspecified organism (HCC)	Yes	No		Yes
K76.7	Hepatorenal syndrome (HCC)	No	MCC		Yes
R65.21	Severe sepsis with septic shock (HCC)	Yes	MCC		No
K65.2	Spontaneous bacterial peritonitis (HCC)	Yes	MCC		No
K76.6	Portal hypertension (HCC)	No	CC		No
N17.9	Acute kidney failure, unspecified (HCC)	No	CC		No
A09	Infectious gastroenteritis and colitis, unspecified	Yes	CC		No
E87.1	Hypo-osmolality and hyponatremia	Yes	CC		No
E87.2	Acidosis	No	CC		No
D68.9	Coagulation defect, unspecified (HCC)	No	CC		No
E51.2	Wernicke's encephalopathy	Yes	CC		No
E72.20	Disorder of urea cycle metabolism, unspecified (HCC)	No	CC		No
Z51.5	Encounter for palliative care	No	No		No
Z66	Do not resuscitate	No	No		No
E87.5	Hyperkalemia	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
K70.11	Alcoholic hepatitis with ascites	Yes	No		No
K70.31	Alcoholic cirrhosis of liver with ascites (HCC)	Yes	No		No
K81.9	Cholecystitis, unspecified	No	No		No
I10	Essential (primary) hypertension	Yes	No		No
F10.20	Alcohol dependence, uncomplicated (HCC)	Yes	No		No
F17.210	Nicotine dependence, cigarettes, uncomplicated	Yes	No		No
Z65.1	Imprisonment and other incarceration	Exempt from POA reporting	No		No
F43.10	Post-traumatic stress disorder, unspecified	Yes	No		No
K21.0	Gastro-esophageal reflux disease with esophagitis	Yes	No		No



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 Visit date: 2/9/2020

**02/09/2020 - Appointment in Spectrum Health Hospitals Blodgett Interventional Radiology (continued)  
 (continued)**

**Coding Summary (continued)**

K44.9	Diaphragmatic hernia without obstruction or gangrene	Yes	No	No
K72.90	Hepatic failure, unspecified without coma (HCC)	Yes	No	No
R34	Anuria and oliguria	No	No	No
R68.0	Hypothermia, not associated with low environmental temperature	No	No	No

**ICD Procedures (ICD-10-PCS)**

Code	Description	Date	Performing Provider	Px Event
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/09/2020	Manish K Varma, MD	
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	02/12/2020	Michael F Knox, MD	

**DRG Information**

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
871 [Billing]	MS-DRG V37 (FY 2020)	Analyzed DRG	1.8663	018	10			11,045.76
	Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC							
871	MS-DRG V37 (FY 2020)		1.8663		10			11,045.76
	Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC							
871	MS-DRG V37 (FY 2020)	HAC Dx Included	1.8663	018	10			11,045.76
	Description: SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC							
720	APR-DRG V37 (FY 2020)		1.7194	018	10	4	4	
	Description: SEPTICEMIA & DISSEMINATED INFECTIONS							
720	APR-DRG V37 (FY 2020)	Admission DRG	0.9133	018	10	3	3	
	Description: SEPTICEMIA & DISSEMINATED INFECTIONS							
720	APR-DRG V37 (FY 2020)	PPC DRG	1.7194	018	10	4	4	
	Description: SEPTICEMIA & DISSEMINATED INFECTIONS							
720	APR-DRG V37 (FY 2020)	PPC Admit DRG	1.8663	018	10			
	Description: SEPTICEMIA & DISSEMINATED INFECTIONS							





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 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G**

**Reason for Visit**

**Chief Complaint**

- ABDOMINAL PAIN (Pt coming from kent county jail after staff noticed he c/o abdominal pain after lunch. Pt has distended abdomen. Staff reports decreased LOC. baseline A&O x1-2. BG 62 oral glucose en route.)

**Visit Diagnoses**

Name	Is ED?
Septic shock (HCC) (primary)	Yes
SBP (spontaneous bacterial peritonitis) (HCC)	Yes
Hepatic encephalopathy (HCC)	Yes

**Hospital Problems**

Name	Date Noted	Date Resolved	Present on Admission?
Acute peritonitis (HCC)	02/07/2020	—	Yes
Alcohol abuse	01/10/2020	—	Yes
Colitis, acute	02/13/2020	—	Yes
Decompensated hepatic cirrhosis (HCC) with ascites	02/13/2020	—	Yes
End stage liver disease (HCC)	02/07/2020	—	Yes
Hepatic encephalopathy (HCC)	02/07/2020	—	Yes
Lactic acidosis	02/07/2020	—	Yes
Severe sepsis (HCC)	02/06/2020	—	Yes

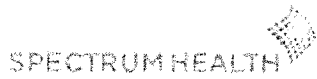
**Visit Information**

**Admission Information**

Arrival Date/Time:	02/06/2020 1725	Admit Date/Time:	02/06/2020 1725	IP Adm. Date/Time:	02/06/2020 2315
Admission Type:	Emergency	Point of Origin:	Emergency Room	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	General Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	SHSA SPECTRUM HEALTH	Unit:	Spectrum Health Hospitals Blodgett 1G
Admit Provider:	Jason R Blehl, MD	Attending Provider:	Nathan C Fritz, DO	Referring Provider:	

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/16/2020 0638	Expired	None	Balaji Vutla, MD, MPH	Spectrum Health Hospitals Blodgett 1G



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Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**ED Provider Note**

**ED Provider Notes by Nathan C Fritz, DO at 2/6/2020 5:31 PM**

Author: Nathan C Fritz, DO	Service: Emergency Medicine	Author Type: Physician
Filed: 2/6/2020 10:32 PM	Date of Service: 2/6/2020 5:31 PM	Status: Signed
Editor: Nathan C Fritz, DO (Physician)		
Procedure Orders		
1. Paracentesis [243957631] ordered by Nathan C Fritz, DO		

**Spectrum Health Hospitals Butterworth Emergency**  
02/06/2020

I, Annie Dermody, personally scribed the following note for Dr. Nathan Fritz on 2/6/2020 at 5:31 PM.

**CHIEF COMPLAINT:**

Abdominal Pain and Bloating

Assessment/Plan

**DIAGNOSIS at time of disposition:**

1. Septic shock (HCC)
2. SBP (spontaneous bacterial peritonitis) (HCC)
3. Hepatic encephalopathy (HCC)

**New Prescriptions**

No new medications prescribed this visit.

**ED Disposition**

ED Disposition	Comment
Hospitalized	Did you contact the consultant: No Butterworth ONLY?: No Admitting Diagnosis: severe sepsis, sbp, colitis Level of Care: Non ICU [13]

**MEDICAL DECISION MAKING**

**ED Course**

Thu Feb 06, 2020

1748 Sepsis Code  
Estimated Time Zero: 5:48 PM 2/6/2020  
Due to BMI <math>\leq 30</math>, Actual body weight: Data  
Unavailable was used to calculate 30ml/kg initial fluid resuscitation, totaling 2055ml.

1940 Patient was seen evaluated emergently. Patient presents with initially 3/4 sirs criteria. Patient is altered therefore code sepsis was activated. He is provided 30 mL mL per kg bolus of normal saline. Due to patient's history of alcoholic cirrhosis with diffuse abdominal tenderness with my concern for SBP I did perform emergent paracentesis to send off fluid prior to antibiotic administration. Please see my procedure note. Zosyn was started IV.



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Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**ED Provider Note (continued)**

Labs reveal white count 10.38. Hemoglobin 13.5.  
The CMP reveals mild hyponatremia sodium 131.  
Potassium is 5.2. Bicarb is 19. There is  
transaminitis which is at his baseline. Magnesium  
is low 1.5 this is replaced IV. INR elevated 1.7.

1942 Lactic acid elevated at 4.7

**ED Course User Index**

1942 1942 1942 1942

Analysis of the ascitic fluid reveals 7890 nucleated cells with 97% neutrophil predominance which is consistent with spontaneous bacterial peritonitis. Patient provided total of 2600 mL of fluid and blood pressures are very marginal with maps right around 65. CT does show findings consistent with right-sided colitis. Chest x-ray showed bilateral pleural effusions. CT head is unremarkable. I did initially speak with the hospitalist at Blodgett however due the patient's marginal blood pressures with the possible need for vasopressors they did request intensive care unit admission. Then spoke with the intensivist at Blodgett Hospital who accepts admission. I did order Levophed and this will be started if the patient's map drops below 65. He is also provided lactulose secondary to his elevated ammonia. Patient is pending admission in guarded condition.

Critical Care time was required due to the life threatening nature of this patient's condition and I spent 40 minutes performing critical care. This excludes any procedures done during this time.

**BLOOD PRESSURE SCREENING:**

Based on last blood pressure taken in the ED of 96/63, active Diagnosis of HTN, patient excluded from screening.

**Medications**

sodium chloride flush 0.9 % syringe 3 mL (has no administration in time range)  
norepinephrine 16 mcg/mL in 0.9% NaCl infusion (has no administration in time range)  
acetaminophen (TYLENOL) tablet 1,000 mg (1,000 mg Oral Given 2/6/20 1837)  
piperacillin-tazobactam (ZOSYN) IVPB 3.375 g in 50 mL iso-osmotic soln (premix) (0 g Intravenous Stopped 2/6/20 1942)  
sodium chloride 0.9% bolus injection 1,000 mL (0 mL Intravenous Stopped 2/6/20 2049)  
sodium chloride 0.9% bolus injection 1,000 mL (0 mL Intravenous Stopped 2/6/20 2005)  
sodium chloride 0.9% bolus injection 100 mL (0 mL Intravenous Stopped 2/6/20 2140)  
dextrose 50 % injection 25 mL (25 mL Intravenous Given 2/6/20 1832)  
iopamidol (ISOVUE-370) 76 % injection 100 mL (125 mL Intravenous Given 2/6/20 1926)  
sodium chloride 0.9% for CT injector flush 100 mL (100 mL Intravenous Given 2/6/20 1927)  
magnesium sulfate injection 2 g/50mL (Premix) (0 g Intravenous Stopped 2/6/20 2141)  
lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL (30 mL Oral Given 2/6/20 2140)



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 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**ED Provider Note (continued)**

**Subjective**

**HISTORY OF PRESENT ILLNESS:**

Patient is a 56 year old male with history of alcohol hepatitis who presents to the ED via EMS from Kent County Jail with complaints of abdominal pain and bloating earlier today after eating lunch. Staff at Kent Country also report a slight decrease in mental status from baseline. Denies headaches, nausea, vomiting, and diarrhea. Further denies shortness of breath and chest pain.

History provided by: **Patient and police**  
 History limited by: **Mental status change**

**Review of Systems**

Unable to perform ROS: mental status change

**PAST MEDICAL HISTORY**

All pertinent medications were reviewed with the patient and/or family.

**No Known Allergies**

**Past Medical History:**

Diagnosis	Date
• Alcohol abuse	
• Alcoholic hepatitis	
• Hypertension	

**Past Surgical History:**

Procedure	Laterality	Date
• HX HERNIA SURGERY		

**Social History:**

Gregory reports that he has been smoking cigarettes. His smokeless tobacco use includes chew.

Gregory reports current alcohol use.

Gregory reports previous drug use.

**Family History**

Family history unknown: Yes

**Objective**

**OBJECTIVE:**

**Vitals:**

	02/06/20 2005	02/06/20 2055	02/06/20 2100	02/06/20 2200
BP:	99/61	96/61	(I) 87/62	96/63
Pulse:		120	117	98
Resp:		20	24	22
Temp:				
TempSrc:				
SpO2:	95%	95%	98%	99%

**Physical Exam**



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**ED Provider Note (continued)**

Vitals signs reviewed.

Constitutional:

Appearance: He is ill-appearing and toxic-appearing.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: Scleral icterus present.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Neck supple.

Trachea: No tracheal deviation.

Cardiovascular:

Rate and Rhythm: Regular rhythm. Tachycardia present.

Heart sounds: No murmur.

Pulmonary:

Comments: Diminished breath sounds at the bases bilaterally

Chest:

Chest wall: No tenderness.

Abdominal:

General: There is distension.

Comments: Hepatosplenomegaly. Diffuse abdominal tenderness. Ascites present.

Musculoskeletal: Normal range of motion.

Skin:

General: Skin is dry.

Findings: No petechiae or rash.

Comments: jaundice

Neurological:

Cranial Nerves: No cranial nerve deficit.

Comments: Alert and oriented x 1 to person only. Moving all 4 extremities spontaneously

**WORK UP:**

**Labs:**

Labs Reviewed

**COMPLETE BLOOD COUNT (CBC)**

W/DIFFERENTIAL - Abnormal

Result	Value
White Blood Cell	10.38
Red Blood Cell	4.08 (*)
Hemoglobin	13.5 (*)
Hematocrit	39.8 (*)
Mean Cell Volume	97.5
Mean Cell Hemoglobin	33.1 (*)
Mean Cell Hemoglobin Concentration	33.9
Red Cell Diameter Width	15.1
NRBC Absolute Count	0.00
NRBC Automated	0.0
Platelet	239
Mean Platelet Volume	11.4 (*)
Neutrophil Absolute Count	9.40 (*)

**COMPREHENSIVE METABOLIC PANEL - Abnormal**

Sodium Level	131 (*)
Potassium Level	5.2 (*)
Chloride	93 (*)
HCO3	19 (*)



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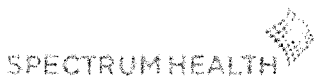
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Provider Note (continued)

Anion Gap	19 (*)
Glucose Level	78
Blood Urea Nitrogen	9
Creatinine	0.70
MDRD eGFR	>60
CG eCrCl	118
Calcium Level Total	9.3
Protein Total	7.5
Albumin Level	2.2 (*)
Bilirubin Total	7.1 (*)
Alkaline Phosphatase	191 (*)
Alanine Aminotransferase	67 (*)
Aspartate Aminotransferase	197 (*)
Hemolysis	
LACTIC ACID - Abnormal	
Lactic Acid	4.7 (*)
PROTIME-INR - Abnormal	
Prothrombin Time	16.6 (*)
INR	1.7 (*)
AMMONIA LVL - Abnormal	
Ammonia Level	91 (*)
Hemolysis	
MAGNESIUM - Abnormal	
Magnesium Level	1.5 (*)
DIFFERENTIAL, MANUAL BLOOD - Abnormal	
Segmented Neutrophils	96 (*)
Manual	
Bands Manual	2
Lymphocytes Manual	1 (*)
Monocytes Manual	1 (*)
Eosinophil Manual	0
Basophils Manual	0
RBC Morphology	Normal
Hypergranular	Moderate
Neutrophils	
Platelet Estimate	Normal
MANUAL DIFFERENTIAL BFL - Abnormal	
Segmented Neutrophils	97 (*)
Body Fluid	
Mono/MacroBFL	2
Mesothelial Cell Body	1 (*)
Fluid	
Total Cells Counted	100
POCT GLUCOSE NOVA METER AUTO - Abnormal	
Glucose, POC	65 (*)
Narrative:	
Operator: Wurm, Nicole	
POCT ISTAT CG2+ CARTRIDGE VENOUS - Abnormal	
pH	7.47 (*)
pCO2	36 (*)
pO2	33
Oxygen Saturation	68
Bicarbonate	27
Base Excess	3.0 (*)





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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Provider Note (continued)

Sodium 132 (\*)  
 Potassium 5.8 (\*)  
 Hematocrit 55.0 (\*)  
 Glucose, POC 86  
 Hemoglobin 18.7 (\*)  
 Ionized Calcium 1.15

Narrative:

Operator: Wurm, Nicole

POCT GLUCOSE NOVA METER AUTO - Abnormal

Glucose, POC 105 (\*)

Narrative:

Operator: Wurm, Nicole

LIPASE - Normal

Lipase Level 40

APTT - Normal

Activated Partial Thromboplastin Time 23

PHOSPHORUS - Normal

Phosphorus Level 3.5

POCT ISTAT CREA CARTRIDGE - Normal

Creatinine 0.70  
 MDRD eGFR >60.00

Narrative:

Operator: Wurm, Nicole

PERIPHERAL BLOOD CULTURE

Cult Blood Peripheral No growth to date, less than 24 hours

PERIPHERAL BLOOD CULTURE

Cult Blood Peripheral No growth to date, less than 24 hours

Narrative:

Draw from a different site than draw one.

BODY FLUID CULTURE

Gram stain WBCs  
 Gram stain No organism seen

BODY FLUID CELL COUNT WITH DIFFERENTIAL

Specimen Source Abdomen  
 Color Body Fluid Yellow  
 Clarity Body Fluid Hazy  
 Total Nucleated Cell Count Body Fluid 7,890  
 RBC Count Body Fluid 540

PH BODY FLUID

pH Body Fluid 7.34

GLUCOSE BODY FLUID

Glucose Body Fluid 56

LACTATE DEHYDROGENASE BODY FLUID

Lactate Dehydrogenase 91  
 Body Fluid

URINALYSIS

LACTIC ACID



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**ED Provider Note (continued)**

**Imaging:**

DR CHEST 2 VIEWS FRONTAL AND LATERAL

Final Result

Bilateral pleural effusions larger on the left than the right

CT ABDOMEN AND PELVIS WITH IV CONTRAST

Final Result

Large ascites.

Right-sided colitis likely infectious/inflammatory. Advise correlation consider post treatment progress imaging.

Moderate-sized hiatal hernia, reflux, and distal esophagitis.

CT HEAD WITHOUT IV CONTRAST

Final Result

Stable exam without evidence of an acute intracranial process.

ED BED US NEEDLE GUIDANCE

Final Result

**Paracentesis**

Date/Time: 2/6/2020 10:25 PM

Performed by: Nathan C Fritz, DO

Authorized by: Nathan C Fritz, DO

**Consent:**

Consent obtained: Emergent situation

**Pre-procedure details:**

Procedure purpose: Diagnostic

Preparation: Patient was prepped and draped in usual sterile fashion

**Anesthesia (see MAR for exact dosages):**

Anesthesia method: Local infiltration

Local anesthetic: Lidocaine 1% w/o epi

**Procedure details:**

Ultrasound guidance: yes

Puncture site: R lower quadrant

Fluid removed amount: 60ml

Fluid appearance: Yellow and cloudy

Dressing: Adhesive bandage

**Post-procedure details:**

Patient tolerance of procedure: Tolerated well, no immediate complications



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**ED Provider Note (continued)**

An ECG was performed on 2/6/2020 at 1734 for the indication of tachycardia.  
 Rate: 149 bpm.  
 Rhythm: Sinus tachycardia.  
 Left axis deviation. No ST elevation or depression.

MRN: 18702148  
 CSN: 100048578581

Entered by Annie Dermody, acting as the medical scribe for Dr. Nathan Fritz.  
 I, Nathan C Fritz, DO personally performed the history, physical exam, medical decision making and the procedure; and confirmed the accuracy of the information in the transcribed note above.

Annie Dermody  
 02/06/20 1916

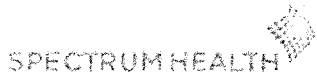
Nathan C Fritz, DO  
 02/06/20 2232

Electronically signed by Nathan C Fritz, DO at 2/6/2020 10:32 PM

**ED Care Timeline**

**Patient Care Timeline (2/6/2020 17:25 to 2/6/2020 23:15)**

2/6/2020	Event	Details	User
17:25	Patient arrived in ED		Nicole A Wurm, RN
17:25	Patient roomed in ED	To room 70	Nicole A Wurm, RN
17:25:05	Chief Complaints Updated	ABDOMINAL PAIN	Nicole A Wurm, RN
17:25:05	Trigger for Triage Start		Nicole A Wurm, RN
17:25:05	Triage Started		Nicole A Wurm, RN
17:25:08	Arrival Complaint	abdominal pain	
17:27:58	Chief Complaints Updated	ABDOMINAL PAIN (Pt coming from kent county jail after staff noticed he c/o abdominal pain after lunch. Pt has distended abdomen. Staff reports decreased LOC. baseline A&O x1-2. BG 62 oral glucose en route.)	Nicole A Wurm, RN
17:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 5.4	Background, Analytics
17:30	Custom Formula Data	Relevant Labs and Vitals Temp (in Celsius): 38.2 Other flowsheet entries Average of Mean BP: 104.33 Mean BP (mmHg): 104.33	Nicole A Wurm, RN



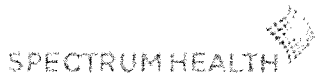
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

17:30	Vitals Signs	<p><b>Vitals</b>                  Temperature: 38.2 °C                  Temp src: Oral                  Pulse: 149 <sup>♂</sup> (Device Time: 17:30:00)                  Heart Rate source: Monitor                  Respirations: 20                  BP: 141/86 (Device Time: 17:30:00)                  MAP (mmHg): 99 (Device Time: 17:30:00)                  BP Location: Left arm                  Patient Position: Lying                  BP Method: Automatic</p> <p><b>AVPU/MEWS</b>                  AVPU Scale: Alert</p> <p><b>Oxygen Therapy</b>                  SpO2: 95 % (Device Time: 17:31:26)                  Pulse Oxmetry Device: Continuous bedside oximeter                  Device (Oxygen Therapy): room air</p> <p><b>Vitals Timer</b>                  Restart Vitals Timer: Yes</p>	Nicole A Wurm, RN
17:30:45	Assign Physician		Nathan C Fritz, DO
17:30:45	First Provider Evaluation of Patient		Nathan C Fritz, DO
17:30:45	Assign Attending		Nathan C Fritz, DO
17:30:45	Assign Physician		Nathan C Fritz, DO
17:30:45	Assign Attending	Nathan C Fritz, DO assigned as Attending	Nathan C Fritz, DO
17:30:57	Team Member Assigned	Annie Dermody assigned as Scribe	Annie Dermody
17:31:14	Paracentesis Resulted	Last updated: 2/6/2020 22:32 Status: Final result	Nathan C Fritz, DO
17:32:43	Assign Nurse	Nicole A Wurm, RN assigned as Registered Nurse	Amber R Spancenberq, RN
17:32:57	Orders Placed	POCT Glucose Nova Meter - Once ; Electrocardiogram, Complete	Nathan C Fritz, DO
17:32:57	ECG Ordered	ELECTROCARDIOGRAM, COMPLETE	Nicole A Wurm, RN
17:32:57	Orders Acknowledged	New - POCT Glucose Nova Meter - Once ; Electrocardiogram, Complete	Nicole A Wurm, RN
17:38:54	Imaging Preliminary Result Complete	Electrocardiogram, Complete	Edi, Incoming Card Results
17:38:54	Complete Electrocardiogram, Complete Completed	Electrocardiogram, Complete	Edi, Incoming Card Results
17:40	POCT GLUCOSE NOVA METER AUTO Resulted	Abnormal Result Collected: 2/6/2020 17:35 Last updated: 2/6/2020 17:40 Status: Final result Glucose, POC: 65 mg/dL $\nabla$ [Ref Range: 70 - 99]	Lab, Background User
17:40:32	Orders Placed	POCT GLUCOSE NOVA METER AUTO	Edi, Incoming Poct Results

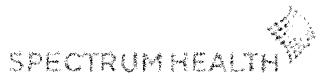


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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

17:44	<b>Sepsis Screening</b>	<b>Sepsis Screening</b> Is patient's history suggestive of an infection?: Yes SIRS Criteria: Heart rate (pulse) greater than 90 bpm; Temperature greater than 38.3 C (101 F) Are two or more of the above signs & symptoms of infection both present and new to the patient? : Yes Sign of Organ Dysfunction: Altered Mental Status Is there at least one of the above signs of organ dysfunction present?: Yes- Activate Code Sepsis Response	Nicole A Wurm, RN
17:45	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 5.8	Background, Analytics
17:46:02	<b>Orders Placed</b>	Vital Signs : Oxygen Therapy	Courtney M Loree, PA-C
17:46:02	<b>Orders Placed</b>	Complete Blood Count w/Differential ; Comprehensive Metabolic Panel (CMP) : Lipase, Blood Level : Lactic Acid, Blood Level ; POCT I-STAT CREA Cartridge ; Prothrombin Time (PT with INR)	Nathan C Fritz, DO
17:46:03	<b>Orders Placed</b>	Urinalysis (UA)	Christine S Martin, PA-C
17:46:03	<b>Orders Placed</b>	Activated Partial Thromboplastin Time (APTT) ; CT ABDOMEN AND PELVIS WITH IV CONTRAST ; acetaminophen (TYLENOL) tablet 1,000 mg ; CT HEAD WITHOUT IV CONTRAST ; DR CHEST 2 VIEWS FRONTAL AND LATERAL ; Ammonia, Blood Level	Nathan C Fritz, DO
17:46:06	<b>Lab Ordered</b>	URINALYSIS	Nathan C Fritz, DO
17:46:06	<b>XR Ordered</b>	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Nathan C Fritz, DO
17:46:06	<b>CT Ordered</b>	CT HEAD WITHOUT IV CONTRAST, CT ABDOMEN AND PELVIS WITH IV CONTRAST	Nathan C Fritz, DO
17:47:06	<b>Orders Placed</b>	Peripheral Blood Culture : Peripheral Blood Culture	Nathan C Fritz, DO
17:47:07	<b>Lab Ordered</b>	PERIPHERAL BLOOD CULTURE, PERIPHERAL BLOOD CULTURE	Nathan C Fritz, DO
17:47:07	<b>Orders Placed</b>	piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB	Nathan C Fritz, DO
17:48	<b>Data</b>	<b>Sepsis Timer</b> Start Sepsis Timer: Start (Populated via order specific question 127596 - SH IP SEPSIS TIMER BEGIN.)	Nathan C Fritz, DO
17:48:10	<b>Orders Placed</b>	Continuous Pulse Oximetry ; Cardiac Monitoring ; Oxygen Therapy	Christine S Martin, PA-C
17:48:10	<b>Orders Placed</b>	Vital Signs ; Notify Provider - MAP ; Intake and Output ; Insert and Maintain IV : sodium chloride flush 0.9 % syringe 3 mL	Courtney M Loree, PA-C
17:48:10	<b>Orders Placed</b>	Magnesium, Blood Level ; Phosphorus, Blood Level ; Peripheral Blood Culture ; Peripheral Blood Culture ; sodium chloride 0.9% bolus injection 1,000 mL ; sodium chloride 0.9% bolus injection 1,000 mL ; POCT I-STAT CG8+ Cartridge	Nathan C Fritz, DO
17:48:14	<b>Lab Ordered</b>	PERIPHERAL BLOOD CULTURE, PERIPHERAL BLOOD CULTURE	Nathan C Fritz, DO
17:48:31	<b>Sepsis 0-3 Hour Bundle</b>	Populated via order specific question 127596 - SH IP SEPSIS TIMER BEGIN.	Nathan C Fritz, DO
17:48:31	<b>Orders Placed</b>	START Sepsis Time Zero and Launch Code Sepsis Sidebar	Nathan C Fritz, DO
17:48:30	<b>Orders Completed</b>	START Sepsis Time Zero and Launch Code Sepsis Sidebar	Nathan C Fritz, DO



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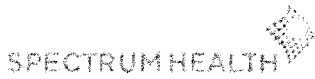
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

17:49	Custom Formula Data	Relevant Labs and Vitals Temp (in Celsius): 39.6	Nicole A Wurm, RN
17:49	Vitals Signs	Vitals Temperature: 39.6 °C Temp src: Rectal	Nicole A Wurm, RN
17:49:49	Orders Placed	sodium chloride 0.9% bolus injection 100 mL	Nathan C Fritz, DO
17:50	Peripheral IV 02/06/20 Left Forearm Placed	Removal Date/Time: 02/12/20 0028 Placement Date/Time: 02/06/20 1750 Size: 20 G Orientation: Left Location: Forearm Site Prep: Chlorhexidine Technique: Anatomical landmarks Insertion attempts: 1	Nicole A Wurm, RN
17:53:44	History Reviewed	Sections Reviewed: Medical, Surgical, Family	Annie Dermody
17:55	POCT iSTAT CREA Cartridge Resulted	Collected: 2/6/2020 17:49 Last updated: 2/6/2020 17:55 Status: Final result Creatinine: 0.70 mg/dL [Ref Range: 0.60 - 1.30] MDRD eGFR: >60.00 mL/min/1.73 m2 [Ref Range: >=60.00]	Lab, Background User
17:55:32	Orders Placed	POCT iSTAT CREA Cartridge	Edi, Incoming Poct Results
17:58	Peripheral IV 02/06/20 Right Forearm Placed	Removal Date/Time: 02/09/20 1248 Placement Date/Time: 02/06/20 1758 Size: 20 G Orientation: Right Location: Forearm Site Prep: Chlorhexidine Technique: Anatomical landmarks Insertion attempts: 2 Removal Reason: Removed by patient	Nicole A Wurm, RN
17:59:15	Orders Modified	Rx Verify - piperacillin-tazobactam (ZOSYN) IVPB 3.375 g in 50 mL iso-osmotic soln (premix) (Comment: Modified during verification from piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB)	Charles Snyder, PharmD
18:00	Medication New Bag	sodium chloride 0.9% bolus injection 1,000 mL - Dose: 1,000 mL ; Rate: 1,000 mL/hr ; Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 1820	Nicole A Wurm, RN
18:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 5.8	Background, Analytics
18:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Nicole A Wurm, RN
18:00	Adult Vitals Simple	Vitals Pulse: 145 <sup>f</sup> (Device Time: 18:00:25) BP: 134/84 (Device Time: 18:00:00) MAP (mmHg): 98 (Device Time: 18:00:00) Respirations: 27 (Device Time: 18:00:25) Oxygen Therapy SpO2: 94 % (Device Time: 18:00:25) Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air	Nicole A Wurm, RN
18:00	Custom Formula Data	Other flowsheet entries Average of Mean BP: 102.5 Mean BP (mmHg): 100.67	Nicole A Wurm, RN
18:00	MEWS	MEWS SCORE MEWS Filed Score: 5	Automatic Discharge Provider





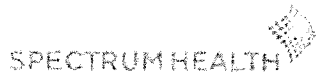
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

18:00:26	<b>Orders Acknowledged</b>	New - Vital Signs ; Oxygen Therapy ; Complete Blood Count w/Differential ; Nicole A Wurm, Comprehensive Metabolic Panel (CMP) ; Lipase, Blood Level ; Lactic Acid, RN Blood Level ; POCT i-STAT CREA Cartridge ; Prothrombin Time (PT with INR) ; Actvated Partial Thromboplastin Time (APTT) ; Urinalysis (UA) ; CT ABDOMEN AND PELVIS WITH IV CONTRAST ; acetaminophen (TYLENOL) tablet 1,000 mg ; CT HEAD WITHOUT IV CONTRAST ; DR CHEST 2 VIEWS FRONTAL AND LATERAL ; Ammonia, Blood Level ; Peripheral Blood Culture ; Peripheral Blood Culture ; piperacillin-tazobactam (ZOSYN) IVPB 3.375 g in 50 mL iso-osmotic soln (premix) ; Vital Signs ; Continuous Pulse Oximetry ; Cardiac Monitoring ; Notify Provider - MAP ; Intake and Output ; Oxygen Therapy ; Insert and Maintain IV ; sodium chloride flush 0.9 % syringe 3 mL ; Magnesium, Blood Level ; Phosphorus, Blood Level ; Peripheral Blood Culture ; Peripheral Blood Culture ; sodium chloride 0.9% bolus injection 1,000 mL ; sodium chloride 0.9% bolus injection 1,000 mL ; POCT i-STAT CG8+ Cartridge ; START Sepsis Time Zero and Launch Code Sepsis Sidebar ; sodium chloride 0.9% bolus injection 100 mL	
18:03:03	<b>Orders Acknowledged</b>	Discontinued - POCT i-STAT CREA Cartridge ; Peripheral Blood Culture ; Peripheral Blood Culture	Nicole A Wurm, RN
18:03:03	<b>Orders Discontinued</b>	POCT i-STAT CREA Cartridge ; POCT i-STAT CREA Cartridge ; Peripheral Blood Culture ; Peripheral Blood Culture ; Peripheral Blood Culture ; Peripheral Blood Culture	Nicole A Wurm, RN
18:03:03	<b>POCT i-STAT CREA Cartridge Discontinued</b>	POCT i-STAT CREA Cartridge	Nicole A Wurm, RN
18:03:03	<b>Print Label for Peripheral Blood Culture Discontinued</b>	Peripheral Blood Culture ; Peripheral Blood Culture	Nicole A Wurm, RN
18:03:33	<b>Print Label for Complete Blood Count w/Differential Completed</b>	Complete Blood Count w/Differential - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:03:33	<b>Print Label for Comprehensive Metabolic Panel (CMP) Completed</b>	Comprehensive Metabolic Panel (CMP) - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:03:33	<b>Print Label for Lipase, Blood Level Completed</b>	Lipase, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:03:33	<b>Print Label for Magnesium, Blood Level Completed</b>	Magnesium, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:03:33	<b>Print Label for Phosphorus, Blood Level Completed</b>	Phosphorus, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:04	<b>Blood Specimen Collection Status</b>	<b>Specimen Collection Status</b> Blood Specimen Collection: Phlebotomy/lab	Nicole A Wurm, RN
18:04:19	<b>Orders Completed</b>	POCT Glucose Nova Meter - Once	Nicole A Wurm, RN
18:04:19	<b>POCT Glucose Nova Meter - Once Completed</b>	POCT Glucose Nova Meter - Once	Nicole A Wurm, RN
18:11	<b>Travel Screening</b>	Have you been in contact with someone who was sick? <b>No / Unsure</b> ; Have you traveled internationally in the last month? <b>No</b> Travel Locations: <b>Travel history not shown for past encounters</b>	Nicole A Wurm, RN

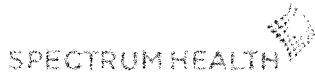


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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

18:12	Interpreter Services	Initial Information Preferred Language: English Interpreter Needed: No	Nicole A Wurm, RN
18:12	Retired Pain (Adult)	Pain (Adult) Presence Of Pain: deries	Nicole A Wurm, RN
18:12	Quick Triage Complete/Acuity	Acuity/Destination/Quick Triage Complete Patient Acuity: 1 Quick Triage Complete: Quick Triage Complete	Nicole A Wurm, RN
18:12	Stroke Screening	Stroke Screening Is the patient presenting with stroke symptoms starting within the last 24 hours?: No	Nicole A Wurm, RN
18:12	Assessment	Airway Airway WDL: WDL Breathing Respiratory WDL: WDL Cardiac WDL Cardiac WDL: WDL Peripheral Neurovascular (Adult) Peripheral Neurovascular WDL: WDL Neuro Cognitive (Adult) Level of Consciousness: confused Orientation: disoriented to; place; time; situation Cognitive/Neuro/Behavioral WDL Retired Cognitive/Neuro/Behavioral WDL: .WDL except; mood/behavior; all	Nicole A Wurm, RN
18:12:38	Acuity 1 Selected		Nicole A Wurm, RN
18:12:38	Quick Triage Completed		Nicole A Wurm, RN
18:12:40	Allergies Reviewed		Nicole A Wurm, RN
18:14	Collect Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:14	Collect Comprehensive Metabolic Panel (CMP) Completed	Comprehensive Metabolic Panel (CMP) - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:14	Collect Lipase, Blood Level Completed	Lipase, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:14	Collect Magnesium, Blood Level Completed	Magnesium, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:14	Collect Phosphorus, Blood Level Completed	Phosphorus, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Nicole A Wurm, RN
18:14	Specimens Collected	Complete Blood Count w/Differential - ID: 20037BWH01798 Type: <b>Blood</b> Comprehensive Metabolic Panel (CMP) - ID: 20037BWC03283 Type: <b>Blood</b> Blood Lipase, Blood Level - ID: 20037BWC03283 Type: <b>Blood</b> Magnesium, Blood Level - ID: 20037BWC03283 Type: <b>Blood</b> Phosphorus, Blood Level - ID: 20037BWC03283 Type: <b>Blood</b> Differential, Manual Blood - ID: 20037BWH01798 Type: <b>Blood</b>	Nicole A Wurm, RN
18:14:59	Orders Completed	POCT I-STAT CG8+ Cartridge	Nicole A Wurm, RN



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

18:14:59	POCT i-STAT CG8+ Cartridge Completed	POCT i-STAT CG8+ Cartridge	Nicole A Wurm, RN
18:15	Imaging Exam Started	ED BED US NEEDLE GUIDANCE	User Batch Generic
18:15	Imaging Exam Ended	ED BED US NEEDLE GUIDANCE	User Batch Generic
18:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 6.1	Background, Analytics
18:15	Custom Formula Data	Other flowsheet entries Average of Mean BP: 100.83 Mean BP (mmHg): 97.33	Nicole A Wurm, RN
18:15	Vitals Signs	Vitals Pulse: 142 <sup>†</sup> (Device Time: 18:15:25) Heart Rate source: Mcnitor Respirations: 33 <sup>†</sup> (Device Time: 18:15:25) BP: 132/80 (Device Time: 18:15:00) MAP (mmHg): 94 (Device Time: 18:15:00) BP Location: Left arm Patient Position: Lying BP Method: Automatic AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 94 % (Device Time: 18:14:25) Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air Vitals Timer Restart Vitals Timer: Yes	Nicole A Wurm, RN
18:20	POCT iSTAT cg8+ Cartridge Venous Resulted	Abnormal Result Collected: 2/6/2020 18:11 Last updated: 2/6/2020 18:20 Status: Final result pH: 7.47 <sup>^</sup> [Ref Range: 7.32 - 7.42] pCO2: 36 mm/Hg <sup>v</sup> [Ref Range: 38 - 52] pO2: 33 mm/Hg [Ref Range: 24 - 48] Oxygen Saturation: 68 % [Ref Range: 65 - 100] Bicarbonate: 27 mmol/L [Ref Range: 22 - 32] Base Excess: 3.0 mmol/L <sup>^</sup> [Ref Range: -2.0 - 2.0] Sodium: 132 mmol/L <sup>v</sup> [Ref Range: 134 - 146] Potassium: 5.8 mmol/L <sup>^</sup> [Ref Range: 3.4 - 5.0] Hematocrit: 55.0 % <sup>^</sup> [Ref Range: 42.0 - 52.0] Glucose, POC: 86 mg/dL [Ref Range: 70 - 99] Hemoglobin: 18.7 g/dL <sup>^</sup> [Ref Range: 14.0 - 18.0] Ionized Calcium: 1.15 mmol/L [Ref Range: 1.12 - 1.40]	Lab, Background User
18:20:24	Orders Placed	POCT iSTAT cg8+ Cartridge Venous	Edi, Incoming Poct Results
18:25	Specimens Collected	Peripheral Blood Culture - ID: 20037BWM01084 Type: Blood	Julie A Smydra
18:28	Medication New Bag	sodium chloride 0.9% bolus injection 1,000 mL - Dose: 1,000 mL ; Rate: 1,000 mL/hr ; Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 1820	Nicole A Wurm, RN
18:29:32	Allergies Reviewed		Nicole A Wurm, RN
18:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 8.5	Background, Analytics



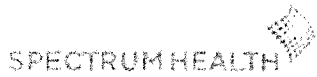
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

18:00	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes	Nicole A Wurm, RN
18:30	<b>Retired Abdominal Pain CPG Interventions</b>	<b>Abdominal Pain CPG Interventions</b> Abdominal Pain Management: NPO status maintained; pain relief monitored; prepared for CT Scan; fluid balance monitored <b>Coping Interventions:</b> anticipatory guidance provided; questions answered; reassurance provided <b>Safety Interventions</b> Safety Precautions/Falls Reduction: fall reduction program maintained; nonskid shoes/slippers when out of bed; law enforcement officer present	Nicole A Wurm, RN
18:30	<b>Retired Abdominal Pain Assessments (Adult)</b>	<b>Abdominal Pain Assessments</b> Abdominal Appearance: rigid; distended Abdominal Palpation: All Quadrants All Quadrants Abdominal Palpation: firm; tender <b>Respiratory WDL</b> Respiratory WDL: WDL <b>Cardiac WDL</b> Cardiac WDL: .WDL except; rhythm (tachycardic) Cardiac Rhythm: regular <b>Peripheral/Neurovascular WDL</b> Peripheral Neurovascular WDL: WDL <b>Cognitive/Neuro/Behavioral WDL</b> Level of Consciousness: confused Orientation: disoriented to; place; time; situation Retired Cognitive/Neuro/Behavioral WDL: .WDL except <b>Gastrointestinal WDL</b> Gastrointestinal WDL: .WDL except; GI symptoms GI Signs/Symptoms: abdominal fullness; abdominal discomfort <b>Genitourinary WDL</b> Genitourinary WDL: WDL <b>Skin WDL</b> Skin WDL: .WDL except; all Skin Color/Characteristics: yellow Skin Temperature: warm Skin Moisture: dry Skin Elasticity: quick return to original state Skin Integrity: intact <b>Coping</b> Observed Emotional State: calm; cooperative Verbalized Emotional State: acceptance <b>Safety WDL</b> Safety WDL: WDL	Nicole A Wurm, RN
18:30	<b>Adult Vitals Simple</b>	<b>Vitals</b> Pulse: 140 (Device Time: 18:30:24) BP: 116/79 (Device Time: 18:30:00) MAP (mmHg): 90 (Device Time: 18:30:00) Respirations: 28 (Device Time: 18:30:24) <b>AVPU/MEWS</b> AVPU Scale: Alert <b>Oxygen Therapy</b> SpO2: 95 % (Device Time: 18:30:24) Pulse Oximetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air	Nicole A Wurm, RN
18:30	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Average of Mean BP: 97.66 Mean BP (mmHg): 91.33	Nicole A Wurm, RN
18:31:20	<b>Orders Placed</b>	dextrose 50 % injection 25 mL	Nathan C Fritz, DO

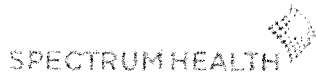


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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

18:31:20	<b>Orders Acknowledged</b>	New - dextrose 50 % injection 25 mL	Nicole A Wurm, RN
18:32	<b>Medication Given</b>	dextrose 50 % injection 25 mL - Dose: 25 mL ; Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 1905 ; Linked override order: dextrose 50 % injection - Pyxis Override Pull	Nicole A Wurm, RN
18:32:15	<b>Orders Placed</b>	Body Fluid Cell Count Only ; Body Fluid Culture ; Cell Count w/ Differential, Body Fluid ; pH, Body Fluid ; Glucose, Body Fluid ; Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF)	Nathan C Fritz, DO
18:32:16	<b>Lab Ordered</b>	LACTATE DEHYDROGENASE BODY FLUID, GLUCOSE BODY FLUID, PH BODY FLUID, BODY FLUID CELL COUNT WITH DIFFERENTIAL, BODY FLUID CULTURE, BODY FLUID CELL COUNT	Nathan C Fritz, DO
18:34	<b>Specimens Collected</b>	Prothrombin Time (PT with INR) - ID: 20037BWG00503 Type: Blood Activated Partial Thromboplastin Time (APTT) - ID: 20037BWG00503 Type: Blood	Julie A Smydra
18:35	<b>Collect Body Fluid Culture Completed</b>	Body Fluid Culture - Type: Body Fluid ; Source: Abdomen	Nicole A Wurm, RN
18:35	<b>Collect Cell Count w/ Differential, Body Fluid Completed</b>	Cell Count w/ Differential, Body Fluid - Type: Body Fluid ; Source: Abdomen	Nicole A Wurm, RN
18:35	<b>Collect Glucose, Body Fluid Completed</b>	Glucose, Body Fluid - Type: Body Fluid ; Source: Ascites	Nicole A Wurm, RN
18:35	<b>Collect Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Completed</b>	Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) - Type: Body Fluid ; Source: Ascites	Nicole A Wurm, RN
18:35	<b>Specimens Collected</b>	Body Fluid Cell Count Only - ID: 20037BWH01823 Type: Body Fluid Body Fluid Culture - ID: 20037BWM01099 Type: Body Fluid Cell Count w/ Differential, Body Fluid - ID: 20037BWH01823 Type: Body Fluid Glucose, Body Fluid - ID: 20037BWC03318 Type: Body Fluid Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) - ID: 20037BWC03318 Type: Body Fluid Manual Differential, Body Fluid - ID: 20037BWH01823 Type: Body Fluid	Nicole A Wurm, RN
18:35:21	<b>Print Label for Glucose, Body Fluid Completed</b>	Glucose, Body Fluid - Type: Body Fluid ; Source: Ascites	Nicole A Wurm, RN
18:35:21	<b>Print Label for Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Completed</b>	Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) - Type: Body Fluid ; Source: Ascites	Nicole A Wurm, RN
18:35:21	<b>Print Label for pH, Body Fluid Completed</b>	pH, Body Fluid - Type: Body Fluid ; Source: Abdomen	Nicole A Wurm, RN
18:35:22	<b>Print Label for Body Fluid Culture Completed</b>	Body Fluid Culture - Type: Body Fluid ; Source: Abdomen	Nicole A Wurm, RN
18:35:22	<b>Print Label for Cell Count w/ Differential, Body Fluid Completed</b>	Cell Count w/ Differential, Body Fluid - Type: Body Fluid ; Source: Abdomen	Nicole A Wurm, RN
18:36	<b>Collect pH, Body Fluid Completed</b>	pH, Body Fluid - Type: Body Fluid ; Source: Abdomen	Nicole A Wurm, RN



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

18:36	<b>Specimens Collected</b>	pH, Body Fluid - ID: 20037BWC03319 Type: <b>Body Fluid</b>	Nicole A Wurm, RN
18:36:46	<b>Orders Acknowledged</b>	New - Body Fluid Cell Count Only ; Body Fluid Culture ; Cell Count w/ Differential, Body Fluid ; pH, Body Fluid ; Glucose, Body Fluid ; Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF)	Nicole A Wurm, RN
18:37	<b>Medication Given</b>	acetaminophen (TYLENOL) tablet 1,000 mg - Dose: <b>1,000 mg</b> ; Route: <b>Oral</b> ; Scheduled Time: <b>1820</b>	Nicole A Wurm, RN
18:46	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 8.5	Background, Analytics
18:46	<b>Adult Vitals Simple</b>	<b>Vitals</b> Pulse: 138 <sup>!</sup> (Device Time: 18:45:24) BP: 122/83 (Device Time: 18:45:00) MAP (mmHg): 93 (Device Time: 18:45:00) Respirations: 17 (Device Time: 18:45:24) <b>AVPU/MEWS</b> AVPU Scale: Alert	Nicole A Wurm, RN
18:46	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Average of Mean BP: 97.25 Mean BP (mmHg): 96	Nicole A Wurm, RN
18:48	<b>Specimens Collected</b>	Peripheral Blood Culture - ID: 20037BWM01118 Type: <b>Blood</b>	Laurel D Eichorst
18:53	<b>Specimens Collected</b>	Lactic Acid, Blood Level - ID: 20037BWC03322 Type: <b>Blood</b> Ammonia, Blood Level - ID: 20037BWC03323 Type: <b>Blood</b>	Laurel D Eichorst
18:54:53	<b>Orders Placed</b>	Differential, Manual Blood	Nathan C Fritz, DO
18:57	<b>Complete Blood Count w/Differential Resulted</b>	<b>Abnormal Result</b> Collected: 2/6/2020 18:14 Last updated: 2/6/2020 18:57 Status: <b>Final result</b> White Blood Cell: <b>10.38 x10<sup>3</sup>/uL</b> [Ref Range: 4.00 - 10.80] Red Blood Cell: <b>4.08 x10<sup>6</sup>/uL</b> <sup>v</sup> [Ref Range: 4.00 - 6.00] Hemoglobin: <b>13.5 g/dL</b> <sup>v</sup> [Ref Range: 14.0 - 18.0] Hematocrit: <b>39.8 %</b> <sup>v</sup> [Ref Range: 42.0 - 52.0] Mean Cell Volume: <b>97.5 fL</b> [Ref Range: 80.0 - 100.0] Mean Cell Hemoglobin: <b>33.1 pg</b> <sup>^</sup> [Ref Range: 27.0 - 33.0] Mean Cell Hemoglobin Concentration: <b>33.9 g/dL</b> [Ref Range: 32.0 - 37.0] Red Cell Diameter Width: <b>15.1 %</b> [Ref Range: 11.0 - 16.0] NRBC Absolute Count: <b>0.00 x10<sup>3</sup>/uL</b> [Ref Range: 0.00 - 0.01] NRBC Automated: <b>0.0 %WBC</b> [Ref Range: 0.0 - 0.1] Platelet: <b>239 x10<sup>3</sup>/uL</b> [Ref Range: 140 - 400] Mean Platelet Volume: <b>11.4 fL</b> <sup>^</sup> [Ref Range: 7.4 - 11] Neutrophil Absolute Count: <b>9.40 x10<sup>3</sup>/uL</b> <sup>^</sup> [Ref Range: 1.80 - 7.80]	Karen A Kooiman



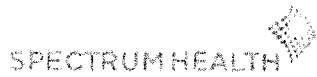


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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

18:57	<b>Differential, Manual Blood Resulted</b>	<p><b>Abnormal Result</b>                  Collected: 2/6/2020 18:14                  Last updated: 2/6/2020 18:57                  Status: <b>Final result</b>                  Segmented Neutrophils Manual: <b>96 %</b> ^ [Ref Range: 35 - 80]                  Bands Manual: <b>2 %</b> [Ref Range: 0 - 10]                  Lymphocytes Manual: <b>1 %</b> v [Ref Range: 20 - 50]                  Monocytes Manual: <b>1 %</b> v [Ref Range: 2 - 12]                  Eosinophil Manual: <b>0 %</b> [Ref Range: 0 - 6]                  Basophils Manual: <b>0 %</b> [Ref Range: 0 - 2]                  RBC Morphology: <b>Normal</b>                  Hypergranular Neutrophils: <b>Moderate</b>                  Platelet Estimate: <b>Normal</b></p>	Karen A Kooiman
18:57	<b>Prothrombin Time (PT with INR) Resulted</b>	<p><b>Abnormal Result</b>                  Collected: 2/6/2020 18:34                  Last updated: 2/6/2020 18:57                  Status: <b>Final result</b>                  Prothrombin Time: <b>16.6 second(s)</b> ^ [Ref Range: 9.7 - 12.6]                  INR: <b>1.7 Ratio</b> ^ [Ref Range: 0.9 - 1.2] (Low intensity anticoagulation therapeutic range: 2.0-3.0                   High intensity anticoagulation therapeutic range: 2.5-3.5                   INR value is clinically relevant ONLY when patient is on warfarin.)</p>	Lab, Background User
18:57	<b>Activated Partial Thromboplastin Time (APTT) Resulted</b>	<p>Collected: 2/6/2020 18:34 Last updated: 2/6/2020 18:57 Status: <b>Final result</b>                  Activated Partial Thromboplastin Time: <b>23 second(s)</b> [Ref Range: 21 - 32]                  (High and Reduced intensity anticoagulation therapeutic range: 45-65                  See individual nomograms for therapeutic ranges for other indications.)</p>	Lab, Background User
18:59	<b>Patient Radiology Status</b>	<p><b>Other flowsheet entries</b>                  Patient Radiology/US/CT Status: Pt Ready; CT Ready : (1859)</p>	Nalhan C Fritz, DO
19:00	<b>Sepsis Predictive Model</b>	<p><b>Sepsis Predictive Model</b>                  Sepsis Predictive Model Score: 14.4</p>	Background, Analytics
19:00	<b>Adult Vitals Simple</b>	<p><b>Vitals</b>                  Pulse: 136 ^ (Device Time: 19:00:24)                  BP: 112/75 (Device Time: 19:00:00)                  MAP (mmHg): 84 (Device Time: 19:00:00)                  Respirations: 23 (Device Time: 19:00:24)  <b>AVPU/MEWS</b>                  AVPU Scale: Alert</p>	Nicole A Wurm, RN
19:00	<b>Custom Formula Data</b>	<p><b>Other flowsheet entries</b>                  Average of Mean BP: 95.26                  Mean BP (mmHg): 87.33</p>	Nicole A Wurm, RN

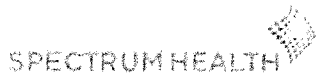


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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

Time	Test/Result	Abnormal Result	Lab. Background User
19:07	<b>Comprehensive Metabolic Panel (CMP) Resulted</b>	<p>Abnormal Result                      Collected: 2/6/2020 18:14                      Last updated: 2/6/2020 19:07                      Status: Final result                      Sodium Level: 131 mmol/L ▾ [Ref Range: 134 - 146]                      Potassium Level: 5.2 mmol/L ▲ [Ref Range: 3.4 - 5.0]                      Chloride: 93 mmol/L ▾ [Ref Range: 99 - 112]                      HCO3: 19 mmol/L ▾ [Ref Range: 21 - 29]                      Anion Gap: 19 mmol/L ▲ [Ref Range: 9 - 18]                      Glucose Level: 78 mg/dL [Ref Range: 70 - 99]                      Blood Urea Nitrogen: 9 mg/dL [Ref Range: 8 - 20]                      Creatinine: 0.70 mg/dL [Ref Range: 0.60 - 1.30]                      MDRD eGFR: &gt;60 mL/min/1.73 m2 [Ref Range: &gt;=60] (MDRD GFR calculation is based on the 4 value MDRD equation, K/DOQI Clinical Practice Guidelines for chronic kidney disease. Part 5 Guideline 5 (<a href="http://www.kidney.org/professionals/kdoqi/guidelines_ckd/toc.htm">http://www.kidney.org/professionals/kdoqi/guidelines_ckd/toc.htm</a>).</p> <p>MDRD estimated GFR (eGFR) is best used for detection of chronic kidney disease in clinically stable patients. DO NOT USE VALUES FROM THIS EQUATION FOR DRUG DOSING. It has not yet been validated for drug dosing or for patients with rapidly changing clinical situations (inpatient care).</p> <p>The calculated GFR is gender, age, and race specific. Values for patients identified as Black are calculated using the equation for African Americans. Values for patients of all other non-White (non-Caucasian) races (American Indian, Asian, Hispanic, mixed race) and for patients who do not report their race are calculated using the equation for White (Caucasian) patients.)                      CG eCrCl: 118 mL/min/1.73 m2 (Creatinine clearance calculated by the Cockcroft-Gault equation using age, calculated ideal body weight, gender, and serum creatinine. This equation is typically used for drug dosing determinations, but can also be used to assess for renal impairment.)                      Calcium Level Total: 9.3 mg/dL [Ref Range: 8.6 - 10.4]                      Protein Total: 7.5 g/dL [Ref Range: 6.0 - 8.0]                      Albumin Level: 2.2 g/dL ▾ [Ref Range: 3.5 - 5.0]                      Bilirubin Total: 7.1 mg/dL ▲ [Ref Range: 0.2 - 1.0]                      Alkaline Phosphatase: 191 IU/L ▲ [Ref Range: 40 - 129]                      Alanine Aminotransferase: 67 IU/L ▲ [Ref Range: 10 - 40]                      Aspartate Aminotransferase: 197 IU/L ▲ [Ref Range: 10 - 40]                      Hemolysis: (Interpret results with caution, Moderate specimen hemolysis. Recommend repeat draw.)</p> <p>Results for the following analytes may not be accurate due to hemolysis: Ammonia, ALT, AST, Alk Phos, Betahydroxybutyrate, Bilirubin Direct, CK, Ethanol, Folate, GGT, Haptoglobin, Homocysteine, Insulin, Iron, LDH, Osteocalcin, Potassium, and PTH Intact.)</p>	Lab. Background User
19:07	<b>Lipase, Blood Level Resulted</b>	<p>Collected: 2/6/2020 18:14 Last updated: 2/6/2020 19:07 Status: Final result                      Lipase Level: 40 U/L [Ref Range: &lt;=50]</p>	Lab. Background User
19:07	<b>Magnesium, Blood Level Resulted</b>	<p>Abnormal Result                      Collected: 2/6/2020 18:14                      Last updated: 2/6/2020 19:07                      Status: Final result                      Magnesium Level: 1.5 mg/dL ▾ [Ref Range: 1.8 - 2.5]</p>	Lab. Background User
19:07	<b>Phosphorus, Blood Level Resulted</b>	<p>Collected: 2/6/2020 18:14 Last updated: 2/6/2020 19:07 Status: Final result                      Phosphorus Level: 3.5 mg/dL [Ref Range: 2.5 - 4.5]</p>	Lab. Background User



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

19:08	<b>Medication New Bag</b>	piperacillin-tazobactam (ZOSYN) IVPB 3.375 g in 50 mL iso-osmotic soln (premix) - Dose: 3.375 g ; Rate: 100 mL/hr ; Route: Intravenous ; Line: Peripheral IV 02/06/20 Right Forearm ; Scheduled Time: 1820	Nicole A Wurm, RN
19:15	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 13.6	Background, Analytics
19:15	<b>Vitals Reassessment</b>	<b>Vitals Timer</b> Restart Vitals Timer: Yes	Nicole A Wurm, RN
19:15	<b>Adult Vitals Simple</b>	<b>Vitals</b> Pulse: 131 <sup>f</sup> (Device Time: 19:15:23) BP: 109/58 (Device Time: 19:15:00) MAP (mmHg): 81 (Device Time: 19:15:00) Respirations: 24 (Device Time: 19:15:23) <b>AVPU/MEWS</b> AVPU Scale: Alert <b>Oxygen Therapy</b> SpO2: 94 % (Device Time: 19:15:23) Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air	Nicole A Wurm, RN
19:15	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Average of Mean BP: 94.09 Mean BP (mmHg): 81.67	Nicole A Wurm, RN
19:15	<b>POCT GLUCOSE NOVA METER AUTO Resulted</b>	<b>Abnormal Result</b> Collected: 2/6/2020 19:14 Last updated: 2/6/2020 19:15 Status: Final result Glucose, POC: 105 mg/dL <sup>^</sup> [Ref Range: 70 - 99]	Lab, Background User
19:15:44	<b>Orders Placed</b>	POCT GLUCOSE NOVA METER AUTO	Edi, Incoming Poct Results
19:17	<b>History Present Illness</b>	<b>History Present Illness</b> Patient Stated Reason for Visit: Pt coming from kent county jail after staff noticed h/o abdominal pain after lunch. Pt has distended abdomen. Staff reports decreased LOC, baseline A&O x1-2. BG 62 oral glucose en route. History Obtained From: EMS Precipitating Event(s): none Currently taking an anticoagulant: No Associated Signs/Symptoms: abdominal distension; mental status, altered	Nicole A Wurm, RN
19:17:19	<b>Allergies Reviewed</b>		Nicole A Wurm, RN
19:18	<b>Columbia Suicide Severity Rating Scale (C-SSRS Short Version)</b>	<b>C-SSRS (Recent)</b> Wish to be Dead (Past Month): (unable to assess at this time)	Nicole A Wurm, RN
19:18	<b>Full Triage Complete</b>	<b>Full Triage Complete</b> Triage Complete: Full Triage Complete	Nicole A Wurm, RN



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

19:18	<b>Fall/Risk Assessment</b>	<b>Fall/Risk Assessment</b> Presented to ED Due to Fall?: No Age > 70: No Altered Mental Status: Yes Impaired Mobility: Yes Nurse Judgement: Yes Total Kinder Score: 3 <b>Safety Interventions</b> Safety Precautions/Falls Reduction: law enforcement officer present; fall reduction program maintained; nonskid shoes/slippers when out of bed	Nicole A Wurm, RN
19:18	<b>Immunizations</b>	<b>Immunizations</b> Immunizations Up To Date?: Unknown	Nicole A Wurm, RN
19:18:53	<b>Full Triage Completed</b>		Nicole A Wurm, RN
19:18:53	<b>Triage Completed</b>		Nicole A Wurm, RN
19:26	<b>Medication Given</b>	iopamidol (ISOVUE-370) 76 % injection 100 mL - Dose: 125 mL ; Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 02/06/20 Left Forearm</b>	David A Jones Jr., RTR
19:26:11	<b>Orders Placed</b>	iopamidol (ISOVUE-370) 76 % injection 100 mL ; sodium chloride 0.9% for CT injector flush 100 mL	Nathan C Fritz, DO
19:27	<b>Medication Given</b>	sodium chloride 0.9% for CT injector flush 100 mL - Dose: 100 mL ; Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 02/06/20 Left Forearm</b>	David A Jones Jr., RTR
19:27:42	<b>Imaging Exam Started</b>	CT ABDOMEN AND PELVIS WITH IV CONTRAST	David A Jones Jr., RTR
19:27:48	<b>Imaging Exam Started</b>	CT HEAD WITHOUT IV CONTRAST	David A Jones Jr., RTR
19:28	<b>Imaging Exam Ended</b>	CT HEAD WITHOUT IV CONTRAST	David A Jones Jr., RTR
19:28:26	<b>Imaging Exam Ended</b>	CT ABDOMEN AND PELVIS WITH IV CONTRAST	David A Jones Jr., RTR
19:29	<b>Lactic Acid, Blood Level Resulted</b>	<b>Abnormal Result</b> Collected: 2/6/2020 18:53 Last updated: 2/6/2020 19:29 Status: <b>Final result</b> Lactic Acid: <b>4.7 mmol/L</b> [Ref Range: 0.0 - 2.0] (Critical results reviewed by tech)	Theresa C Umlauf
19:29:38	<b>Orders Discontinued</b>	Body Fluid Cell Count Only ; Body Fluid Cell Count Only	Emily D Redding
19:29:38	<b>Collect Body Fluid Cell Count Only Discontinued</b>	Body Fluid Cell Count Only	Emily D Redding
19:29:38	<b>Print Label for Body Fluid Cell Count Only Discontinued</b>	Body Fluid Cell Count Only	Emily D Redding
19:30	<b>Remove Nurse</b>	Nicole A Wurm, RN removed as Registered Nurse	Danae H Van Stelle, RN
19:30	<b>Assign Nurse</b>	Danae H Van Stelle, RN assigned as Registered Nurse	Danae H Van Stelle, RN
19:30	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 13.6	Background, Analytics
19:30:15	<b>Orders Acknowledged</b>	New - iopamidol (ISOVUE-370) 76 % injection 100 mL ; sodium chloride 0.9% for CT injector flush 100 mL	Danae H Van Stelle, RN

SPECTRUM HEALTH



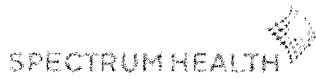
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## 02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

## ED Care Timeline (continued)

19:30:54	CT HEAD WITHOUT IV CONTRAST Resulted	Last updated: 2/6/2020 19:33 Status: Final result	Edi, Rad Results In
19:33:11	Imaging Final Result	CT HEAD WITHOUT IV CONTRAST	Edi, Rad Results In
19:33:11	CT Final Result	(Final result) CT HEAD WITHOUT IV CONTRAST	Edi, Rad Results In
19:36	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt Done Img Back in ED	Kaylyn E Amidon, RTR
19:36:02	Imaging Exam Started	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kaylyn E Amidon, RTR
19:37:25	Imaging Exam Ended	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kaylyn E Amidon, RTR
19:36	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt Done Img	Hailey C Armstrong, RTR
19:38:39	Imaging Exam Started	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kaylyn E Amidon, RTR
19:39:05	Imaging Exam Ended	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Hailey C Armstrong, RTR
19:40:11	Imaging Exam Started	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Hailey C Armstrong, RTR
19:40:37	Imaging Exam Ended	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Hailey C Armstrong, RTR
19:42	Medication Stopped	piperacillin-tazobactam (ZOSYN) IVPB 3.375 g in 50 mL iso-osmotic soln (premix) - Route: Intravenous ; Line: Peripheral IV 02/06/20 Right Forearm ; Scheduled Time: 1942	Seih D Ondersma, RN
19:42:43	Orders Placed	magnesium sulfate injection 2 g/50mL (Premix)	Nathan C Fritz, DO
19:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
19:45:29	CT ABDOMEN AND PELVIS WITH IV CONTRAST Resulted	Last updated: 2/6/2020 19:47 Status: Final result	Edi, Rad Results In
19:45:54	DR CHEST 2 VIEWS FRONTAL AND LATERAL Resulted	Last updated: 2/6/2020 19:48 Status: Final result	Edi, Rad Results In
19:47:30	Orders Acknowledged	New - magnesium sulfate injection 2 g/50mL (Premix)	Danae H Van Stelle, RN
19:47:55	Imaging Final Result	CT ABDOMEN AND PELVIS WITH IV CONTRAST	Edi, Rad Results In
19:47:55	CT Final Result	(Final result) CT ABDOMEN AND PELVIS WITH IV CONTRAST	Edi, Rad Results In
19:48:58	Imaging Final Result	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Edi, Rad Results In
19:48:58	Xray Final Result	(Final result) DR CHEST 2 VIEWS FRONTAL AND LATERAL	Edi, Rad Results In
19:51	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: --	Danae H Van Stelle, RN



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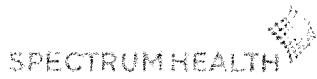
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

19:52	ED Adult PCS Body System	<b>Pain/Comfort/Sleep</b> POSS (Pasero Opioid-induced Sed Scale): 1 - Awake and alert Presence Of Pain: complains of pain/discomfort <b>RASS (Richmond Agitation-Sedation Scale)</b> RASS (Richmond Agitation-Sedation Scale): Alert and calm <b>Adult Pain Assessment/Reassessment Status</b> Adult Pain Assessment: Done Adult Pain Reassessment: Done	Danae H Van Stelle, RN
19:52	Custom Formula Data	<b>Confusion Assessment Method-ICU (CAM-ICU)</b> Feature 3: Altered Level of Consciousness: Negative <b>Other flowsheet entries</b> Average of Mean BP: 91.33 Mean BP (mmHg): 72	Danae H Van Stelle, RN
19:52	Vitals Signs	<b>Vitals</b> Pulse: 123 Respirations: 20 BP: 100/58 MAP (mmHg): 72 BP Locaton: Right arm Patient Position: Lying BP Method: Automatic <b>AVPU/MEWS</b> AVPU Scale: Alert <b>Oxygen Therapy</b> SpO2: 95 % Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air <b>Vitals Timer</b> Restart Vitals Timer: Yes Restart Vitals Timer: Yes	Danae H Van Stelle, RN
20:00	Sepsis Predictive Model	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 13.6	Background, Analytics
20:00	MEWS	<b>MEWS SCORE</b> MEWS Filed Score: 5	Automatic Discharge Provider
20:00:10	Lab Resulted	(Preliminary result) PERIPHERAL BLOOD CULTURE	Lab, Background User
20:05	Medication Stopped	sodium chloride 0.9% bolus injection 1,000 mL - Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 02/06/20 Left Forearm</b> ; Scheduled Time: <b>2005</b>	Danae H Van Stelle, RN
20:05	pH, Body Fluid Resulted	Collected: 2/6/2020 18:36 Last updated: 2/6/2020 20:05 Status: <b>Final result</b> pH Body Fluid: 7.34	Carly M Crossley
20:05	Intake/Output	<b>sodium chloride 0.9% bolus injection 1,000 mL</b> Volume (mL): 1000	Danae H Van Stelle, RN
20:05	Custom Formula Data	<b>Other flowsheet entries</b> Average of Mean BP: 89.37 Mean BP (mmHg): 73.67	Danae H Van Stelle, RN
20:05	Vitals Signs	<b>Vitals</b> BP: 99/61 <b>AVPU/MEWS</b> AVPU Scale: Alert <b>Oxygen Therapy</b> SpO2: 95 % Pulse Oxmetry Device: Continuous bedside oximeter	Danae H Van Stelle, RN





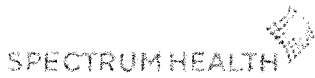
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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**ED Care Timeline (continued)**

20:05:02	<b>Lab Resulted</b>	(Final result) PH BODY FLUID	Lab, Background User
20:10:27	<b>Orders Placed</b>	ED BED US NEEDLE GUIDANCE	Nathan C Fritz, DO
20:10:27	<b>Ultrasound Ordered</b>	ED BED US NEEDLE GUIDANCE	Edi, Incoming Orders From Qpath
20:11:05	<b>Lab Resulted</b>	(Preliminary result) BODY FLUID CELL COUNT WITH DIFFERENTIAL	Lab, Background User
20:11:43	<b>ED BED US NEEDLE GUIDANCE Resulted</b>	Collected: 2/6/2020 18:12 Last updated: 2/6/2020 20:11 Status: Final result	Edi, Incoming Results From Qpath
20:11:44	<b>Imaging Final Result</b>	ED BED US NEEDLE GUIDANCE	Edi, Incoming Results From Qpath
20:11:44	<b>Ultrasound Final Result</b>	(Final result) ED BED US NEEDLE GUIDANCE	Edi, Incoming Results From Qpath
20:15	<b>Ammonia, Blood Level Resulted</b>	<p>Abnormal Result                      Collected: 2/6/2020 18:53                      Last updated: 2/6/2020 20:15                      Status: Final result                      Ammonia Level: 91 umol/L ^ [Ref Range: 0 - 60]                      Hemolysis (Interpret results with caution. Slight specimen hemolysis. Hemolysis can affect laboratory results for the listed analytes; however, the degree of hemolysis in this specimen may not be high enough to cause significant change. Analytes that may be affected are: Ammonia, AST, Bilirubin Direct, Folate, Haptoglobin, Insulin, LDH, Osteocalcin, and Potassium.</p> <p>Interpret results with caution. Slight specimen hemolysis. Hemolysis can affect laboratory results for the listed analytes; however, the degree of hemolysis in this specimen may not be high enough to cause significant change. Analytes that may be affected are: Ammonia, AST, Bilirubin Direct, Folate, Haptoglobin, Insulin, LDH, Osteocalcin, and Potassium.</p>	Carly M Crossley
20:15	<b>Sepsis Predictive Model</b>	<p>Sepsis Predictive Model                      Sepsis Predictive Model Score: 13.6</p>	Background, Analytics
20:22:03	<b>Orders Acknowledged</b>	New - ED BED US NEEDLE GUIDANCE	Danae H Van Stelle, RN
20:26:03	<b>Lab Resulted</b>	(Preliminary result) BODY FLUID CULTURE	Lab, Background User
20:30	<b>Sepsis Predictive Model</b>	<p>Sepsis Predictive Model                      Sepsis Predictive Model Score: 13.6</p>	Background, Analytics
20:42:43	<b>Hospitalized Disposition Selected</b>	ED Disposition set to Hospitalized	Nathan C Fritz, DO
20:42:43	<b>Disposition Selected</b>		Nathan C Fritz, DO



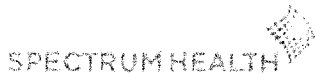
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

20:42:44	<b>Hospitalized Disposition Selected</b>	ED Disposition set to Hospitalized	Nathan C Fritz, DO
20:42:44	<b>Disposition Selected</b>		Nathan C Fritz, DO
20:43:26	<b>Hospitalized Disposition Selected</b>	ED Disposition set to Hospitalized	Nathan C Fritz, DO
20:43:26	<b>Disposition Selected</b>		Nathan C Fritz, DO
20:43:26	<b>Orders Placed</b>	ED Hospital Bed Request	Nathan C Fritz, DO
20:43:30	<b>ED IP Bed Requested</b>	ED Hospital Bed Request - [243957623]	Nathan C Fritz, DO
20:43:30	<b>Orders Completed</b>	ED Hospital Bed Request	Nathan C Fritz, DO
20:43:31	<b>Bed Requested</b>	Requested: General Medicine	Nathan C Fritz, DO
20:44:44	<b>Bed Request Ready to Plan</b>	Ready to Plan: General Medicine	Background, Default User
20:45	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 13.6	Background, Analytics
20:45:34	<b>Orders Acknowledged</b>	New - ED Hospital Bed Request	Danae H Van Stelle, RN
20:49	<b>Medication Stopped</b>	sodium chloride 0.9% bolus injection 1,000 mL - Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 02/06/20 Left Forearm</b> ; Scheduled Time: <b>2049</b>	Danae H Van Stelle, RN
20:49	<b>Medication New Bag</b>	magnesium sulfate injection 2 g/50mL (Premix) - Dose: <b>2 g</b> ; Rate: <b>50 mL/hr</b> ; Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 02/06/20 Left Forearm</b> ; Scheduled Time: <b>2015</b>	Danae H Van Stelle, RN
20:49	<b>Intake/Output</b>	<b>sodium chloride 0.9% bolus injection 1,000 mL</b> Volume (mL): 1000	Danae H Van Stelle, RN
20:49:18	<b>Blood Specimen Collection Status</b>	<b>Specimen Collection Status</b> Blood Specimen Collection: Unit collect	Julie A Smydra
20:51	<b>Glucose, Body Fluid Resulted</b>	Collected: 2/6/2020 18:35 Last updated: 2/6/2020 20:51 Status: <b>Final result</b> Glucose Body Fluid: <b>56 mg/dL</b> (This test was developed and its performance characteristics determined by Spectrum Health Regional Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. The reference range and other method performance specifications have not been established for this body fluid. The test result must be integrated into the clinical context for interpretation.)	Lab, Background User
20:51	<b>Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Resulted</b>	Collected: 2/6/2020 18:35 Last updated: 2/6/2020 20:51 Status: <b>Final result</b> Lactate Dehydrogenase Body Fluid: <b>91 U/L</b> (This test was developed and its performance characteristics determined by Spectrum Health Regional Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. The reference range and other method performance specifications have not been established for this body fluid. The test result must be integrated into the clinical context for interpretation.)	Lab, Background User
20:51:04	<b>Lab Resulted</b>	(Final result) GLUCOSE BODY FLUID	Lab, Background User



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

20:51:04	Lab Resulted	(Final result) LACTATE DEHYDROGENASE BODY FLUID	Lab, Background User
20:55	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gillian Brown, RN
20:55	Adult Vitals Simple	Vitals Pulse: 120 (Device Time: 20:55:20) BP: 96/61 (Device Time: 20:55:49) MAP (mmHg): 71 (Device Time: 20:55:49) Respirations: 20 (Device Time: 20:55:20) Oxygen Therapy SpO2: 95 % (Device Time: 20:55:20)	Gillian Brown, RN
20:55	Custom Formula Data	Other flowsheet entries Average of Mean BP: 87.7 Mean BP (mmHg): 72.67	Gillian Brown, RN
20:58	Transfer Center Intake	Provider Paged/Called Reason for Call: Admission Requesting Provider: Dr. N Fritz Requesting Facility/Unit: BW ED Call Back Number: 75688 Chief Complaint: sepsis, SBP, colitis; from jail guards at bedside Blodgett Appropriate (if applicable) : Yes Provider 1 Provider Name: Dr. A Wilson Provider Speciality: Adult Hospitalist Time Paged/Called: 2:01	Michelle M Crago, RN
21:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
21:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gillian Brown, RN
21:00	Adult Vitals Simple	Vitals Pulse: 117 (Device Time: 21:00:21) BP: 87/62 (Device Time: 21:00:00) MAP (mmHg): 70 (Device Time: 21:00:00) Respirations: 24 (Device Time: 21:00:21) Oxygen Therapy SpO2: 98 % (Device Time: 21:00:21)	Gillian Brown, RN
21:00	Custom Formula Data	Other flowsheet entries Average of Mean BP: 87.47 Mean BP (mmHg): 70.33	Gillian Brown, RN
21:00:14	Lab Resulted	(Preliminary result) PERIPHERAL BLOOD CULTURE	Lab, Background User
21:04	Assign Nurse	Gillian Brown, RN assigned as Registered Nurse	Gillian Brown, RN
21:04	Remove Nurse	Danae H Van Stelle, RN removed as Registered Nurse	Gillian Brown, RN
21:07	Transfer Center Intake	Provider Paged/Called Intake Considerations: LIFE EMS called with alert of patient transferring to Blodgett.	Michelle M Crago, RN
21:15	Medication New Bag	sodium chloride 0.9% bolus injection 100 mL - Dose: 100 mL ; Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 1820	Gillian Brown, RN

SPECTRUM HEALTH

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## 02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

## ED Care Timeline (continued)

21:15	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 9.5	Background, Analytics
21:18:22	<b>Orders Placed</b>	Manual Differential, Body Fluid	Nathan C Fritz, DO
21:18:22	<b>Lab Ordered</b>	MANUAL DIFFERENTIAL BFL	Edi, Incoming Lab Instruments
21:18:25	<b>Lab Resulted</b>	(Preliminary result) BODY FLUID CELL COUNT WITH DIFFERENTIAL	Lab, Background User
21:19	<b>Cell Count w/ Differential, Body Fluid Resulted</b>	Collected: 2/6/2020 18:35 Last updated: 2/6/2020 21:19 Status: Final result Specimen Source: Abdomen Color Body Fluid: Yellow Clarity Body Fluid: Hazy Total Nucleated Cell Count Body Fluid: 7,890 /uL RBC Count Body Fluid: 540 /uL	Lab, Background User
21:19	<b>Manual Differential, Body Fluid Resulted</b>	<b>Abnormal Result</b> Collected: 2/6/2020 18:35 Last updated: 2/6/2020 21:19 Status: Final result Segmented Neutrophils Body Fluid: 97 % ^ [Ref Range: <=25] % Mono/MacroBFL: 2 % % Mesothelial Cell Body Fluid: 1 % ^ [Ref Range: <=0] Total Cells Counted: 100	Lab, Background User
21:19:05	<b>Lab Resulted</b>	(Final result) BODY FLUID CELL COUNT WITH DIFFERENTIAL	Lab, Background User
21:19:05	<b>Lab Resulted</b>	(Final result) MANUAL DIFFERENTIAL BFL	Lab, Background User
21:23:12	<b>Orders Placed</b>	Lactic Acid, Blood Level	Nathan C Fritz, DO
21:23:51	<b>Orders Placed</b>	lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	Nathan C Fritz, DO
21:30	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 9.5	Background, Analytics
21:33	<b>Blood Specimen Collection Status</b>	<b>Specimen Collection Status</b> Blood Specimen Collection: Phlebotomy/lab	Gillian Brown, RN
21:33:45	<b>Orders Acknowledged</b>	New - Lactic Acid, Blood Level ; lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	Gillian Brown, RN
21:39	<b>Transfer Center Intake</b>	<b>Provider Paged/Called</b> Intake Considerations: connected Providers, patient discussed, Dr. wilson to admit to BL <b>Provider 1</b> Time Responded: 2142	Michelle L Cannon, RN
21:39	<b>Transfer Center Intake</b>	<b>Provider 1</b> Provider Name: Dr. A Wilson Provider Speciality: Adult Hospitalist Time Paged/Called: 2139	Michelle M Crago, RN
21:40	<b>Medication Stopped</b>	sodium chloride 0.9% bolus injection 100 mL - Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 2140	Gillian Brown, RN
21:40	<b>Medication Given</b>	lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL - Dose: 30 mL ; Route: Oral ; Scheduled Time: 2155	Gillian Brown, RN
21:40	<b>Intake/Output</b>	sodium chloride 0.9% bolus injection 100 mL Volume (mL): 100	Gillian Brown, RN



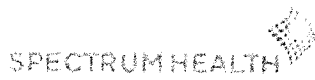
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

21:41	Medication Stopped	magnesium sulfate injection 2 g/50mL (Premix) - Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 02/06/20 Left Forearm</b> ; Scheduled Time: <b>2141</b>	Gillian Brown, RN
21:41	Intake/Output	magnesium sulfate injection 2 g/50mL (Premix) Volume (mL): 50	Gillian Brown, RN
21:41:11	Registration Completed		Olivia A Sleighter
21:45	Sepsis Predictive Model	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 13.6	Background, Analytics
21:47:58	Orders Placed	norepinephrine 16 mcg/mL in 0.9% NaCl infusion	Christine S Martin, PA-C
21:49	Remove Nurse	Gillian Brown, RN removed as Registered Nurse	Danae H Van Stelle, RN
21:49	Assign Nurse	Danae H Van Stelle, RN assigned as Registered Nurse	Danae H Van Stelle, RN
21:50:06	Orders Acknowledged	New - norepinephrine 16 mcg/mL in 0.9% NaCl infusion	Danae H Van Stelle, RN
22:00	Sepsis Predictive Model	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 13.6	Background, Analytics
22:00	Custom Formula Data	<b>Other flowsheet entries</b> Average of Mean BP: 85.11 Mean BP (mmHg): 74	Danae H Van Stelle, RN
22:00	Vitals Signs	<b>Vitals</b> Pulse: 98 (Device Time: 22:00:19) Heart Rate source: Monitor Respirations: 22 (Device Time: 22:00:19) BP: 96/63 (Device Time: 22:00:00) MAP (mmHg): 73 (Device Time: 22:00:00) BP Locaton: Left arm Patient Position: Lying BP Method: Automatic <b>AVPU/MEWS</b> AVPU Scale: Alert <b>Oxygen Therapy</b> SpO2: 99 % Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air <b>Vitals Timer</b> Restart Vitals Timer: Yes Restart Vitals Timer: Yes	Danae H Van Stelle, RN
22:00	MEWS	<b>MEWS SCORE</b> MEWS Filed Score: 6	Automatic Discharge Provider
22:02	Transfer Center Intake	<b>Provider Paged/Called</b> Reason for Call: Transfer Intake Considerations: shelby, Life EMs called ro give ready status, also informed Amber. CN !1H that patient will be accompanied by police officers	Michelle L Cannon, RN
22:08	Specimens Collected	Lactic Acid, Blood Level - ID: 20037BWC03501 Type: <b>Blood</b>	Stephen T Mayhew
22:09:57	IP Bed Assigned	Assigned: BL1H - 1H23/1H23-1	Michelle L Cannon, RN
22:09:57	Hospital bed ready	Bed Ready: BL1H - 1H23/1H23-1	Michelle L Cannon, RN
22:15	Sepsis Predictive Model	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 13.6	Background, Analytics



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

22:15	Custom Formula Data	Other flowsheet entries Average of Mean BP: 84.08 Mean BP (mmHg): 71.67	Danae H Van Stelle, RN
22:15	Vitals Signs	Vitals Pulse: 112 (Device Time: 22:15:18) Heart Rate source: Monitor Respirations: 23 (Device Time: 22:15:18) BP: 97/59 (Device Time: 22:15:00) MAP (mmHg): 72 (Device Time: 22:15:00) BP Location: Left arm Patient Position: Lying BP Method: Automatic AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 92 % (Device Time: 22:15:18) Pulse Oximetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air Vitals Timer Restart Vitals Timer: Yes Restart Vitals Timer: Yes	Danae H Van Stelle, RN
22:25:03	Orders Placed	Paracentesis	Nathan C Fritz, DO
22:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
22:30:27	Allergies Reviewed		Danielle Fron, CPHT
22:31:58	Home Medications Reviewed		Danielle Fron, CPHT
22:32:50	ED Provider Notes	Note filed at this time	Nathan C Fritz, DO
22:32:51	ED Note Filed	ED Prov Note filed by Nathan C Fritz, DO	Nathan C Fritz, DO
22:32:51	Orders Completed	Paracentesis	Nathan C Fritz, DO
22:32:56	Home Medications Reviewed		Danielle Fron, CPHT
22:42	Lactic Acid, Blood Level Resulted	Abnormal Result Collected: 2/6/2020 22:08 Last updated: 2/6/2020 22:42 Status: Final result Lactic Acid: 4.2 mmol/L [Ref Range: 0.0 - 2.0]	Carly M Crossley
22:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
22:46:14	Patient transferred	From room 70 to room Blue OTF	Danae H Van Stelle, RN
22:46:14	Patient transferred to OTF		Danae H Van Stelle, RN
22:52:26	Team Member Removed	Annie Dermody removed as Scribe	Annie Dermody
23:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
23:15	Patient admitted	To department SHBL 1H	Donna R McPherson





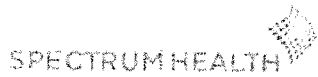
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

ED Care Timeline (continued)

23:15	Patient class changed		Donna R McPheron
23:15	Deterioration Index Predictive Model	Deterioration Index Score: 36.9	Background, Analytics
23:15	Sepsis Predictive Model	Sepsis Predictive Model Score: 13.6	Background, Analytics
23:15:03	ED Patient summary extract generated		Donna R McPheron
23:15:07	Charting Complete		Jason R Biehl, MD
23:15:07	Charting Complete		Nathan C Fritz, DO
23:15:07	Charting Complete		Gillian Brown, RN
23:15:07	Charting Complete		Danae H Van Stelle, RN
23:15:07	Charting Complete		Nicole A Wurm, RN
23:15:07	Charting Complete		Annie Dermody



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**H&P Notes**

H&P by Jason R Biehl, MD at 2/6/2020 11:35 PM

Author: Jason R Biehl, MD  
Filed: 2/7/2020 12:19 AM  
Editor: Jason R Biehl, MD (Physician)

Service: Medical Critical Care  
Date of Service: 2/6/2020 11:35 PM

Author Type: Physician  
Status: Addendum



**MICU HISTORY & PHYSICAL**

**CHIEF COMPLAINT:**

No Principal Problem: There is no principal problem currently on the Problem List. Please update the Problem List and refresh.

**Length of Stay: 0 days**

Assessment/Plan

**ASSESSMENT / PLAN:**

- (1) Severe Sepsis
- (2) Peritonitis - SBP vs secondary to colitis
- (3) Colitis
- (4) Elevated lactic acid
- (5) HyperK
- (6) EtOH abuse - tells me his is dry - complicated by
- (7) ESLD - MELD 24 on admission
- (8) Encephalopathy - likely related to (1) or HE. Recent diagnosis of Wernicke's

- Continue Pip-Tazo for now - can likely de-escalate pending culture
- Follow up culture data
- Judicious volume resuscitation
- Wean vasopressors
- Large Volume Para will be needed
- Clear diet
- Trend lactic acid
- Trend K - treat as needed
- Thiamine/Folate/MVI
- Lactulose
- Hold home diuretics

Critical Care Time = 40 minutes (excluding procedures)  
Jason R Biehl, MD

**Subjective**

**SUBJECTIVE:**

Greg is a 56 year old former police officer with a history of EtOH abuse complicated by ESLD as well as Wernicke's encephalopathy and alcoholic hepatitis and hypertension who presents as transfer from BWH ED where he presented from prison with acute onset abdominal pain and fever. He notes the pain is worse with motion and better with rest. He denies change in stools - including denial of melena - but officer with him does note he had liquid BM in BWH ED (after lactulose). He had CT in ED showing right sided colitis. He additionally had paracentesis with 7400 WBC (90% PMN) for which he was given Pip-Tazo. He was also hypotensive for which he received 2L IVF, however, his BP did not improve so he was started on NE. He does not know his baseline BP. He is mildly encephalopathic and is unsure if he is on diuretics at home.

**ROS**

A complete ROS was performed and notable for that which is mentioned in HPI.

**Past Medical History:**

Diagnosis

Date

Printed on 8/26/20 10:57 AM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**H&P Notes (continued)**

- Alcohol abuse
- Alcoholic hepatitis
- Hypertension

Past Surgical History:

Procedure

Laterality

Date

- HX HERNIA SURGERY

Family History

Family history unknown: Yes

Social History

Tobacco Use

- Smoking status: Current Every Day Smoker  
Types: Cigarettes
- Smokeless tobacco: Current User  
Types: Chew

Substance Use Topics

- Alcohol use: Yes  
*Comment: Unable to articulate amount at this time*
- Drug use: Not Currently

Objective

**OBJECTIVE:**

BP (!) 85/65 | Pulse 107 | Temp 36.5 °C (Oral) | Resp 21 | Ht 1.753 m | Wt 71 kg | SpO2 94% | BMI 23.11 kg/m<sup>2</sup>

Physical Exam

GEN: Non-toxic, chronically ill appearing  
HEENT: Temporal wasting, + icteric sclera, dry MM  
CV: Non-elevated JVP, +S1 S2, rapid rate  
CHEST: + centrally filling spiders  
RESP: Clear  
ABD: Soft, + distended, + fluid wave, + caput  
EXT: Warm, no edema, no clubbing  
NEURO: II-XII grossly intact, no asterixis  
PSYCH: Appropriate mood and affect

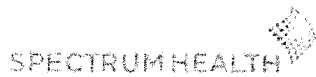
Labs personally reviewed  
Imaging personally reviewed

Current Facility-Administered Medications

Medication

- norepinephrine 16 mcg/mL in 0.9% NaCl infusion
- sodium chloride flush 0.9 % syringe 3 mL

Electronically signed by Jason R Biehl, MD at 2/7/2020 12:19 AM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Discharge Summary Note**

**Discharge Summary by Balaji Vutla, MD, MPH at 2/16/2020 6:38 AM**

Author: Balaji Vutla, MD, MPH	Service: Hospitalist	Author Type: Physician
Filed: 2/16/2020 3:58 PM	Date of Service: 2/16/2020 6:38 AM	Status: Signed
Editor: Balaji Vutla, MD, MPH (Physician)		

**SPECTRUM HEALTH HOSPITALS BLODGETT 1G  
Discharged as Deceased Summary**

**BRIEF OVERVIEW:**

Discharge Provider: Balaji Vutla, MD, MPH  
Primary Care Physician at Discharge: Not Available At Reg Physician, MD None  
Admission Date: 2/6/2020

**Active Hospital Problems**

Diagnosis	Date Noted	POA
• Colitis, acute	02/13/2020	Yes
• Decompensated hepatic cirrhosis (HCC) with ascites	02/13/2020	Yes
• Lactic acidosis	02/07/2020	Yes
• Acute peritonitis (HCC)	02/07/2020	Yes
• Hepatic encephalopathy (HCC)	02/07/2020	Yes
• End stage liver disease (HCC)	02/07/2020	Yes
• Severe sepsis (HCC)	02/06/2020	Yes
• Alcohol abuse	01/10/2020	Yes

**Resolved Hospital Problems**

No resolved problems to display.

**Pre-Existing Active Problems**

Diagnosis	Date Noted	POA
• Altered mental status	01/10/2020	Unknown
• High anion gap metabolic acidosis	01/10/2020	Unknown
• Alcoholic hepatitis	01/10/2020	Unknown
• Chronic anemia	01/10/2020	Unknown

Date of Death: 2/16/20  
Time of Death: 2:54 AM  
Preliminary Cause of Death: Septic shock (HCC)

Discharge Disposition: expired

**DETAILS OF HOSPITAL STAY:**

**PRESENTING PROBLEM:**

Hepatic encephalopathy (HCC) [K72.90]  
SBP (spontaneous bacterial peritonitis) (HCC) [K65.2]  
Septic shock (HCC) [A41.9, R65.21]  
Sepsis (HCC) [A41.9]  
Sepsis (HCC) [A41.9]



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

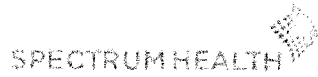
**Discharge Summary Note (continued)**

**HOSPITAL COURSE:**

56 year old male with history of alcohol abuse, alcoholic hepatitis, Wernicke's encephalopathy, and hypertension. Presented to ED from prison with abdominal pain, fever, encephalopathy. CT scan of the abdomen and pelvis showed large ascites and right sided colitis. Received 2.5L IVF in ED. patient was admitted to intensive care unit. Albumin administered after admission with improvement in blood pressure. Norepinephrine was ordered, but not required. Diagnostic paracentesis performed showing 7890 WBC (97% segs). Patient underwent paracentesis on February 6th, 9th and 12th. Patient was started on IV Zosyn. As patient was clinically doing better he was transferred out of intensive care unit.

If patient continued to remain encephalopathic. He felt to have bowel movements on oral lactulose. Patient was given lactulose any months. Secondary to persistent abdominal distention repeat paracentesis was done. Patient was initially boarded from Kent County jail. Patient's parents placed bond and patient was discharged from police custody and patient was visited by parents, spouse and kids. The patient developed worsening renal function and worsening leukocytosis. The antibiotic coverage was broadened and IV vancomycin was added. Nephrology and Infectious Disease were consulted. Patient also had persistently elevated lactic acid despite IV fluids. CT scan of the abdomen and pelvis showed free gas in the abdomen. Surgery was consulted who recommended against performing surgery secondary to poor prognosis. This was discussed with family and family has opted for comfort measures. Patient was started on comfort measures including morphine drip. Patient appeared comfortable on morphine drip. Patient gradually decline and eventually passed away on February 16th, 2020.

Electronically signed by Balaji Vutla, MD, MPH at 2/16/2020 3:58 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3)**

**Assessment & Plan Note**

**Wael K Berjaoui, MD at 2/7/2020 3:06 PM**

Author: Wael K Berjaoui, MD  
Filed: 2/7/2020 3:07 PM

Service: Medical Critical Care  
Date of Service: 2/7/2020 3:06 PM

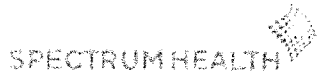
Author Type: Physician  
Status: Written

Editor: Wael K Berjaoui, MD (Physician)

Secondary to acute peritonitis/colitis.  
Hemodynamics improved with IV fluids.  
Currently not on vasopressors.  
Plan:  
Continue Zosyn. Await final culture results.  
Continue hemodynamic support targeting map over 65.  
Monitor lactate.

Electronically signed by Wael K Berjaoui, MD at 2/7/2020 3:07 PM





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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**Wael K Berjaoui, MD at 2/7/2020 3:07 PM**

Author: Wael K Berjaoui, MD

Service: Medical Critical Care

Author Type: Physician

Filed: 2/7/2020 3:07 PM

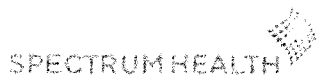
Date of Service: 2/7/2020 3:07 PM

Status: Written

Editor: Wael K Berjaoui, MD (Physician)

Remains elevated at 4.6. This is in part secondary to severe sepsis as well as poor hepatic clearance.  
Will monitor.

Electronically signed by Wael K Berjaoui, MD at 2/7/2020 3:07 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**Wael K Berjaoui, MD at 2/7/2020 3:08 PM**

Author: Wael K Berjaoui, MD

Service: Medical Critical Care

Author Type: Physician

Filed: 2/7/2020 3:08 PM

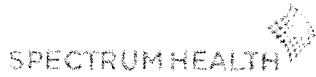
Date of Service: 2/7/2020 3:08 PM

Status: Written

Editor: Wael K Berjaoui, MD (Physician)

Peritoneal fluid with over 7000 white blood cell suggestive of SBP.  
Could also be due to colitis.  
Continue Zosyn.

Electronically signed by Wael K Berjaoui, MD at 2/7/2020 3:08 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**Wael K Berjaoui, MD at 2/7/2020 3:08 PM**

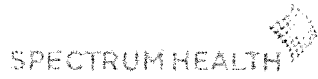
Author: Wael K Berjaoui, MD  
Filed: 2/7/2020 3:10 PM  
Editor: Wael K Berjaoui, MD (Physician)

Service: Medical Critical Care  
Date of Service: 2/7/2020 3:08 PM

Author Type: Physician  
Status: Written

Improved.  
Ammonia decreased from 90s to 40s.  
Continue lactulose.

Electronically signed by Wael K Berjaoui, MD at 2/7/2020 3:10 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Wael K Berjaoui, MD at 2/7/2020 3:11 PM**

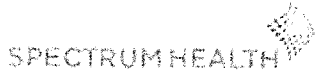
Author: Wael K Berjaoui, MD  
Filed: 2/7/2020 3:11 PM  
Editor: Wael K Berjaoui, MD (Physician)

Service: Medical Critical Care  
Date of Service: 2/7/2020 3:11 PM

Author Type: Physician  
Status: Written

High MELD score  
Total bili improved slightly to 6.7.  
Paracentesis today for large volume ascites

Electronically signed by Wael K Berjaoui, MD at 2/7/2020 3:11 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Care Management Note**

**Michelle L Vandenberg, MSW at 2/8/2020 4:25 PM**

Author: Michelle L Vandenberg, MSW	Service: Care Management	Author Type: Social Worker
Filed: 2/8/2020 4:25 PM	Date of Service: 2/8/2020 4:25 PM	Status: Signed
Editor: Michelle L Vandenberg, MSW (Social Worker)		

Patient Name: Gregory Anthony Abraham  
Date of Birth 5/22/1963  
Age: 56 y.o.  
MRN: 18702148  
Date: 2/8/2020

**Care Management Plan**

**PLAN/ REASSESSMENT**

Summary: CM awaiting pt's medical stability then will contact Kent County Jail to transfer pt back.

Discharge Coordination/Progress: Anticipate patient will return to Kent County Jail once medically stable. The officer will provide transportation. CM to follow.

Plan

Plan: Return to Kent County Jail once medically stable.

Has change in functional or clinical condition changed discharge plan?: no

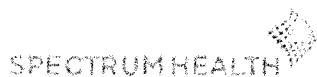
Patient/Family in Agreement with Plan: yes

Plan Comments: Kent County Jail RN phone number is 616-632-6470 to coordinate dsicharge planning.

Discharge Disposition: Court/Law Enforcement

Discharge Destination: Kent County Jail

Electronically signed by Michelle L Vandenberg, MSW at 2/8/2020 4:25 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Consults**

**Lucas J Zwart, PA-C at 2/12/2020 2:36 PM**

Author: Lucas J Zwart, PA-C

Service: Gastroenterology

Author Type: Physician Assistant-Certified

Filed: 3/9/2020 4:15 PM

Date of Service: 2/12/2020 2:36 PM

Status: Addendum

Editor: Lucas J Zwart, PA-C (Physician Assistant-Certified)

Cosigner: Thomas H Rupp, MD at 3/9/2020 5:02 PM

Consult Orders

- 1. Consult to Gastroenterology [244786867] ordered by Balaji Vutla, MD, MPH

**REASON FOR CONSULT:**

Decompensated liver disease, SBP

**Consult to Gastroenterology**

Performed by: Lucas J Zwart, PA-C

Authorized by: Balaji Vutla, MD, MPH

**Assessment/Plan**

**ASSESSMENT / PLAN:**

Decompensated alcoholic liver cirrhosis

Acute SBP

Hepatic encephalopathy

Leukocytosis

MELD-Na score: 24 at 2/12/2020 9:18 AM

MELD score: 22 at 2/12/2020 9:18 AM

Calculated from:

Serum Creatinine: 1.19 mg/dL at 2/12/2020 9:18 AM

Serum Sodium: 134 mmol/L at 2/12/2020 9:18 AM

Total Bilirubin: 5.0 mg/dL at 2/12/2020 9:18 AM

INR(ratio): 2.0 Ratio at 2/12/2020 9:18 AM

Age: 56 years

- Initial paracentesis 2/9 with 6,000L removed, labs c/w SBP. Repeat paracentesis 2/12 with 3550ml removed. Labs not ordered. Discussed with IR and no fluid was collected. Recommend para labs if repeat para is pursued.
- Currently on zosyn. Would consider ID's input on antibiotic coverage given his worse leukocytosis.
- Stop all alcohol. MSW consult.
- Treatment of encephalopathy with Lactulose (titrate to 2-3 BM's daily). Will add Rifaximin 550mg BID given ongoing confusion.

Discussed care with Dr. Rupp

**Subjective**

**SUBJECTIVE:**

Gregory Anthony Abraham is a 56 y.o. male with alcohol abuse, cirrhosis, hepatic encephalopathy, admission on 02/06 for worsening abdominal pain. Accompanied by his an officer. Patient currently in handcuffs. CT with right-sided colitis along with ascites. Paracentesis was done consistent with SBP. Started on Zosyn. Ultimately required norepinephrine. GI consult for liver disease. Patient is currently confused and provides no significant history. It sounds like he was drinking prior to present. This was about 1 week ago. Currently distended/discomfort. Para planned today.

**Patient Active Problem List**

**Diagnosis**

- Altered mental status
- High anion gap metabolic acidosis





BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

- Alcohol abuse
- Alcoholic hepatitis
- Chronic anemia
- Severe sepsis (HCC)
- Lactic acidosis
- Acute peritonitis (HCC)
- Hepatic encephalopathy (HCC)
- End stage liver disease (HCC)

Past medical, surgical, family and social history reviewed.

**Current Facility-Administered Medications**

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• heparin (porcine) 5000 UNIT/ML injection 5.000 Units	5,000 Units	Subcutaneous	q8h SCH	Courtney M Loree, PA-C		5,000 Units at 02/12/20 0 0517
• lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	30 mL	Oral	TID	Lucas J Zwart, PA-C		
• multivitamin with mineral (THERA M PLUS) tablet 1 tablet	1 tablet	Oral	Daily	Courtney M Loree, PA-C		1 tablet at 02/12/20 0 0847
• naloxone (NARCAN) injection 0.1 mg	0.1 mg	Intravenous	Q2 minute PRN	Courtney M Loree, PA-C		
• oxyCODONE (ROXICODONE) tablet 5 mg	5 mg	Oral	Q6H PRN	Stefano M Crescentini, MD		
• pantoprazole (PROTONIX) EC tablet 40 mg	40 mg	Oral	Daily	Courtney M Loree, PA-C		40 mg at 02/12/20 0 0847
• piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB	3.375 g	Intravenous	q6h SCH	Courtney M Loree, PA-C	200 mL/hr at 02/12/20 0 1151	3.375 g at 02/12/20 0 1151
• rifAXIMin (XIFAXAN) tablet 550 mg	550 mg	Oral	TID	Lucas J Zwart, PA-C		
• sodium chloride flush 0.9 % syringe 3 mL	3 mL	Intravenous	PRN	Courtney M Loree, PA-C		
• [START ON 2/13/2020] spironolactone (ALDACTONE) tablet 50 mg	50 mg	Oral	Daily	Balaji Vutla, MD, MPH		
• thiamine tablet 100 mg	100 mg	Oral	Daily	Courtney M Loree, PA-C		100 mg at 02/12/20



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

Clinical Notes (group 1 of 3) (continued)

0 0847

No Known Allergies  
Review of Systems  
Unable to perform ROS: mental status change

**Objective**

**OBJECTIVE:**

BP 138/66 | Pulse 113 | Temp 36.1 °C (Axillary) | Resp 16 | Ht 1.753 m | Wt 69.3 kg | SpO2 95% | BMI 22.55 kg/m<sup>2</sup>

**Physical Exam**

Constitutional:

Appearance: He is well-developed. He is ~~in~~-appearing.

Comments: **cachexic**

**Muscle wasting**

HEENT:

Head: Normocephalic and atraumatic.

Eyes:

General: Sclera: icterus present.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Normal range of motion and neck supple.

Cardiovascular:

Rate and Rhythm: Regular rhythm. Tachycardia present.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal. There is distension.

Palpations: Abdomen is soft.

Tenderness: There is abdominal tenderness.

Musculoskeletal: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert.

Comments: **Alert but nonsensical**

**Asterixis noted**

Recent Results (from the past 24 hour(s))

Comprehensive Metabolic Panel (CMP) Status: Abnormal

Result	Value	Ref Range	Status
Sodium Level	134	134 - 146 mmol/L	Final
Potassium Level	4.4	3.4 - 5.0 mmol/L	Final
Chloride	104	98 - 112 mmol/L	Final
HCO3	14 (L)	21 - 29 mmol/L	Final
Anion Gap	15	9 - 18 mmol/L	Final
Glucose Level	105 (H)	70 - 99 mg/dL	Final
Blood Urea Nitrogen	31 (H)	8 - 20 mg/dL	Final
Creatinine	1.19	0.60 - 1.30 mg/dL	Final
MDRD eGFR	>60	>=60 mL/min/1.73 m2	Final
CG eCrCl	69	mL/min/1.73 m2	Final
Calcium Level Total	9.2	8.6 - 10.4 mg/dL	Final
Protein Total	6.4	6.0 - 8.0 g/dL	Final



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

Result	Value	Ref Range	Status
Albumin Level	1.9 (L)	3.5 - 5.0 g/dL	Final
Bilirubin Total	5.0 (H)	0.2 - 1.0 mg/dL	Final
Alkaline Phosphatase	168 (H)	40 - 129 IU/L	Final
Alanine Aminotransferase	44 (H)	10 - 40 IU/L	Final
Aspartate Aminotransferase	121 (H)	10 - 40 IU/L	Final
Hemolysis			Final
Complete Blood Count without Differential	Status: Abnormal		
White Blood Cell	20.41 (H)	4.00 - 10.80 x10 <sup>3</sup> /uL	Final
Red Blood Cell	3.87 (L)	4.60 - 6.00 x10 <sup>6</sup> /uL	Final
Hemoglobin	12.9 (L)	14.0 - 18.0 g/dL	Final
Hematocrit	37.8 (L)	42.0 - 52.0 %	Final
Mean Cell Volume	97.7	80.0 - 100.0 fL	Final
Mean Cell Hemoglobin	33.3 (H)	27.0 - 33.0 pg	Final
NRBC Absolute Count	0.02 (H)	0.00 - 0.01 x10 <sup>3</sup> /uL	Final
NRBC Automated	0.1	0.0 - 0.1 %WBC	Final
Mean Cell Hemoglobin Concentration	34.1	32.0 - 37.0 g/dL	Final
Red Cell Diameter Width	15.3	11.0 - 16.0 %	Final
Platelet	197	140 - 400 x10 <sup>3</sup> /uL	Final
Mean Platelet Volume	10.3	7.4 - 11 fL	Final
Prothrombin Time (PT with INR)	Status: Abnormal		
Prothrombin Time	19.4 (H)	9.7 - 12.6 second(s)	Final
INR	2.0 (H)	0.9 - 1.2 Ratio	Final
Magnesium, Blood Level	Status: Normal		
Magnesium Level	2.0	1.6 - 2.5 mg/dL	Final
Phosphorus, Blood Level	Status: Normal		
Phosphorus Level	3.9	2.5 - 4.5 mg/dL	Final
Ammonia, Blood Level	Status: Abnormal		
Ammonia Level	86 (H)	0 - 60 umol/L	Final
Hemolysis			Final

IR PARACENTESIS WITH IMAGE GUIDANCE Status: None

*Narrative*

**EXAMINATION:** *Ultrasound-Guided Paracentesis*

**EXAM DATE:** *2/12/2020 2:24 PM*

**TECHNIQUE:** *Ultrasound evaluation of the abdomen shows large volume ascites. Image is recorded in PACS.*

**INDICATION:** *Cirrhosis. Recurrent ascites*

**COMPARISON:** *Prior paracentesis from 2/9/2020. CT of abdomen and pelvis from 2/6/2020*

**PROCEDURE:**

*Risks, benefits, and alternatives were discussed with the patient's parents who agreed to proceed and provided informed consent. The right lower quadrant was prepped draped in usual sterile fashion. Using real-time ultrasound guidance, a 19 gauge Yueh catheter was inserted into the peritoneal cavity and 3550 mL serous peritoneal fluid were aspirated and discarded. The catheter was removed. There were no complications. Estimated blood loss: Less than 2 mL.*

**Impression**

*Uncomplicated ultrasound guided therapeutic paracentesis.*



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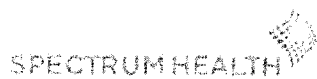
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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

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Electronically signed by Lucas J Zwart, PA-C at 3/9/2020 4:15 PM  
Electronically signed by Thomas H Rupp, MD at 3/9/2020 5:02 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Brian K Petroelje, MD at 2/14/2020 11:18 AM**

Author: Brian K Petroelje, MD	Service: Infectious Disease	Author Type: Physician
Filed: 2/14/2020 11:34 AM	Date of Service: 2/14/2020 11:18 AM	Status: Signed
Editor: Brian K Petroelje, MD (Physician)		
Consult Orders		

1. Inpatient Consult to Infectious Diseases [244963985] ordered by Balaji Vutla, MD, MPH

**Inpatient Consult to Infectious Diseases**

Performed by: **Brian K Petroelje, MD**

Authorized by: **Balaji Vutla, MD, MPH**

**INFECTIOUS DISEASES CONSULT NOTE 2/14/2020**

**ASSESSMENT AND PLAN:**

Gregory Anthony Abraham is a 56 y.o. male with:

1. ETOH liver cirrhosis with ascites and suspected SBP. S/p paracentesis 2/6, 2/9, 2/12 but cultures only sent 2/6 and negative. Fluid studies at that time suggestive of SBP.
2. Worsening leukocytosis
3. Worsening lactic acidosis
4. Right sided colitis.
5. U/s with thickened gall bladder wall. Can't ruleout cholecystitis but clinical suspicion lower.

I would be more concerned about ischemic colitis, or hepatic necrosis for the cause of his rising white blood cell count and lactic acidosis rather than SBP from a pathogen not covered with current antibiotics. Also can't rule out perforation from the colitis.

**Plan:**

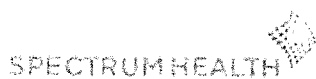
1. Continue piperacillin tazobactam and vancomycin for now.
2. Will add micafungin for empiric candida coverage
3. Recommend repeat CT abd/pelvis to address potential source.
4. If repeating paracentesis, please repeat fluid studies and cultures.

Please perfect serve me or call 616-774-2822 with any questions. We will follow with you.

**Brian Petroelje MD**  
Spectrum Health Infectious Diseases

**Reason for Consult: leukocytosis**

**HPI:** Gregory Anthony Abraham is a 56 y.o. male who was admitted on February 6 with severe sepsis and suspected peritonitis. He has a history of alcohol abuse and liver cirrhosis. He was incarcerated prior to admission and family believes he has not had alcohol since early January. He underwent paracentesis on February 6 and cultures have remained no growth but fluid studies showed nearly 8000 white blood cells of which 97% were neutrophils. CT scan at that time showed right-sided colitis but no evidence of perforation. Patient was started on piperacillin tazobactam and fevers have resolved since. Over the last 48 hours he has developed worsening leukocytosis and worsening lactic



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

Clinical Notes (group 1 of 3) (continued)

acidosis. Vancomycin has been added. He has had repeat paracenteses on February 9 in February 12th but did not have fluid studies or cultures sent with this. Infectious Disease was consulted for further antibiotic management. He did have an ultrasound earlier today which showed mild gallbladder thickening for which cholecystitis could not be excluded. Patient denies any abdominal pain during my visit. He is very restless. His ex-wife is present at the bedside. He is tolerating current antibiotics without any itching rashes or nausea. He has not had any IV sites that have gone bad. He has no other localizing pain.

Past Medical History:

Diagnosis	Date
• Alcohol abuse	
• Alcoholic hepatitis	
• Decompensated hepatic cirrhosis (HCC)	2/13/2020
• Hepatic encephalopathy (HCC)	2/7/2020
• Hypertension	

Past Surgical History:

Procedure	Laterality	Date
• HX HERNIA SURGERY		
• IR PARACENTESIS WITH IMAGE GUIDANCE		2/9/2020
• IR PARACENTESIS WITH IMAGE GUIDANCE		2/12/2020

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity
  - Worry: Not on file
  - Inability: Not on file
- Transportation needs
  - Medical: Not on file
  - Non-medical: Not on file

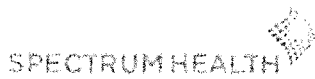
Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Current User
  - Types: Chew

Substance and Sexual Activity

- Alcohol use: Yes
  - Alcohol/week: 30.0 standard drinks





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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

Types: 20 Cans of beer, 10 Standard drinks or equivalent per week

Comment: *Unable to articulate amount at this time*

- Drug use: Not Currently
- Sexual activity: Not on file

Lifestyle

- Physical activity
  - Days per week: Not on file
  - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections
  - Talks on phone: Not on file
  - Gets together: Not on file
  - Attends religious service: Not on file
  - Active member of club or organization: Not on file
  - Attends meetings of clubs or organizations: Not on file
  - Relationship status: Not on file

Other Topics

- Not on file Concern

Social History Narrative

2/13/20

*Arrested in Pentwater about 1 month prior to admission. His parents have property in Pentwater, MI Lives on east side of the state Divorced 6 months ago due to alcoholism*

**FAMILY MEDICAL HISTORY**

Reviewed on this admission and noncontributory to current problem.

**Allergies:**

Patient has no known allergies.

**Medications:**

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• heparin (porcine) 5000 UNIT/ML injection 5,000 Units	5,000 Units	Subcutaneous	q8h SCH	Courtney M Loree, PA-C		5,000 Units at 02/14/20 0535
• lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	30 mL	Oral	TID	Lucas J Zwart, PA-C		30 mL at 02/14/20 0850
• lactulose enema		Rectal	TID	Michael R Puff, MD		
• multivitamin with	1 tablet	Oral	Daily	Courtney M		1 tablet



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

mineral (THERA M PLUS) tablet 1 tablet				Loree, PA-C			at 02/14/20 0859
• naloxone (NARCAN) injection 0.1 mg	0.1 mg	Intravenous	Q2 minute PRN	Courtney M Loree, PA-C			
• pantoprazole (PROTONIX) EC tablet 40 mg	40 mg	Oral	Daily	Courtney M Loree, PA-C			40 mg at 02/14/20 0859
• phytonadione (MEPHYTON) tablet 10 mg	10 mg	Oral	Once	Balaji Vutla, MD, MPH			
• [START ON 2/15/2020] phytonadione (MEPHYTON) tablet 5 mg	5 mg	Oral	Daily	Balaji Vutla, MD, MPH			
• piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB	3.375 g	Intravenous	q8h SCH	Brenda J Hoffner, FNP	200 mL/hr at 02/14/20 0834	3.375 g at 02/14/20 0834	
• rifAXIMin (XIFAXAN) tablet 550 mg	550 mg	Oral	BID	Lucas J Zwart, PA-C			550 mg at 02/14/20 0858
• sodium chloride 0.9% (NS) infusion	125 mL/hr	Intravenous	Continuous	Michael R Puff, MD	125 mL/hr at 02/14/20 1050	125 mL/hr at 02/14/20 1050	
• sodium chloride flush 0.9 % syringe 3 mL	3 mL	Intravenous	PRN	Courtney M Loree, PA-C			
• thiamine tablet 100 mg	100 mg	Oral	Daily	Courtney M Loree, PA-C			100 mg at 02/14/20 0859
• Vancomycin per Pharmacy		Other	Unschedule d	Balaji Vutla, MD, MPH			

**Review of Systems**

10 point ROS conducted. Pertinent results listed in HPI. Other systems were negative.

**Objective:**



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**Vitals:**

BP 101/59 | Pulse 108 | Temp (!) 35.5 °C (Axillary) | Resp 16 | Ht 1.753 m | Wt 68.4 kg | SpO2 94% | BMI 22.28 kg/m<sup>2</sup>

Gen: Alert, no acute distress, but very restless.

EYES - + icterus, no conjunctival hemorrhages

Oropharynx - no oral lesions.

Neck: supple, no lymphadenopathy.

Lungs: Clear to auscultation

Heart: Regular rate and rhythm, no murmurs

Abd: soft, nontender, distended

Ext: no cyanosis/clubbing

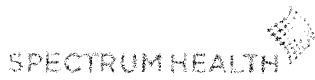
Skin: no rashes or lesions

Psych: mood appropriate, cooperative, normal affect.

**Diagnostic Studies:**

Labs, microbiology & imaging reviewed.

Electronically signed by Brian K Patroelje, MD at 2/14/2020 11:34 AM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**James A Visser, MD at 2/14/2020 4:32 PM**

Author: James A Visser, MD

Service: Nephrology

Author Type: Physician

Filed: 2/14/2020 5:19 PM

Date of Service: 2/14/2020 4:32 PM

Status: Addendum

Editor: James A Visser, MD (Physician)

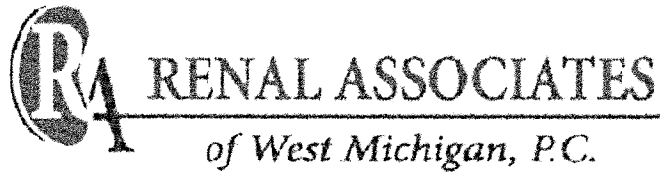
Consult Orders

- 1. Consult to Nephrology [244963984] ordered by Balaji Vutla, MD, MPH

**Consult to Nephrology**

Performed by: **James A Visser, MD**

Authorized by: **Balaji Vutla, MD, MPH**



**RENAL ASSOCIATES OF WEST MICHIGAN, P.C.**

**INPATIENT CONSULTATION**

**DATE OF SERVICE: 2/14/2020**

Gregory Anthony Abraham  
4157 Sonata  
Howell MI 48843  
56 y.o. male

**Admission Date: 2/6/2020**

**Primary Care Provider: Not Available At Reg Physician, MD**

**Hospital Attending Physician: Balaji Vutla, MD, MPH**

**REASON FOR CONSULTATION**

AKI

**ASSESSMENT**

AKI- probably HRS but at risk for ATN, less likely peri-infectious GN; also concern for abdominal compartment with tense ascites  
ETOH cirrhosis with complications of portal hypertension  
Severe metabolic acidosis : + lactate  
Peritonitis ? SBP, colitis, perforated viscus

**PLAN**

Repeat UA, U Na  
Start bicarbonate gIts

I explained to family that he is gravely ill and prognosis is poor.  
Its important that we obtain CT results but also decisions re: level of care- ICU if hemodynamics decline.  
I explained to family that I would not recommend dialysis if he has an abdominal perforation; surgery not pursued

Track BMP , lactate q 6 hours  
foley placement; check bladder pressures



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

Avoid nephrotoxins, such as NSAIDs, iodinated contrast, and phosphate enema, as able.  
Avoid gadolinium due to the risk of nephrogenic sclerosing fibrosis.

Thank you for allowing Renal Associates of West Michigan to participate in the care of this patient. We will continue to follow along with you.

James A Visser, MD  
Renal Associates of West Michigan, P.C.

PerfectServe 0800-1000 M-F  
Pager: 478-9060  
Office: 616.752.6235  
Weekends/Evenings: 616.588.4054

**HISTORY OF PRESENT ILLNESS**

Gregory Anthony Abraham is a 56 y.o. male with end-stage liver disease due to ETOH with complications of portal hypertension including recurrence ascites, aortic his encephalopathy and hypertension who was admitted through the emergency department with acute onset of abdominal pain and fever on February 6.

His course in the intensive care unit was notable for hypotension requiring pressors CT scan that revealed right-sided colitis and paracentesis that showed 7400 white cells with 90% neutrophils. He has had paracentesis completed on 02/06 02/29/2012 with volumes ranging from 2-6 L. He has been on piperacillin tazobactam, vancomycin and micafungin was just added for impaired Candida coverage.

His creatinine was less than 1 up until February 12 were decreased to 1.19 than 1.8 mg February 13 and 2.6 mg/dl this morning. He received a CT with contrast on February 6.

He has been hypothermic but I do not see documented hypotension. He has made just 50 mL of urine this morning. He has developed a anion gap acidosis with serum bicarb of 12 lactate is 7

**PAST MEDICAL HISTORY**

Patient Active Problem List

Diagnosis

- Altered mental status
- High anion gap metabolic acidosis
- Alcohol abuse
- Alcoholic hepatitis
- Chronic anemia
- Severe sepsis (HCC)
- Lactic acidosis
- Acute peritonitis (HCC)
- Hepatic encephalopathy (HCC)
- End stage liver disease (HCC)
- Colitis, acute
- Decompensated hepatic cirrhosis (HCC) with ascites

Past Medical History:

Diagnosis

- |                                         |           |
|-----------------------------------------|-----------|
| • Alcohol abuse                         | Date      |
| • Alcoholic hepatitis                   |           |
| • Decompensated hepatic cirrhosis (HCC) | 2/13/2020 |
| • Hepatic encephalopathy (HCC)          | 2/7/2020  |
| • Hypertension                          |           |

**FAMILY HISTORY**



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Family History**

Problem	Relation	Age of Onset
• Cirrhosis	Other	

**SOCIAL HISTORY**

**Social History**

**Tobacco Use**

- Smoking status: Never Smoker
- Smokeless tobacco: Current User
- Types: Chew

**Substance Use Topics**

- Alcohol use: Yes
- Alcohol/week: 30.0 standard drinks
- Types: 20 Cans of beer, 10 Standard drinks or equivalent per week
- Comment: Unable to articulate amount at this time
- Drug use: Not Currently

**MEDICATIONS**

**Current Facility-Administered Medications:**

- dextrose 5% with sodium bicarbonate 150 mEq premix infusion 1000 mL, 100 mL/hr, Intravenous, Continuous, James A Visser, MD
- lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL, 30 mL, Oral, TID, Lucas J Zwart, PA-C, 30 mL at 02/14/20 1407
- lactulose enema, Rectal, TID, Michael R Puff, MD
- micafungin (MYCAMINE) 100 mg in sodium chloride 0.9 % 100 mL IVPB, 100 mg, Intravenous, q24h SCH, Brian K Petroelje, MD, Last Rate: 100 mL/hr at 02/14/20 1439, 100 mg at 02/14/20 1439
- multivitamin with mineral (THERA M PLUS) tablet 1 tablet, 1 tablet, Oral, Daily, Courtney M Loree, PA-C, 1 tablet at 02/14/20 0859
- naloxone (NARCAN) injection 0.1 mg, 0.1 mg, Intravenous, Q2 minute PRN, Courtney M Loree, PA-C
- pantoprazole (PROTONIX) EC tablet 40 mg, 40 mg, Oral, Daily, Courtney M Loree, PA-C, 40 mg at 02/14/20 0859
- [START ON 2/15/2020] phytonadione (MEPHYTON) tablet 5 mg, 5 mg, Oral, Daily, Balaji Vutla, MD, MPH
- piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB, 3.375 g, Intravenous, q8h SCH, Brenda J Hoffner, FNP, Last Rate: 200 mL/hr at 02/14/20 1604, 3.375 g at 02/14/20 1604
- rifAXIMin (XIFAXAN) tablet 550 mg, 550 mg, Oral, BID, Lucas J Zwart, PA-C, 550 mg at 02/14/20 0858
- Insert and Maintain IV, , , Until discontinued \*\*AND\*\* sodium chloride flush 0.9 % syringe 3 mL, 3 mL, Intravenous, PRN, Courtney M Loree, PA-C
- thiamine tablet 100 mg, 100 mg, Oral, Daily, Courtney M Loree, PA-C, 100 mg at 02/14/20 0859
- Vancomycin per Pharmacy, , Other, Unscheduled, Balaji Vutla, MD, MPH

**ALLERGIES** Patient has no known allergies.

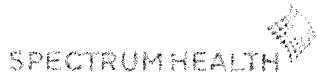
**REVIEW OF SYSTEMS**

All systems reviewed. Pertinent positives and negatives included in the HPI. Other systems negative.  
Weight 30-40# last 2 months

**PHYSICAL EXAM**

Vital Signs: BP 112/64 | Pulse 113 | Temp 36.3 °C (Axillary) | Resp 20 | Ht 1.753 m | Wt 68.4 kg | SpO2 95% | BMI 22.28 kg/m<sup>2</sup>  
 General: cachetic older man  
 Head: Normocephalic and atraumatic. Wasting temporal  
 Eye: icteric sclera  
 Oropharynx: poor dentition  
 Neck: Supple.  
 Chest: diminished at bases  
 Cardiovascular: Normal rate. Regular S1/S2. tachycardic





BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

Abdomen: tense ascites  
 Extremity: edema -none  
 Musculoskeletal Exam: no synovitis  
 Neurologic: asterixis.present

**INTAKE/OUTPUT**

Intake/Output Summary (Last 24 hours) at 2/14/2020 1632

Last data filed at 2/14/2020 0721

	Gross per 24 hour
Intake	3756 ml
Output	5 ml
<b>Net</b>	<b>3751 ml</b>

**LABORATORY**

Lab Results

Component	Value	Date
SODIUM	142	02/14/2020
POTASSIUM	4.6	02/14/2020
CHLORIDE	109	02/14/2020
HCO3	12 (L)	02/14/2020
ANIONGAP	21 (H)	02/14/2020
BUN	59 (H)	02/14/2020
CREATININE	2.67 (H)	02/14/2020
EGFR	25 (L)	02/14/2020
MAGNESIUM	2.5	02/14/2020

Lab Results

Component	Value	Date
CALCIUM	9.0	02/14/2020
PHOSPHORUS	6.0 (H)	02/14/2020
ALBUMIN	2.0 (L)	02/14/2020

Lab Results

Component	Value	Date
WBC	37.73 (HP)	02/14/2020
HGB	11.9 (L)	02/14/2020
HCT	38.9 (L)	02/14/2020
MCV	109.8 (H)	02/14/2020
PLATELET	155	02/14/2020
IRONTOTAL	33 (L)	02/13/2020
IRONSATURA	62 (H)	02/13/2020
FERRITIN	1,715 (H)	02/13/2020

**IMAGING**

Electronically signed by James A Visser, MD at 2/14/2020 5:19 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Anna Levine, DO at 2/14/2020 5:45 PM**

Author: Anna Levine, DO  
Filed: 2/14/2020 5:55 PM  
Editor: Anna Levine, DO (Resident)

Service: General Surgery  
Date of Service: 2/14/2020 5:45 PM

Author Type: Resident  
Status: Attested  
Cosigner: Amy L Banks-Venegoni, MD at  
2/15/2020 9:37 AM

**Attestation signed by Amy L Banks-Venegoni, MD at 2/15/2020 9:37 AM**

Management was discussed with the resident team on 2/14/20. I agree with the documented findings and plan of care in/ his/her note.

**REASON FOR CONSULT:**

Intra-abdominal free air

Consults

Assessment/Plan

**ASSESSMENT / PLAN:**

This is a 56-year-old gentleman who presented on 02/06/2020 with severe sepsis secondary to peritonitis from questionable spontaneous bacterial peritonitis versus colitis. On 02/14/2020 a CT scan was performed which was consistent with intra-abdominal free air. Given the patient's child's class C liver cirrhosis, coagulopathy secondary to his liver dysfunction and kidney dysfunction secondary to his liver dysfunction, the discussion was had with the family regarding 2 options. The 1st option being surgical exploration for the source of the free air. The mortality rate of such an operation would be near 85% for patient with his condition and would likely include postoperative long-term care facility stay with prolonged ventilation, feeding tube placement, possible anastomotic breakdown. The 2nd option that was presented was transitioning our goals of care to measures of comfort. The parents, wife and children were present at bedside and felt that the patient's wishes would be to pursue comfort measures at this time as he would not want the long-term care that would likely be required postoperatively from such a large surgery. The case was discussed with Dr. Banks.

**SUBJECTIVE:**

Gregory Anthony Abraham is a 56 y.o. male who presented on 02/06/2020 with severe sepsis secondary to peritonitis. He has a past medical history of alcohol abuse complicated by end-stage liver disease as well as wernickes encephalopathy. General surgery was consulted on 02/14/2020 after repeat CT of the abdomen was consistent with intra-abdominal free air. This CT was completed due to his persistent leukocytosis. Evaluation of the patient, he is unable to provide any history. His family is also unable to provide a significant portion of the history regarding this recent hospitalization. They state that he was brought to the hospital by the Corrections Facility. He has recently been incarcerated due to his drinking. They state that when he injured incarceration he was not encephalopathic and never had a distended abdomen. Since arrival he has had persistent abdominal distension and encephalopathy. In review of his laboratory studies, he does have a notable coagulopathy secondary to his liver dysfunction and is calculated to have a child's class C liver cirrhosis. He has also developed acute kidney injury likely secondary to hepatorenal syndrome.

Patient Active Problem List

Diagnosis

- Altered mental status
- High anion gap metabolic acidosis
- Alcohol abuse
- Alcoholic hepatitis
- Chronic anemia
- Severe sepsis (HCC)
- Lactic acidosis
- Acute peritonitis (HCC)
- Hepatic encephalopathy (HCC)
- End stage liver disease (HCC)
- Colitis, acute
- Decompensated hepatic cirrhosis (HCC) with ascites

Past medical, surgical, family and social history reviewed.

Printed on 8/26/20 10:57 AM

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A000091



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Current Facility-Administered Medications**

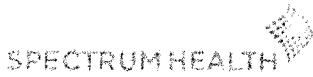
Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• dextrose 5% with sodium bicarbonate 150 mEq premix infusion 1000 mL	100 mL/hr	Intravenous	Continuous	James A Visser, MD	100 mL/hr at 02/14/20 0 1655	100 mL/hr at 02/14/20 0 1655
• lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	30 mL	Oral	TID	Lucas J Zwart, PA-C		30 mL at 02/14/20 0 1407
• lactulose enema		Rectal	TID	Michael R Puff, MD		
• micafungin (MYCAMINE) 100 mg in sodium chloride 0.9 % 100 mL IVPB	100 mg	Intravenous	q24h SCH	Brian K Petroelje, MD	100 mL/hr at 02/14/20 0 1439	100 mg at 02/14/20 0 1439
• multivitamin with mineral (THERA M PLUS) tablet 1 tablet	1 tablet	Oral	Daily	Courtney M Loree, PA-C		1 tablet at 02/14/20 0 0859
• naloxone (NARCAN) injection 0.1 mg	0.1 mg	Intravenous	Q2 minute PRN	Courtney M Loree, PA-C		
• pantoprazole (PROTONIX) EC tablet 40 mg	40 mg	Oral	Daily	Courtney M Loree, PA-C		40 mg at 02/14/20 0 0859
• [START ON 2/15/2020] phytonadione (MEPHYTON) tablet 5 mg	5 mg	Oral	Daily	Balaji Vutla, MD, MPH		
• piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB	3.375 g	Intravenous	q8h SCH	Brenda J Hoffner, FNP	200 mL/hr at 02/14/20 0 1604	3.375 g at 02/14/20 0 1604
• rifAXIMin (XIFAXAN) tablet 550 mg	550 mg	Oral	BID	Lucas J Zwart, PA-C		550 mg at 02/14/20 0 0858
• sodium chloride flush 0.9 % syringe 3 mL	3 mL	Intravenous	PRN	Courtney M Loree, PA-C		
• thiamine tablet 100 mg	100 mg	Oral	Daily	Courtney M Loree, PA-C		100 mg at 02/14/20 0 0859
• Vancomycin per Pharmacy		Other	Unscheduled	Balaji Vutla, MD, MPH		

No Known Allergies

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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Clinical Notes (group 1 of 3) (continued)

Review of Systems

Unable to perform ROS; mental status change

Objective

**OBJECTIVE:**

BP 118/78 | Pulse 114 | Temp 36.3 °C (Axillary) | Resp 20 | Ht 1.753 m | Wt 68.4 kg | SpO2 91% | BMI 22.28 kg/m<sup>2</sup>

**Physical Exam**

Constitutional:

Appearance: He is ill-appearing and toxic-appearing.

Comments: **cachetic**

HENT:

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

General: Scleral icterus present.

Neck:

Musculoskeletal: Neck supple.

Cardiovascular:

Rate and Rhythm: Tachycardia present.

Pulmonary:

Comments: **Tachypenic**

Abdominal:

General: There is distension.

Tenderness: There is abdominal tenderness.

Comments: **Peritonitis**

Musculoskeletal:

General: No swelling.

Skin:

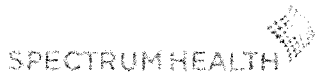
Coloration: Skin is jaundiced.

Neurological:

Mental Status: He is disoriented.

Motor: Weakness present.

Electronically signed by Anna Levine, DO at 2/14/2020 5:55 PM  
Electronically signed by Amy L. Banks-Venegoni, MD at 2/15/2020 9:37 AM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**ED Nurse Note**

**Nicole A Wurm, RN at 2/6/2020 6:16 PM**

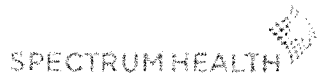
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Author: Nicole A Wurm, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 2/6/2020 6:17 PM	Date of Service: 2/6/2020 6:16 PM	Status: Signed
Editor: Nicole A Wurm, RN (Registered Nurse)		

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Provider at bedside performing paracentesis for abdominal fluid sample.

Electronically signed by Nicole A Wurm, RN at 2/6/2020 6:17 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**Nicole A Wurm, RN at 2/6/2020 6:17 PM**

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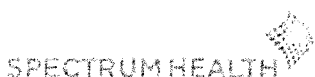
Author: Nicole A Wurm, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 2/6/2020 6:18 PM	Date of Service: 2/6/2020 6:17 PM	Status: Signed
Editor: Nicole A Wurm, RN (Registered Nurse)		

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Phlebotomy working on obtaining blood cultures

Electronically signed by Nicole A Wurm, RN at 2/6/2020 6:18 PM





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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 1 of 3) (continued)**

**Hospital Course**

**Stefano M Crescentini, MD at 2/10/2020 12:19 PM**

Author: Stefano M Crescentini, MD	Service: —	Author Type: Physician
Filed: 2/10/2020 12:23 PM	Date of Service: 2/10/2020 12:19 PM	Status: Edited
Editor: Stefano M Crescentini, MD (Physician)		

Per HPI: "Greg is a 56 year old former police officer with a history of ETOH abuse complicated by ESLD as well as Wernicke's encephalopathy and alcoholic hepatitis and hypertension who presents as transfer from BWH ED where he presented from prison with acute onset abdominal pain and fever. He notes the pain is worse with motion and better with rest. He denies change in stools - including denial of melena - but officer with him does note he had liquid BM in BWH ED (after lactulose). He had CT in ED showing right sided colitis. He additionally had paracentesis with 7400 WBC (90% PMN) for which he was given Pip-Tazo. He was also hypotensive for which he received 2L IVF, however, his BP did not improve so he was started on NE. He does not know his baseline BP. He is mildly encephalopathic and is unsure if he is on diuretics at home. "

Per ICU transfer summary. "56 yo M with history of alcohol abuse, alcoholic hepatitis, Wernicke's encephalopathy, and HTN. Presented to ED from prison with abdominal pain, fever, encephalopathy. CT A/P showed large ascites and right sided colitis. Received 2.5L IVF in ED. Albumin administered after admission with improvement in blood pressure. NE ordered, but not required. Diagnostic paracentesis performed showing 7890 WBC (97% segs), culture pending. IR scheduled for therapeutic paracentesis which is planned for 2/8. On Zosyn. Lactate slowly trending down. Mental status stable, continuing lactulose. "

Interim hospital course: 56-year-old past medical history of alcohol abuse, end-stage alcoholic cirrhosis, history of alcoholic hepatitis and Wernicke encephalopathy as well as hypertension. Patient transferred from present for acute onset abdominal pain and fever. In emergency department had CT imaging showing right-sided colitis, also had paracentesis on admission showing 7400 WBC with 90% PMN suggestive of SBP, started on Zosyn. Hypotensive on admission after fluid resuscitation and was ultimately started on norepinephrine and admitted to the intensive care unit. Patient was transferred out of the intensive care unit after being weaned from pressors. Patient had repeat paracentesis with 6 L removed on 02/09, cultures pending. Patient was started on lactulose but has had infrequent bowel movements, has not been tolerating significant orally intake as well. Given need for frequent repeat paracentesis started on Aldactone 2-10. Patient will be returning back to can't county jail, could likely discharge in the next 24-48 hours pending improvement in his mentation and tolerability of Aldactone. Patient is slightly more confused alert oriented times 2-3 on 02/10/2020. Have uptitrated lactulose in hopes of having more frequent bowel movements, has not a bowel movement the past 24-48 hours, increasing his orally intake though. Completing a total 5-7 days of antibiotics, remains on Zosyn at this time. Started Aldactone today 2-10 will recommend continue monitor his potassium and creatinine.

Consult: Interventional radiology  
 Procedures: Paracentesis x2

Electronically signed by Stefano M Crescentini, MD at 2/10/2020 12:23 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**Nursing Note**

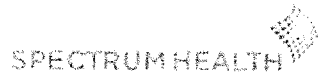
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**Brett D Oman, RN at 2/9/2020 10:50 PM**

Author: Brett D Oman, RN	Service: —	Author Type: Registered Nurse
Filed: 2/9/2020 10:50 PM	Date of Service: 2/9/2020 10:50 PM	Status: Signed
Editor: Brett D Oman, RN (Registered Nurse)		

Report taken from Jess RN

Electronically signed by Brett D Oman, RN at 2/9/2020 10:50 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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**Clinical Notes (group 1 of 3) (continued)**

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**Brett D Oman, RN at 2/9/2020 11:04 PM**

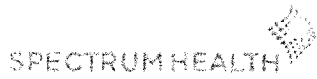
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Author: Brett D Oman, RN	Service: —	Author Type: Registered Nurse
Filed: 2/9/2020 11:05 PM	Date of Service: 2/9/2020 11:04 PM	Status: Signed
Editor: Brett D Oman, RN (Registered Nurse)		

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Dr. Varma deemed paracentesis emergent. Pt unable to sign consent.

Electronically signed by Brett D Oman, RN at 2/9/2020 11:05 PM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 2 of 3)**

**Plan of Care**

**Stephanie L Petersen, RN at 2/7/2020 8:06 AM**

Author: Stephanie L Petersen, RN	Service: —	Author Type: Registered Nurse
Filed: 2/7/2020 8:07 AM	Date of Service: 2/7/2020 8:06 AM	Status: Signed
Editor: Stephanie L Petersen, RN (Registered Nurse)		

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Ongoing, progressing

Flowcharts (Taken 2/7/2020 0804)

Progress: improving

Plan of Care Reviewed With: patient

Outcome Summary: Blood pressure improved after Albumin, did not require vasopressors. Lactic remains elevated.

Acsites present and abdomen tender.

Electronically signed by Stephanie L Petersen, RN at 2/7/2020 8:07 AM



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 2 of 3) (continued)**

**Emily M Marek, MSW at 2/7/2020 10:03 AM**

Author: Emily M Marek, MSW	Service: Care Management	Author Type: Social Worker
Filed: 2/7/2020 10:07 AM	Date of Service: 2/7/2020 10:03 AM	Status: Signed
Editor: Emily M Marek, MSW (Social Worker)		

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Ongoing, progressing

**Care Management Assessment**

Patient Name: Gregory Anthony Abraham

Date of Birth 5/22/1963

Age: 56 y.o.

MRN: 18702148

Date: 2/7/2020

Patient admitted for sepsis. MSW spoke to the Kent County officer present in the patient's room and introduced role of CM. CM received the Kent County Jail RN line (616-632-6470) and informed the officer that CM will coordinate with the jail RN if patient has discharge needs. MSW to follow.

**Care Management Initial Assessment**

**PLAN/ REASSESSMENT**

Discharge Coordination/Progress: Anticipate patient will return to Kent County Jail once medically stable. The officer will provide transportation. CM to follow.

**General Information**

**Initial Information**

How Well Do You Speak English?: very well

Do You Speak a Language Other Than English at Home?: yes

Preferred Language: English

Interpreter Needed: No

Chaperone Conversation: Yes, Patient/legal representative

Would you like to designate(name) an individual that will help you (or your child) with your (or your child's) medical, physical, or personal care at home?: No, patient declines

Arrived From: correctional system/facility, emergency department

**Patient Advocate**

Advance Directive (Medical Healthcare)

Advance Directive (Medical Healthcare): no

Advance Directive Information Given: yes

**Disability**

**Disability Status**

Equipment Currently Used at Home: none

**Discharge Needs Assessment**

**Discharge Needs Assessment**

Patient refused to participate with discharge plan: no

Patient/family discharge expectations are unrealistic: no

Patient/family perceived length of stay is unrealistic: no

Readmission Within the Last 30 Days: previous discharge plan unsuccessful

Concerns to be Addressed: substance/tobacco abuse/use, discharge planning, legal

Patient/Family Anticipates Transition to: correctional facility

Patient/Family Anticipated Services at Transition: none



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

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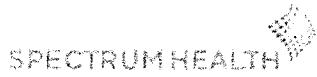
**Clinical Notes (group 2 of 3) (continued)**

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Transportation Concerns: car, none  
Transportation Anticipated: agency  
Equipment Currently Used at Home: none  
Anticipated Changes Related to Illness: none  
Equipment Needed After Discharge: none  
Discharge Facility/Level of Care Needs: correctional facility  
Anticipated Discharge Disposition: correctional facility  
Discharge Coordination/Progress: Anticipate patient will return to Kent County Jail once medically stable. The officer will provide transportation. CM to follow.

Electronically signed by Emily M Marek, MSW at 2/7/2020 10:07 AM





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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 2 of 3) (continued)**

**Post-Procedure Note**

**Manish K Varma, MD at 2/9/2020 11:17 PM**

Author: Manish K Varma, MD  
Filed: 2/9/2020 11:25 PM  
Editor: Manish K Varma, MD (Physician)

Service: Radiology  
Date of Service: 2/9/2020 11:17 PM

Author Type: Physician  
Status: Signed

**IR Procedure Note  
Brief Operative Note**

**PROCEDURE DETAILS:**

**PRE-PROCEDURE DIAGNOSIS:**

Ascites

**POST PROCEDURE DIAGNOSIS:**

Ascites

**PRIMARY OPERATOR:** Manish K Varma, MD

**SECONDARY OPERATORY:** None

**PROCEDURE PERFORMED:**

US guided paracentesis

**SIGNIFICANT FINDINGS:**

none

**COMPLICATIONS:**

none

**CONDITION:**

stable

**TYPE OF SEDATION/ANESTHESIA:** See MAR

**ESTIMATED BLOOD LOSS:** < 5 ml

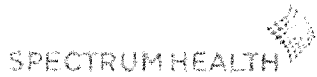
**FLUIDS GIVEN:** See nursing flowsheet

**SPECIMEN:** 6 Liters of ascites removed

2/9/2020 11:18 PM

Manish K Varma, MD

Electronically signed by Manish K Varma, MD at 2/9/2020 11:25 PM



BLODGETT HOSPITAL  
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 2 of 3) (continued)**

**Michael F Knox, MD at 2/12/2020 2:08 PM**

Author: Michael F Knox, MD  
Filed: 2/12/2020 2:09 PM  
Editor: Michael F Knox, MD (Physician)

Service: Radiology  
Date of Service: 2/12/2020 2:08 PM

Author Type: Physician  
Status: Signed

**IR Procedure Note  
Brief Operative Note**

**PROCEDURE DETAILS:**

**PRE-PROCEDURE DIAGNOSIS:**  
Cirrhosis with recurrent ascites.

**POST PROCEDURE DIAGNOSIS:**  
same

**PRIMARY OPERATOR:** Michael F Knox, MD  
**SECONDARY OPERATORY:** None

**PROCEDURE PERFORMED:**  
US guided paracentesis

**SIGNIFICANT FINDINGS:**  
Clear yellow fluid removed

**COMPLICATIONS:**  
none

**CONDITION:**  
stable

**TYPE OF SEDATION/ANESTHESIA:** See MAR

**ESTIMATED BLOOD LOSS:** < 5 ml

**FLUIDS GIVEN:** See nursing flowsheet

**SPECIMEN:** none requested.

2/12/2020 2:08 PM  
Michael F Knox, MD

Electronically signed by Michael F Knox, MD at 2/12/2020 2:09 PM



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Clinical Notes (group 3 of 3)

Progress Notes

Courtney M Loree, PA-C at 2/7/2020 6:20 AM

Author: Courtney M Loree, PA-C

Service: Medical Critical Care

Author Type: Physician Assistant-Certified

Filed: 2/7/2020 2:49 PM

Date of Service: 2/7/2020 6:20 AM

Status: Signed

Editor: Courtney M Loree, PA-C (Physician Assistant-Certified)



MICU DAILY SUMMARY NOTE

**CHIEF COMPLAINT:**

Hypotension

**Length of Stay: 1 days**

**Assessment/Plan**

**ASSESSMENT / PLAN:**

56 yo M with history of alcohol abuse, alcoholic hepatitis, Wernicke's encephalopathy, and HTN. Presented to ED with abdominal pain, fever, encephalopathy. CT A/P showed large ascites and right sided colitis. Received 2.5L IVF in ED. Albumin administered after admission. NE ordered, but not required. Diagnostic paracentesis performed showing 7890 WBC (97% segs). IR scheduled for therapeutic paracentesis which is planned for 2/8.

**A/P**

**Sepsis**

Abdominal source- SBP and/or colitis  
Diagnostic paracentesis showing 7890 WBC (97% segs)  
Blood cultures NTD  
Did not require vasopressors, responded to IVF/albumin  
Continue Zosyn

**Lactic acidosis**

Secondary to above  
Continue to trend until cleared

**Encephalopathy**

Likely multifactorial in the setting of sepsis and hepatic encephalopathy (ammonia 99)  
Continue lactulose daily

**Alcoholic hepatitis**

**Ascites**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin. CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.  
IR consulted for therapeutic paracentesis, planned for 2/8  
INR 1.9 today, Vit K 5mg PO x 1 given 2/7  
Midodrine prn ordered for SBP < 100, but patient has not required at this point

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020  
Presumably no current ETOH intake as patient has been in prison prior to this current admission

**History of Wernicke's encephalopathy**



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Admitted for ETOH withdrawal/encephalopathy thought to be secondary to Wernicke's Jan 2020  
Cont thiamine

Lines: PIVs

Drains: NA

Airways: NA

Antibiotics:  
Zosyn 2/7-

**Discussion**

Patient was seen and discussed with Dr. Berjaoui

**Subjective**

**SUBJECTIVE:**

Patient admits to ongoing dull abdominal pain, mainly when repositioning in bed. Overall his pain has improved since admit. Denies shortness of breath or other complaints.

ROS: A 10 point review of system is negative except pertinent positives as listed above

**Review of Systems**

**Objective**

**OBJECTIVE:**

BP (!) 87/57 | Pulse 98 | Temp 36.5 °C (Oral) | Resp 19 | Ht 1.753 m | Wt 71 kg | SpO2 90% | BMI 23.11 kg/m<sup>2</sup>

**Physical Exam**

Constitutional: No distress.

Eyes: Scleral icterus is present.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes.

Abdominal:

**Abdomen distended, few bowel sounds heard, tender throughout with palpation**

Neurological:

**Alert and oriented with occasional confusion about current situation**

Skin: Skin is warm and dry. He is not diaphoretic.

**Recent Results (from the past 24 hour(s))**

Paracentesis Status: None

*Narrative*

*Nathan C Fritz, DO 2/6/2020 10:32 PM*

*Paracentesis*

*Date/Time: 2/6/2020 10:25 PM*

*Performed by: Nathan C Fritz, DO*

*Authorized by: Nathan C Fritz, DO*

*Consent:*

*Consent obtained: Emergent situation*

*Pre-procedure details:*

*Procedure purpose: Diagnostic*

*Preparation: Patient was prepped and draped in usual sterile fashion*

*Anesthesia (see MAR for exact dosages):*

*Anesthesia method: Local infiltration*

*Local anesthetic: Lidocaine 1% w/o epi*

*Procedure details:*



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Ultrasound guidance: yes  
Puncture site: R lower quadrant  
Fluid removed amount: 60ml  
Fluid appearance: Yellow and cloudy  
Dressing: Adhesive bandage

Post-procedure details:

Patient tolerance of procedure: Tolerated well, no immediate complications

Electrocardiogram, Complete Status: None (Preliminary result)

Narrative

Ventricular Rate 149 BPM  
Atrial Rate 149 BPM  
P-R Interval 128 ms  
QRS Duration 64 ms  
Q-T Interval 264 ms  
QTC Calculation(Bazett) 415 ms  
Calculated P Axis -9 degrees  
Calculated R Axis -30 degrees  
Calculated T Axis 63 degrees  
Diagnosis Sinus tachycardia  
Left axis deviation  
Abnormal ECG  
When compared with ECG of 10-JAN-2020 08:08,  
Vent. rate has increased BY 50 BPM  
T wave inversion no longer evident in Inferior leads

POCT GLUCOSE NOVA METER AUTO Status: Abnormal

Result	Value	Ref Range	Status
Glucose, POC	65 (L)	70 - 99 mg/dL	Final

Narrative

Operator: Wurm, Nicole

POCT ISTAT CREA Cartridge Status: Normal

Result	Value	Ref Range	Status
Creatinine	0.70	0.60 - 1.30 mg/dL	Final
MDRD eGFR	>60.00	>=60.00 mL/min/1.73 m2	Final

Narrative

Operator: Wurm, Nicole

POCT ISTAT cg8+ Cartridge Venous Status: Abnormal

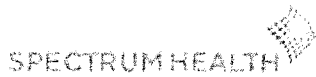
Result	Value	Ref Range	Status
pH	7.47 (H)	7.32 - 7.42	Final
pCO2	36 (L)	38 - 52 mm/Hg	Final
pO2	33	24 - 48 mm/Hg	Final
Oxygen Saturation	68	65 - 100 %	Final
Bicarbonate	27	22 - 32 mmol/L	Final
Base Excess	3.0 (H)	-2.0 - 2.0 mmol/L	Final
Sodium	132 (L)	134 - 146 mmol/L	Final
Potassium	5.8 (H)	3.4 - 5.0 mmol/L	Final
Hematocrit	55.0 (H)	42.0 - 52.0 %	Final
Glucose, POC	86	70 - 99 mg/dL	Final
Hemoglobin	18.7 (H)	14.0 - 18.0 g/dL	Final
Ionized Calcium	1.15	1.12 - 1.40 mmol/L	Final

Narrative

Operator: Wurm, Nicole

Complete Blood Count w/Differential Status: Abnormal

Result	Value	Ref Range	Status
White Blood Cell	10.38	4.00 - 10.80 x10 <sup>3</sup> /uL	Final
Red Blood Cell	4.08 (L)	4.60 - 6.00 x10 <sup>6</sup> /uL	Final



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Clinical Notes (group 3 of 3) (continued)

Hemoglobin	13.5 (L)	14.0 - 18.0 g/dL	Final
Hematocrit	39.8 (L)	42.0 - 52.0 %	Final
Mean Cell Volume	97.5	80.0 - 100.0 fL	Final
Mean Cell Hemoglobin	33.1 (H)	27.0 - 33.0 pg	Final
Mean Cell Hemoglobin Concentration	33.9	32.0 - 37.0 g/dL	Final
Red Cell Diameter Width	15.1	11.0 - 16.0 %	Final
NRBC Absolute Count	0.00	0.00 - 0.01 x10 <sup>3</sup> /uL	Final
NRBC Automated	0.0	0.0 - 0.1 %WBC	Final
Platelet	239	140 - 400 x10 <sup>3</sup> /uL	Final
Mean Platelet Volume	11.4 (H)	7.4 - 11 fL	Final
Neutrophil Absolute Count	9.40 (H)	1.80 - 7.80 x10 <sup>3</sup> /uL	Final
Comprehensive Metabolic Panel (CMP) Status: Abnormal			
Result	Value	Ref Range	Status
Sodium Level	131 (L)	134 - 146 mmol/L	Final
Potassium Level	5.2 (H)	3.4 - 5.0 mmol/L	Final
Chloride	93 (L)	98 - 112 mmol/L	Final
HCO <sub>3</sub>	19 (L)	21 - 29 mmol/L	Final
Anion Gap	19 (H)	9 - 18 mmol/L	Final
Glucose Level	78	70 - 99 mg/dL	Final
Blood Urea Nitrogen	9	8 - 20 mg/dL	Final
Creatinine	0.70	0.60 - 1.30 mg/dL	Final
MDRD eGFR	>60	>=60 mL/min/1.73 m <sup>2</sup>	Final
CG eCrCl	118	mL/min/1.73 m <sup>2</sup>	Final
Calcium Level Total	9.3	8.6 - 10.4 mg/dL	Final
Protein Total	7.5	6.0 - 8.0 g/dL	Final
Albumin Level	2.2 (L)	3.5 - 5.0 g/dL	Final
Bilirubin Total	7.1 (H)	0.2 - 1.0 mg/dL	Final
Alkaline Phosphatase	191 (H)	40 - 129 IU/L	Final
Alanine Aminotransferase	67 (H)	10 - 40 IU/L	Final
Aspartate Aminotransferase	197 (H)	10 - 40 IU/L	Final
Hemolysis			Final
Lipase, Blood Level Status: Normal			
Result	Value	Ref Range	Status
Lipase Level	40	<=50 U/L	Final
Magnesium, Blood Level Status: Abnormal			
Result	Value	Ref Range	Status
Magnesium Level	1.5 (L)	1.6 - 2.5 mg/dL	Final
Phosphorus, Blood Level Status: Normal			
Result	Value	Ref Range	Status
Phosphorus Level	3.5	2.5 - 4.5 mg/dL	Final
Differential, Manual Blood Status: Abnormal			
Result	Value	Ref Range	Status
Segmented Neutrophils Manual	96 (H)	35 - 80 %	Final
Bands Manual	2	0 - 10 %	Final
Lymphocytes Manual	1 (L)	20 - 50 %	Final
Monocytes Manual	1 (L)	2 - 12 %	Final
Eosinophil Manual	0	0 - 6 %	Final
Basophils Manual	0	0 - 2 %	Final
RBC Morphology	Normal		Final
Hypergranular Neutrophils	Moderate		Final
Platelet Estimate	Normal		Final
ED BED US NEEDLE GUIDANCE Status: None			
Narrative			
Spectrum Health			
Exam Date: 2/6/2020			
Exam Type: GB			
Operator: N/A			



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Attending: Fritz, Nathan  
Worksheet: Gallbladder  
Billing:  
Request Billing? (attendings only): yes, exam(s) selected below  
Request Billing for Selected Exams:  
Procedural: needle guidance  
Indication(s) for Exam:  
abdominal pain  
Other: **NEED FOR PARACENTESIS**  
Interpretation (Full Report in EMR Documentation):  
Images:

Result	Value	Ref Range	Status
Peripheral Blood Culture Status: None (Preliminary result)			
Cult Blood Peripheral	No growth to date, less than 24 hours		Preliminary
Prothrombin Time (PT with INR) Status: Abnormal			
Prothrombin Time	16.6 (H)	9.7 - 12.6 second(s)	Final
INR	1.7 (H)	0.9 - 1.2 Ratio	Final
Activated Partial Thromboplastin Time (APTT) Status: Normal			
Activated Partial Thromboplastin Time	23	21 - 32 second(s)	Final
Body Fluid Culture Status: None (Preliminary result)			
Gram stain	WBCs		Preliminary
Gram stain	No organism seen		Preliminary
Cell Count w/ Differential, Body Fluid Status: None			
Specimen Source	Abdomen		Final
Color Body Fluid	Yellow		Final
Clarity Body Fluid	Hazy		Final
Total Nucleated Cell Count Body Fluid	7,890	/uL	Final
RBC Count Body Fluid	540	/uL	Final
Glucose, Body Fluid Status: None			
Glucose Body Fluid	56	mg/dL	Final
Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Status: None			
Lactate Dehydrogenase Body Fluid	91	U/L	Final
Manual Differential, Body Fluid Status: Abnormal			
Segmented Neutrophils Body Fluid	97 (H)	<=25 %	Final
Mono/MacroBFL	2	%	Final
Mesothelial Cell Body Fluid	1 (H)	<=0 %	Final
Total Cells Counted	100		Final
pH, Body Fluid Status: None			
pH Body Fluid	7.34		Final
Peripheral Blood Culture Status: None (Preliminary result)			
Cult Blood Peripheral	No growth to date, less than 24 hours		Preliminary

*Narrative*

Draw from a different site than draw one.

Lactic Acid, Blood Level Status: Abnormal





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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Result	Value	Ref Range	Status
Lactic Acid	4.7 (HF)	0.0 - 2.0 mmol/L	Final
Ammonia, Blood Level	Status: Abnormal		
Result	Value	Ref Range	Status
Ammonia Level	91 (H)	0 - 60 umol/L	Final
Hemolysis			Final
POCT GLUCOSE NOVA METER AUTO	Status: Abnormal		
Result	Value	Ref Range	Status
Glucose, POC	105 (H)	70 - 99 mg/dL	Final

*Narrative*  
Operator: Wurm, Nicole

CT HEAD WITHOUT IV CONTRAST Status: None

*Narrative*

EXAMINATION: CT head without contrast

EXAM DATE: 2/6/2020 7:27 PM

TECHNIQUE: Standard protocol CT images of the head were obtained without intravenous contrast. Coronal and sagittal reconstructed images were created.

INDICATION: confusion

COMPARISON: 1/10/2020

HAND DOMINANCE: Left.

ENCOUNTER: Not applicable

**FINDINGS:**

There is no acute intracranial hemorrhage. The ventricular and sulcal spaces are unchanged; there is again evidence of mildly increased for age volume loss.

No midline shift or other significant mass effect. No abnormal fluid collections. Gray-white differentiation is maintained; no evolved territorial infarction identified. No suspicious attenuation.

The calvarium and skull base are intact without suspicious lesion or fracture. Orbits are grossly unremarkable. Paranasal sinuses and mastoid cells are essentially clear.

**Impression**

Stable exam without evidence of an acute intracranial process.

CT ABDOMEN AND PELVIS WITH IV CONTRAST Status: None

*Narrative*

EXAMINATION: CT Abdomen and Pelvis with IV Contrast

EXAM DATE: 2/6/2020 7:28 PM

TECHNIQUE: CT imaging of the abdomen and pelvis was performed with intravenous contrast. Coronal and sagittal images were reconstructed.

IV Contrast: The amount and type of contrast are recorded in the medical record.

INDICATION: abd pain, ascites

COMPARISON: None

ENCOUNTER: Not applicable



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**CT ABDOMEN AND PELVIS FINDINGS:**

*Lung Bases: There are small bilateral effusions with adjacent atelectasis. Heart size is within normal limits. There is a moderate-sized hiatal hernia. There is esophageal reflux and distal esophagitis. There are numerous calcified hilar mediastinal nonenlarged nodes.*

*Hepatobiliary: There is an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.*

*Pancreas: The pancreas is normal.*

*Spleen: The spleen is not enlarged.*

*Adrenals: The adrenal glands are normal.*

*Kidneys, Ureters, & Bladder: Both kidneys have a normal size and there is no hydronephrosis. Both ureters have a normal caliber and the urinary bladder is unremarkable.*

*Gastrointestinal: The stomach and small bowel are normal with no obstruction or inflammation. Normal appendix. There is right colonic diffuse wall thickening. There are multiple diverticula of mainly in the sigmoid area.*

*Reproductive Organs: Normal prostate.*

*Lymphatic System: There is no adenopathy within the abdomen or pelvis.*

*Vasculature: There scattered arterial calcifications.*

*Peritoneum: There is large ascites.*

*Abdominal Wall & Musculoskeletal: Lumbar spine degeneration.*

*Impression  
Large ascites.*

*Right-sided colitis likely infectious/inflammatory. Advise correlation consider post treatment progress imaging.*

*Moderate-sized hiatal hernia, reflux, and distal esophagitis.*

DR CHEST 2 VIEWS FRONTAL AND LATERAL Status: None

*Narrative*

*EXAMINATION: Frontal and Lateral View Chest*

*EXAM DATE: 2/6/2020 7:40 PM*

*TECHNIQUE: Frontal and lateral views*

*INDICATION: confusion, fever.*

*COMPARISON: Chest x-ray of 1/10/2010*

*ENCOUNTER: Not applicable*



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**FINDINGS:**

The lung volumes are low. Heart is not enlarged. There are bilateral pleural effusions larger on the left than on the right. There are areas of atelectasis posteriorly at both lung bases. The pulmonary vascularity is normal. There is no pneumothorax

**Impression**

Bilateral pleural effusions larger on the left than the right

Result	Value	Ref Range	Status
Lactic Acid	4.2 (HF)	0.0 - 2.0 mmol/L	Final

**Narrative**

Critical results reviewed by tech

Result	Value	Ref Range	Status
Sodium Level	133 (L)	134 - 146 mmol/L	Final
Potassium Level	4.4	3.4 - 5.0 mmol/L	Final
Chloride	99	98 - 112 mmol/L	Final
HCO3	20 (L)	21 - 29 mmol/L	Final
Anion Gap	14	9 - 18 mmol/L	Final
Glucose Level	107 (H)	70 - 99 mg/dL	Final
Blood Urea Nitrogen	11	8 - 20 mg/dL	Final
Creatinine	0.71	0.60 - 1.30 mg/dL	Final
MDRD eGFR	>60	>=60 mL/min/1.73 m2	Final
CG eCrCl	116	mL/min/1.73 m2	Final
Calcium Level Total	8.3 (L)	8.6 - 10.4 mg/dL	Final
Protein Total	6.1	6.0 - 8.0 g/dL	Final
Albumin Level	2.2 (L)	3.5 - 5.0 g/dL	Final
Bilirubin Total	6.7 (H)	0.2 - 1.0 mg/dL	Final
Alkaline Phosphatase	128	40 - 129 IU/L	Final
Alanine Aminotransferase	49 (H)	10 - 40 IU/L	Final
Aspartate Aminotransferase	156 (H)	10 - 40 IU/L	Final

Result	Value	Ref Range	Status
Calcium Ionized	1.11 (L)	1.12 - 1.40 mmol/L	Final

Result	Value	Ref Range	Status
Magnesium Level	1.8	1.6 - 2.5 mg/dL	Final

Result	Value	Ref Range	Status
Phosphorus Level	4.4	2.5 - 4.5 mg/dL	Final

Result	Value	Ref Range	Status
White Blood Cell	12.62 (H)	4.00 - 10.80 x10 <sup>3</sup> /uL	Final
Red Blood Cell	3.08 (L)	4.60 - 6.00 x10 <sup>6</sup> /uL	Final
Hemoglobin	10.1 (L)	14.0 - 18.0 g/dL	Final
Hematocrit	30.2 (L)	42.0 - 52.0 %	Final
Mean Cell Volume	98.1	80.0 - 100.0 fL	Final
Mean Cell Hemoglobin	32.8	27.0 - 33.0 pg	Final
NRBC Absolute Count	0.00	0.00 - 0.01 x10 <sup>3</sup> /uL	Final
NRBC Automated	0.0	0.0 - 0.1 %WBC	Final
Mean Cell Hemoglobin Concentration	33.4	32.0 - 37.0 g/dL	Final
Red Cell Diameter Width	15.1	11.0 - 16.0 %	Final



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Platelet	141	140 - 400 x10 <sup>3</sup> /uL	Final
Mean Platelet Volume	11.1 (H)	7.4 - 11 fL	Final
Prothrombin Time (PT with INR)	Status: Abnormal		
Result	Value	Ref Range	Status
Prothrombin Time	18.5 (H)	9.7 - 12.6 second(s)	Final
INR	1.9 (H)	0.9 - 1.2 Ratio	Final
Ammonia, Blood Level	Status: Normal		
Result	Value	Ref Range	Status
Ammonia Level	44	0 - 60 umol/L	Final
Lactic Acid, Blood Level	Status: Abnormal		
Result	Value	Ref Range	Status
Lactic Acid	4.6 (HF)	0.0 - 2.0 mmol/L	Final

**Current Facility-Administered Medications**

Medication

- fentaNYL (SUBLIMAZE) injection 25 mcg
- heparin (porcine) 5000 UNIT/ML injection 5,000 Units
- lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL
- naloxone (NARCAN) injection 0.1 mg
- norepinephrine 16 mcg/mL in 0.9% NaCl infusion
- pantoprazole (PROTONIX) EC tablet 40 mg
- piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB
- PRENATAL VITAMIN 27-0.8 MG tablet 1 tablet
- sodium chloride flush 0.9 % syringe 3 mL
- thiamine tablet 100 mg

Electronically signed by Courtney M Loree, PA-C at 2/7/2020 2:49 PM



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Courtney M Loree, PA-C at 2/7/2020 2:54 PM**

Author: Courtney M Loree, PA-C	Service: Medical Critical Care	Author Type: Physician Assistant-Certified
Filed: 2/7/2020 2:58 PM	Date of Service: 2/7/2020 2:54 PM	Status: Signed
Editor: Courtney M Loree, PA-C (Physician Assistant-Certified)		

**Unit Transfer Summary**

**ADMISSION DATE:** 2/6/2020  
**PRESENTING PROBLEM:** Hepatic encephalopathy (HCC) [K72.90]  
 SBP (spontaneous bacterial peritonitis) (HCC) [K65.2]  
 Septic shock (HCC) [A41.9, R65.21]  
 Sepsis (HCC) [A41.9]  
 Sepsis (HCC) [A41.9]  
 Attending physician: Dr Berjaoui

**Active Hospital Problems**

Diagnosis	Date Noted	POA
• Sepsis (HCC)	02/06/2020	Unknown

**Resolved Hospital Problems**

No resolved problems to display.

**Pre-Existing Active Problems**

Diagnosis	Date Noted	POA
• Altered mental status	01/10/2020	Unknown
• High anion gap metabolic acidosis	01/10/2020	Unknown
• Alcohol abuse	01/10/2020	Unknown
• Alcoholic hepatitis	01/10/2020	Unknown
• Chronic anemia	01/10/2020	Unknown

**REASON FOR TRANSFER:** Change in level of acuity, patient no longer requires ICU level care

**DATE OF TRANSFER:** 2/7/2020

**TRANSFER DESTINATION:** GMB with telemetry

**BRIEF SUMMARY OF CARE:**

56 yo M with history of alcohol abuse, alcoholic hepatitis, Wernicke's encephalopathy, and HTN. Presented to ED from prison with abdominal pain, fever, encephalopathy. CT A/P showed large ascites and right sided colitis. Received 2.5L IVF in ED. Albumin administered after admission with improvement in blood pressure. NE ordered, but not required. Diagnostic paracentesis performed showing 7890 WBC (97% segs), culture pending. IR scheduled for therapeutic paracentesis which is planned for 2/8. On Zosyn. Lactate slowly trending down. Mental status stable, continuing lactulose.

**CONSULTS:**

NA

**PROCEDURES PERFORMED:**

NA

**RECOMMENDATIONS AT TRANSFER:**

**Sepsis**

Abdominal source- SBP and/or colitis  
 Diagnostic paracentesis showing 7890 WBC (97% segs)  
 Blood cultures NTD  
 Did not require vasopressors, responded to IVF/albumin  
 Continue Zosyn



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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Lactic acidosis**

Secondary to above  
Continue to trend until cleared

**Encephalopathy**

Likely multifactorial in the setting of sepsis and hepatic encephalopathy (ammonia 99)  
Continue lactulose daily

**Alcoholic hepatitis**

**Ascites**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin. CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

**IR consulted for therapeutic paracentesis, planned for 2/8**

Midodrine prn ordered for SBP < 100, but patient has not required at this point  
**INR 1.9 today, Vit K 5mg PO x 1 given 2/7**

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020  
No recent ETOH use (patient has been in prison prior to this current admission)

**History of Wernicke's encephalopathy**

Admitted for ETOH withdrawal/encephalopathy thought to be secondary to Wernicke's Jan 2020  
Cont thiamine

Lines: PIVs

Drains: NA

Airways: NA

Antibiotics:

Zosyn 2/7-

**CONDITION AT TRANSFER:** gradually improving

**Current Facility-Administered Medications:**

- fentaNYL (SUBLIMAZE) injection 25 mcg, 25 mcg, Intravenous, Q3H PRN, Christine S Martin, PA-C, 25 mcg at 02/07/20 1254
- heparin (porcine) 5000 UNIT/ML injection 5,000 Units, 5,000 Units, Subcutaneous, q8h SCH, Christine S Martin, PA-C, 5,000 Units at 02/07/20 0627
- lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL, 30 mL, Oral, QAM, Christine S Martin, PA-C, 30 mL at 02/07/20 0849
- midodrine (PROAMATINE) tablet 5 mg, 5 mg, Oral, TID PRN, Courtney M Loree, PA-C
- [START ON 2/8/2020] multivitamin with mineral (THERA M PLUS) tablet 1 tablet, 1 tablet, Oral, Daily, Courtney M Loree, PA-C
- naloxone (NARCAN) injection 0.1 mg, 0.1 mg, Intravenous, Q2 minute PRN, Christine S Martin, PA-C
- pantoprazole (PROTONIX) EC tablet 40 mg, 40 mg, Oral, Daily, Christine S Martin, PA-C, 40 mg at 02/07/20 0849
- piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB, 3.375 g, Intravenous, q6h SCH, Christine S Martin, PA-C, Last Rate: 200 mL/hr at 02/07/20 1246, 3.375 g at 02/07/20 1246
- sodium chloride 0.9% (NS) infusion, 75 mL/hr, Intravenous, Continuous, Courtney M Loree, PA-C, Last Rate: 75 mL/hr at 02/07/20 1236, 75 mL/hr at 02/07/20 1236
- Insert and Maintain IV, . . . Until discontinued **\*\*AND\*\*** sodium chloride flush 0.9 % syringe 3 mL, 3 mL, Intravenous, PRN, Christine S Martin, PA-C
- thiamine tablet 100 mg, 100 mg, Oral, Daily, Christine S Martin, PA-C, 100 mg at 02/07/20 0849

Electronically signed by Courtney M Loree, PA-C at 2/7/2020 2:58 PM



BLODGETT HOSPITAL  
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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Wael K Berjaoui, MD at 2/7/2020 3:11 PM**

Author: Wael K Berjaoui, MD  
Filed: 2/7/2020 3:12 PM  
Editor: Wael K Berjaoui, MD (Physician)

Service: Medical Critical Care  
Date of Service: 2/7/2020 3:11 PM

Author Type: Physician  
Status: Signed

**MICU ATTENDING NOTE**

*I personally saw and examined the patient on ICU rounds. I assessed/reviewed this patient's hemodynamics, cardiopulmonary status, renal function, fluid balance, medications, labs, imaging, analgosedation, mental status (delirium), mobility, nutrition, glycemic control, line-tube-drain necessity, skin status, prophylaxis, disposition, patient/family concerns and daily goals as part of the ICU checklist. I developed a detailed management plan on the basis of these assessments.*

**CHIEF COMPLAINT:**

No Principal Problem: There is no principal problem currently on the Problem List. Please update the Problem List and refresh.

**Length of Stay: 1 days**

**Assessment/Plan**

**ASSESSMENT / PLAN:**

End stage liver disease (HCC)

**Assessment & Plan**

High MELD score  
Total bili improved slightly to 6.7.  
Paracentesis today for large volume ascites.

Hepatic encephalopathy (HCC)

**Assessment & Plan**

Improved.  
Ammonia decreased from 90s to 40s.  
Continue lactulose.

Acute peritonitis (HCC)

**Overview**

CT abdomen done on February 6th, 2020:

**IMPRESSION:**

Large ascites.

Right-sided colitis likely infectious/inflammatory. Advise correlation consider post treatment progress imaging.

Moderate-sized hiatal hernia, reflux, and distal esophagitis.

**Assessment & Plan**

Peritoneal fluid with over 7000 white blood cell suggestive of SBP.  
Could also be due to colitis.  
Continue Zosyn.

Lactic acidosis

**Assessment & Plan**

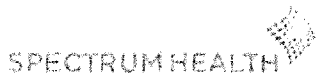
Remains elevated at 4.6. This is in part secondary to severe sepsis as well as poor hepatic clearance.  
Will monitor.

Severe sepsis (HCC)

**Assessment & Plan**

Secondary to acute peritonitis/colitis.  
Hemodynamics improved with IV fluids.





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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Currently not on vasopressors.  
Plan:  
Continue Zosyn. Await final culture results.  
Continue hemodynamic support targeting map over 65.  
Monitor lactate.

2.7.20:

Sepsis improving with IV fluids and antibiotics.  
Encephalopathy improving with lactulose.  
Currently on room air. Mild leukocytosis but no fever. Hemoglobin stable at 10.1.  
Detailed plan as discussed above

*This patient is critically ill and is requiring active support and intensive surveillance to prevent life threatening clinical deterioration. I spent a total of 34 minutes in the evaluation and management of this patient excluding all procedures.*  
Wael K Berjaoui, MD

Subjective

**SUBJECTIVE:**

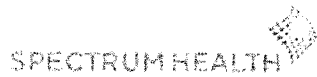
Objective

**OBJECTIVE:**

BP 101/72 | Pulse 101 | Temp 37 °C (Oral) | Resp 23 | Ht 1.753 m | Wt 71 kg | SpO2 95% | BMI 23.11 kg/m<sup>2</sup>  
Physical Exam  
A-OX3, Not in distress  
Jaundice noted.  
Cardiac: NSR, S1, S2, No murmur or gallop  
Pulmonary : No crackles, no wheezing  
Abdomen: Large volume ascites. Distended. Mild diffuse tenderness.  
No use of accessory muscles  
Lower ext warm, no mottling seen

*I have reviewed the patients labs, imaging and other relevant diagnostic studies.*

Electronically signed by Wael K Berjaoui, MD at 2/7/2020 3:12 PM



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

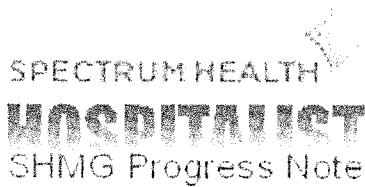
Clinical Notes (group 3 of 3) (continued)

Stefano M Crescentini, MD at 2/8/2020 1:06 PM

Author: Stefano M Crescentini, MD  
Filed: 2/8/2020 1:18 PM  
Editor: Stefano M Crescentini, MD (Physician)

Service: Hospitalist  
Date of Service: 2/8/2020 1:06 PM

Author Type: Physician  
Status: Addendum



**CHIEF COMPLAINT:**

Sepsis

Assessment/Plan

**ASSESSMENT / PLAN:**

**Septic shock, decompensated cirrhosis**

**Culture negative SBP/colitis**

CT abdomen pelvis: large ascites, right-sided colitis, distal esophagitis

Diagnostic paracentesis showing 7890 WBC (97% segs)

Blood cultures NTD

P.r.n. albumin for hypotension, limit IV fluid resuscitation

Continue Zosyn

Blood cultures no growth to date

**Lactic acidosis, persistent**

Secondary to above

Continue to trend, expect some underlying elevation given decompensated cirrhosis

**Mild hyponatremia, related to below**

Continue monitor BMP

Treatment as above

**Alcoholic hepatitis**

**Decompensated cirrhosis**

**Hepatic encephalopathy, history of Wernicke encephalopathy**

**Ascites**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

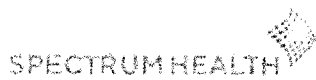
CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

IR consulted for repeat therapeutic paracentesis

Underwent paracentesis 2-6

INR 1.9 today, Vit K 5mg PO x 1 given 2/7

Continue monitor: INR



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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Midodrine prn ordered for SBP < 100, but patient has not required at this point  
Continue lactulose, ammonia as noted  
CT head negative for acute change

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020  
Presumably no current ETOH intake as patient has been in prison prior to this current admission

Disposition: Patient reports overall he feels well, reports may be mild distention of his abdomen otherwise has no acute concerns at this time. Consult IR for potential paracentesis today, awaiting INR. Continue Zosyn. Recommend completing a course of antibiotics for presumed SBP. Titrate to 3 bowel movements, continue lactulose. Care management following.

VTE PPX: Early Ambulation

GI PPX: none

Dietary Orders (From admission, onward)

Start	Order	Order	Order	Order	Ordered
02/06/20 2338	Liquids Diet	DIET EFFECTIVE NOW			02/06/20 2338
	Question	Answer	Comment		
	Diet Modification:	Clear Liquids			
	Diet Type:	Low Fat (Acut) 40-50g			

**Current Code Status**

Date Active	Code Status	Order	Comments	User	Cont ext
2/6/2020 2338	Full Code	2439830 08		Christine S Martin, PA-C	Inpatient

**Questions for Current Code Status**

Question	Answer	Comment
Decision made by	Patient	

**Subjective**

*If there is a discrepancy between this documentation and other providers notes please accept the information listed here as accurate for billing/coding purposes. Thank you.*

*This note has been dictated using dictation software, apologies for any misspelling or error in translation. Please contact me directly for clarification if needed in regards to medical record information.*

**SUBJECTIVE:**

Patient seen and examined at the bedside. Denies SOB, abdominal pain, fever, chills, nausea, vomiting, CP, palpitations, edema, weakness. Patient reports slight distention of his abdomen, denies any significant shortness of breath or abdominal pain. No other overnight nursing issues noted, patient has no other questions or concerns at this time.

**Review of Systems**

- Constitutional:** No fever, No chills.
- Eye:** No blurring, No double vision.
- Ear/Nose/Mouth/Throat:** No nasal congestion.
- Respiratory:** no Shortness of breath, No cough, No wheezing.
- Cardiovascular:** No chest pain, No palpitations.
- Gastrointestinal:** no Nausea, no Diarrhea, no abdo pain



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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

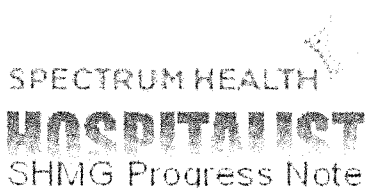
Clinical Notes (group 3 of 3) (continued)

Stefano M Crescentini, MD at 2/9/2020 10:06 AM

Author: Stefano M Crescentini, MD  
Filed: 2/9/2020 10:11 AM  
Editor: Stefano M Crescentini, MD (Physician)

Service: Hospitalist  
Date of Service: 2/9/2020 10:06 AM

Author Type: Physician  
Status: Signed



**CHIEF COMPLAINT:**

Sepsis

Assessment/Plan

**ASSESSMENT / PLAN:**

**Septic shock, decompensated cirrhosis**

**Culture negative SBP/colitis**

CT abdomen pelvis; large ascites, right-sided colitis, distal esophagitis

Diagnostic paracentesis showing 7890 WBC (97% segs)

Blood cultures NTD

P.r.n. albumin for hypotension, limit IV fluid resuscitation

Continue Zosyn , complete 5-7 days

Blood cultures no growth to date

**Lactic acidosis, persistent**

Secondary to above

Continue to trend, expect some underlying elevation given decompensated cirrhosis

**Mild hyponatremia, related to below, resolved**

**Decompensated alcoholic cirrhosis**

**Hepatic encephalopathy, history of Wernicke encephalopathy, resolved**

**Ascites, slightly worse**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

IR consulted for repeat therapeutic paracentesis

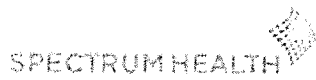
Underwent paracentesis 2-6

INR 1.9 today, Vit K 5mg PO x 1 given 2/7

Continue monitor INR

Continue lactulose, ammonia as noted. Advance diet, increase/also 2 times a day, titrate to at least 3 BMs per day

CT head negative for acute change



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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020

Presumably no current ETOH intake as patient has been in prison prior to this current admission

Disposition: Patient reports he is abdomen is mildly distended however denies any significant shortness of breath. IR consulted for several days now, awaiting paracentesis, INR 1.7 at gave additional dose of oral vitamin K in case they need his INR closer to 1.5. Continue Zosyn to complete a total of 5-7 days of antibiotics. Titrated lactulose to 3 bowel movements advanced diet. Care management following. Will likely discharge back to can't county jail in the next 24-48 hours pending paracentesis.

VTE PPX: Early Ambulation

GI PPX: none

Dietary Orders (From admission, onward)

Start	Question	Answer	Comment	Ordered
02/09/20 1006	<b>Adult Diet</b> DIET EFFECTIVE NOW			02/09/20 1005
	Diet Type:	General		
	Fluid Restriction?	2000 ml daily/1200 with meals		
	Sodium Restriction:	2 gram sodium		

**Current Code Status**

Date Active	Code Status	Order	Comments	User	Context
2/6/2020 2338	Full Code	2439830 08		Christine S Martin, PA-C	Inpatient

**Questions for Current Code Status**

Question	Answer	Comment
Decision made by	Patient	

**Subjective**

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**SUBJECTIVE:**

Patient seen and examined at the bedside. Denies SOB, abdominal pain, fever, chills, nausea, vomiting, CP, palpitations, edema, weakness. Patient reports slight distention of his abdomen, denies any significant shortness of breath or abdominal pain. No other overnight nursing issues noted, patient has no other questions or concerns at this time.

**Review of Systems**

**Constitutional:** No fever, No chills.

**Eye:** No blurring, No double vision.

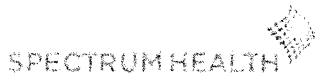
**Ear/Nose/Mouth/Throat:** No nasal congestion.

**Respiratory:** no Shortness of breath, No cough, No wheezing.

**Cardiovascular:** No chest pain, No palpitations.

**Gastrointestinal:** no Nausea, no Diarrhea, no abdo pain, positive abdominal distention

**Genitourinary:** No dysuria.



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Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Rebecca A Vande Griend, PA-C at 2/10/2020 10:21 AM**

Author: Rebecca A Vande Griend, PA-C Service: Radiology Author Type: Physician Assistant-Certified  
 Filed: 2/10/2020 3:39 PM Date of Service: 2/10/2020 10:21 AM Status: Signed  
 Editor: Rebecca A Vande Griend, PA-C (Physician Assistant-Certified)

**Interventional Radiology Progress Note**

**CHIEF COMPLAINT:**

F/u paracentesis.

**ASSESSMENT / PLAN:**

56 y.o. male with septic shock, decompensated cirrhosis with ascites s/p paracentesis 2/9

No apparent post procedure complications noted.  
Please call if further IR assistance needed

**SUBJECTIVE:**

Patient denies pain or leaking at paracentesis site. No abd pain.

**OBJECTIVE:**

**Vitals:**

	02/09/20 2329	02/09/20 2349	02/10/20 0555	02/10/20 0934
BP:		122/80	102/71	123/67
Pulse:	113	117	104	111
Resp:		16	16	16
Temp:		36.5 °C	36.6 °C	36.5 °C

**SpO2 Readings from Last 1 Encounters:**

02/10/20 96%

General: alert, no acute distress  
 Pulm: Respirations are unlabored and symmetrical  
 Abd: soft, nontender, nondistended  
 Site: no tenderness to palpation at site and site soft. c/d/i, no bleeding, leaking, or hematoma noted.

**PERTINENT LABS AND STUDIES:**

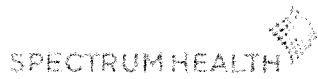
**Lab Results**

Component	Value	Date
WBC	10.70	02/10/2020
RBC	3.42 (L)	02/10/2020
HGB	11.3 (L)	02/10/2020
HCT	33.2 (L)	02/10/2020
MCV	97.1	02/10/2020
PLATELET	160	02/10/2020

2/10/202010:21 AM  
 Rebecca A Vande Griend, PA-C  
 616.479.4677 or available via perfect serve  
 616.479.8300 Blodgett APP  
 616.479.8200 Butterworth APP

ARS: 232

Printed on 8/26/20 10:57 AM



BLODGETT HOSPITAL  
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Adm: 2/6/2020, D/C: 2/16/2020

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**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Supervising physician: Manish Varma

Electronically signed by Rebecca A Vande Giend, PA-C at 2/10/2020 3:39 PM





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Grand Rapids MI 49506-2921

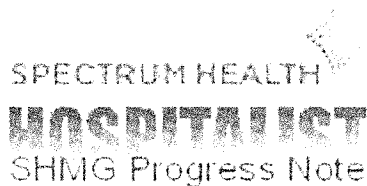
Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Stefano M Crescentini, MD at 2/10/2020 12:14 PM**

Author: Stefano M Crescentini, MD	Service: Hospitalist	Author Type: Physician
Filed: 2/10/2020 12:18 PM	Date of Service: 2/10/2020 12:14 PM	Status: Signed
Editor: Stefano M Crescentini, MD (Physician)		



**CHIEF COMPLAINT:**

Sepsis

**Assessment/Plan**

**ASSESSMENT / PLAN:**

**Septic shock, decompensated cirrhosis**

**Culture negative SBP/colitis**

CT abdomen pelvis; large ascites, right-sided colitis, distal esophagitis

Diagnostic paracentesis showing 7890 WBC (97% segs)

Blood cultures NTD

P.r.n. albumin for hypotension, limit IV fluid resuscitation

Continue Zosyn , complete 5-7 days

Blood cultures no growth to date

**Lactic acidosis, persistent**

Secondary to above

Continue to trend, expect some underlying elevation given decompensated cirrhosis

**Mild hyponatremia, related to below, resolved**

**Decompensated alcoholic cirrhosis**

**Hepatic encephalopathy, history of Wernicke encephalopathy, resolved**

**Ascites, slightly worse**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

IR consulted for repeat therapeutic paracentesis, completed 2-9, 6 later removed

-given albumin 2-10, continue monitor renal function

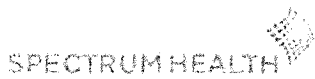
-also Underwent paracentesis 2-6

INR 1.9 today, Vit K 5mg PO x 1 given 2/7

Continue monitor INR

Continue lactulose, increased to 2 times a day, titrate to at least 3 BMS per day

CT head negative for acute change



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Will start oral Aldactone given need for frequent repeat paracentesis, closely monitor K

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020

Presumably no current ETOH intake as patient has been in prison prior to this current admission

Disposition: Patient is slightly more confused this morning. Patient not having bowel movement yesterday or today, eating very little though. Lactulose titrated up to 2 times a day. Continue monitor for confusion. Underwent paracentesis yesterday given tachypnea and distension, 6 L removed, given albumin. Continue monitor renal function. Continue Zosyn. Possible discharge back to can't county jail in the next 24-48 hours pending improvement in mentation and ability to titrate to regular bowel movement with lactulose. Initiate Aldactone, monitor renal function and potassium

VTE PPX: Early Ambulation

GI PPX: none

Dietary Orders (From admission, onward)

Start	Adult Diet	DIET EFFECTIVE NOW	Ordered
02/09/20 1006	Question	Answer	02/09/20 1005
	Diet Type:	General	
	Fluid Restriction?	2000 ml daily/1200 with meals	
	Sodium Restriction:	2 gram sodium	

**Current Code Status**

Date Active	Code Status	Order	Comments	User	Context
2/6/2020 2338	Full Code	2439830 08		Christine S Martin, PA-C	Inpatient

**Questions for Current Code Status**

Question	Answer	Comment
Decision made by	Patient	

**Subjective**

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**SUBJECTIVE:**

Patient seen and examined at the bedside. Denies SOB, abdominal pain, fever, chills, nausea, vomiting, C/P, palpitations, edema, weakness. Patient reports decreasing distention of his abdomen, denies any significant shortness of breath or abdominal pain. No other overnight nursing issues noted, patient has no other questions or concerns at this time. Patient was having significant shortness of breath, tachypnea and tachycardia as well as abdominal distention last evening, contacted Interventional Radiology and they came in to do an urgent paracentesis with 6 L removed.

**Review of Systems**

**Constitutional:** No fever, No chills.

**Eye:** No blurring, No double vision.



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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Balaji Vutla, MD, MPH at 2/11/2020 2:23 PM**

Author: Balaji Vutla, MD, MPH  
Filed: 2/11/2020 3:04 PM  
Editor: Balaji Vutla, MD, MPH (Physician)

Service: Hospitalist  
Date of Service: 2/11/2020 2:23 PM

Author Type: Physician  
Status: Signed



**CHIEF COMPLAINT:**

Sepsis  
Assessment/Plan

**ASSESSMENT / PLAN:**

**Septic shock, decompensated cirrhosis**

**Culture negative SBP/colitis**

CT abdomen pelvis: large ascites, right-sided colitis, distal esophagitis

Diagnostic paracentesis showing 7890 WBC (97% segs)

P.r.n. albumin for hypotension, limit IV fluid resuscitation

Continue Zosyn day 5, complete 7 days

Blood cultures NGTD

Peritoneal fluid culture-negative

**Lactic acidosis, persistent**

Secondary to above

Continue to trend, expect some underlying elevation given decompensated cirrhosis

**Mild hyponatremia, related to alcoholic cirrhosis- resolved**

**Decompensated alcoholic cirrhosis**

**Hepatic encephalopathy, history of Wernicke encephalopathy, resolved**

**Ascites, s/p paracentesis**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

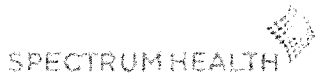
CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

IR consulted for repeat therapeutic paracentesis, completed 2/9/2020, 6 liters removed

-given albumin on 2/10/2020, continue monitor renal function

-also Underwent paracentesis 2/6/2020

INR 1.9 today, Vit K 5mg PO x 1 given 2/7/2020



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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Continue monitor INR  
Continue lactulose, increased to 2 times a day, titrate to at least 3 BMs per day  
CT head negative for acute change  
Continue Aldactone given need for frequent repeat paracentesis, closely monitor K.

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020

Presumably no current ETOH intake as patient has been in prison (since 1/7/2020) prior to this current admission.

Disposition: Patient is slightly confused this morning. Encourage oral intake. Lactulose titrated up to 2 times a day. Continue monitor for confusion. Monitor renal function on Aldactone. Continue Zosyn. Discharge back to Kent county jail if there is improvement in mentation.

VTE PPX: Early Ambulation  
GI PPX: none

**Dietary Orders (From admission, onward)**

Start		Ordered
02/09/20	<b>Adult Diet DIET EFFECTIVE NOW</b>	02/09/20
0 1006	Question	0 1005
	Answer	
	Diet Type: General	
	Fluid Restriction? 2000 ml daily/1200 with meals	
	Sodium Restriction: 2 gram sodium	

**Current Code Status**

Date Active	Code Status	Order	Comments	User	Context
2/6/2020	2338 Full Code	243983008		Christine S Martin, PA-C	Inpatient

**Questions for Current Code Status**

Question	Answer	Comment
<b>Decision made by</b>	<b>Patient</b>	

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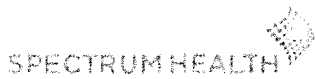
**SUBJECTIVE:**

Patient seen and examined at the bedside. Guard at bedside. Patient appeared confused. Oriented only to self.

**Objective**

**OBJECTIVE:**

BP 113/74 | Pulse 112 | Temp 36.5 °C (Oral) | Resp 20 | Ht 1.753 m | Wt 69.2 kg | SpO2 95% | BMI 22.54 kg/m<sup>3</sup>



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Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Clinical Notes (group 3 of 3) (continued)

Balaji Vutla, MD, MPH at 2/12/2020 10:27 AM

Author: Balaji Vutla, MD, MPH

Service: Hospitalist

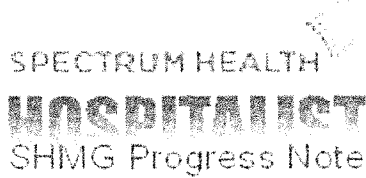
Author Type: Physician

Filed: 2/12/2020 10:33 AM

Date of Service: 2/12/2020 10:27 AM

Status: Addendum

Editor: Balaji Vutla, MD, MPH (Physician)



**CHIEF COMPLAINT:**

Sepsis

Assessment/Plan

**ASSESSMENT / PLAN:**

**Septic shock, decompensated cirrhosis**

**Culture negative SBP/colitis**

CT abdomen pelvis; large ascites, right-sided colitis, distal esophagitis

Diagnostic paracentesis showing 7890 WBC (97% segs)

P.r.n. albumin for hypotension, limit IV fluid resuscitation

Continue Zosyn day 6, complete 7 days

Blood cultures NGTD

Peritoneal fluid culture-negative

**Lactic acidosis, persistent**

Secondary to above

Continue to trend, expect some underlying elevation given decompensated cirrhosis

**Mild hyponatremia, related to alcoholic cirrhosis- resolved**

**Decompensated alcoholic cirrhosis**

**Hepatic encephalopathy, history of Wernicke encephalopathy**

**Hyperammonemia**

**Ascites, s/p paracentesis**

**Elevated INR**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

IR consulted for repeat therapeutic paracentesis, completed 2/9/2020, 6 liters removed

-given albumin on 2/10/2020, continue monitor renal function





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Abraham, Gregory Anthony  
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Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

-also Underwent paracentesis 2/6/2020  
INR 1.9 today. Vit K 5mg PO x 1 given 2/7/2020  
Continue monitor INR  
Continue lactulose, increased to 3 times a day, titrate to at least 3 BMs per day  
CT head negative for acute change  
Increase Aldactone dose given need for frequent repeat paracentesis, closely monitor potassium level  
IR consulted for repeat paracentesis. IV Albumin ordered with paracentesis.  
Consult Gastroenterology.  
Vitamin K given for elevated INR.

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020  
Presumably no current ETOH intake as patient has been in prison (since 1/7/2020) prior to this current admission.

Disposition: Patient remains slightly confused. Encourage oral intake. Lactulose increased to 3 times a day. Continue monitor for confusion. Monitor renal function on Aldactone. Continue Zosyn. Discharge back to Kent county jail if there is improvement in mentation.

VTE PPX: Early Ambulation  
GI PPX: none

**Dietary Orders (From admission, onward)**

Start	Ordered
02/09/20	02/09/20
0 1006	0 1005
<b>Adult Diet</b>	<b>DIET EFFECTIVE NOW</b>
Question	Answer
Diet Type:	General
Fluid Restriction?	2000 ml daily/1200 with meals
Sodium Restriction:	2 gram sodium

**Current Code Status**

Date Active	Code Status	Order	Comments	User	Cont ext
2/6/2020	2338	243983	008	Christine S Martin, PA-C	Inpatient

**Questions for Current Code Status**

Question	Answer	Comment
<b>Decision made by</b>	<b>Patient</b>	

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**SUBJECTIVE:**



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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Patient seen and examined at the bedside. Guard at bedside. Patient appeared slightly confused. Oriented only to self. Per bedside nurse abdomen is more distended

**Objective**

**OBJECTIVE:**

BP 108/82 | Pulse 119 | Temp 36.3 °C (Oral) | Resp 16 | Ht 1.753 m | Wt 69.3 kg | SpO2 94% | BMI 22.55 kg/m<sup>2</sup>

- Gen:** AAOX1, NAD, Resting comfortably, pleasantly confused
- HEENT:** Extraocular movements intact, normocephalic/atraumatic, normal conjunctiva
- Pulmonary:** No respiratory distress. No wheezing/crackles/ronchi
- Cardiovascular:** Tachycardia, regular rhythm.
- Gastrointestinal:** Soft, non-tender, abdomen-distended, normal bowel sounds
- Musculoskeletal:** Moving all 4 extremities, 1+ lower extremity edema bilaterally
- Integumentary:** warm, dry, intact
- Neuro:** normal motor, no focal deficits noted.

**PERTINENT LABS AND STUDIES:**

Intake/Output Summary (Last 24 hours) at 2/12/2020 1027

Last data filed at 2/11/2020 1431

Gross per 24 hour

Intake	770 ml
Output	—
<b>Net</b>	<b>770 ml</b>

**Current Facility-Administered Medications**

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• heparin (porcine) 5000 UNIT/ML injection 5,000 Units	5,000 Units	Subcutaneous	q8h SCH	Courtney M Loree, PA-C		5,000 Units at 02/12/20 0 0517
• lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	30 mL	Oral	TID	Balaji Vutla, MD, MPH		
• multivitamin with mineral (THERA M PLUS) tablet 1 tablet	1 tablet	Oral	Daily	Courtney M Loree, PA-C		1 tablet at 02/12/20 0 0847
• naloxone (NARCAN) injection 0.1 mg	0.1 mg	Intravenous	Q2 minute PRN	Courtney M Loree, PA-C		
• oxyCODONE (ROXICODONE) tablet 5 mg	5 mg	Oral	Q6H PRN	Stefano M Crescentini, MD		
• pantoprazole (PROTONIX) EC tablet 40 mg	40 mg	Oral	Daily	Courtney M Loree, PA-C		40 mg at 02/12/20 0 0847
• phytonadione (MEPHYTON) tablet 5 mg	5 mg	Oral	Once	Balaji Vutla, MD, MPH		





BLODGETT HOSPITAL  
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 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
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 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

• piperacillin-lazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB	3.375 g	Intravenous	q6h SCH	Courtney M Loree, PA-C	200 mL/hr at 02/12/20 0 0517	3.375 g at 02/12/20 0 0517
• sodium chloride flush 0.9 % syringe 3 mL	3 mL	Intravenous	PRN	Courtney M Loree, PA-C		
• spironolactone (ALDACTONE) tablet 25 mg	25 mg	Oral	Once	Balaji Vutla, MD, MPH		
• [START ON 2/13/2020] spironolactone (ALDACTONE) tablet 50 mg	50 mg	Oral	Daily	Balaji Vutla, MD, MPH		
• thiamine tablet 100 mg	100 mg	Oral	Daily	Courtney M Loree, PA-C		100 mg at 02/12/20 0 0847

Electronically signed by Balaji Vutla, MD, MPH at 2/12/2020 10:33 AM



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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Lucas J Zwart, PA-C at 2/13/2020 11:25 AM**

Author: Lucas J Zwart, PA-C

Service: Gastroenterology

Author Type: Physician Assistant-Certified

Filed: 2/13/2020 2:27 PM

Date of Service: 2/13/2020 11:25 AM

Status: Signed

Editor: Lucas J Zwart, PA-C (Physician Assistant-Certified)

Cosigner: Thomas H Rupp, MD at 2/13/2020 3:12 PM

**CHIEF COMPLAINT:**

No Principal Problem: There is no principal problem currently on the Problem List. Please update the Problem List and refresh.

**Assessment/Plan**

**ASSESSMENT / PLAN:**

Decompensated alcoholic liver cirrhosis  
Acute SBP  
Hepatic encephalopathy  
Leukocytosis  
Family history of cirrhosis

MELD-Na score: 26 at 2/13/2020 7:36 AM

MELD score: 26 at 2/13/2020 7:36 AM

Calculated from:

Serum Creatinine: 1.90 mg/dL at 2/13/2020 7:36 AM

Serum Sodium: 139 mmol/L (Rounded to 137 mmol/L) at 2/13/2020 7:36 AM

Total Bilirubin: 4.4 mg/dL at 2/13/2020 7:36 AM

INR(ratio): 2.1 Ratio at 2/13/2020 7:36 AM

Age: 56 years

- Initial paracentesis 2/9 with 6,000L removed, labs c/w SBP. Repeat paracentesis 2/12 with 3550ml removed but labs not performed. Recommend labs if repeat para is pursued.
- Currently on zosyn. Would consider ID's input on antibiotic coverage given his worse leukocytosis.
- Stop all alcohol. MSW consult.
- Treatment of encephalopathy with Lactulose (titrate to 2-3 BM's daily). Will add Rifaximin 550mg BID given ongoing confusion. Not tolerating lactulose orally, enemas ordered. Will consider corpak in next 24 hours if not becoming more alert.
- Avoid sedating meds - discontinued oxycontin
- Instructed the nurse to give 500ml bolus and run NS at 125ml/hr given his worsening renal function. ? Related to poor oral intake.
- Although likely that alcohol is the etiology, his mom and dad are present reporting strong family history of nonalcoholic cirrhosis. Will order further serologies.
- OP EGD for variceal screening. Patient is from Lvonja. Maybe best to have him follow up with Henry Ford Hepatology.

Will follow

Discussed care with Dr. Rupp

**Subjective**

**SUBJECTIVE:**

Remains confused. Less distended after para. Not tolerating oral lactulose/diet. Urinating less. AKI now.

Was given oxycontin last night for back pain.

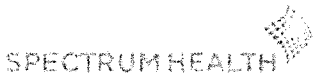
Released from prison, no guard at bedside anymore. His mom and dad are present and very kind. They report he has been dealing with alcohol abuse the past 5 years and suspect (but not diagnosed) he has PTSD from being a policeman and has been self-medicating. They are from the east side of the state. They have a place in pentwater which is where the patient was arrested. He was arrested about 37 days ago so that is the last time he had alcohol. They report strong family history of cirrhosis that is not caused by alcohol. They report the patient's wife divorce him 6 months ago due to his addiction.

**Review of Systems**

Printed on 8/26/20 10:57 AM

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A000157



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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
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Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Unable to perform ROS; mental status change.

**Objective**

**OBJECTIVE:**

BP 108/69 | Pulse 101 | Temp 36.4 °C (Axillary) | Resp 16 | Ht 1.753 m | Wt 63.2 kg | SpO2 94% | BMI 20.58 kg/m<sup>2</sup>

**Physical Exam**

Constitutional:

Appearance: He is ill-appearing.

Comments: **cachexic**

Neck:

Musculoskeletal: Neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: No respiratory distress.

Abdominal:

General: There is distention.

Tenderness: There is no abdominal tenderness. There is no guarding or rebound.

Skin:

Findings: Bruising present.

Neurological:

Comments: **Alert but not oriented**

**asterixis**

Psychiatric:

Comments: **Confused, restless**

Recent Results (from the past 24 hour(s))

IR PARACENTESIS WITH IMAGE GUIDANCE Status: None

*Narrative*

*EXAMINATION: Ultrasound-Guided Paracentesis*

*EXAM DATE: 2/12/2020 2:24 PM*

*TECHNIQUE: Ultrasound evaluation of the abdomen shows large volume ascites. Image is recorded in PACS.*

*INDICATION: Cirrhosis. Recurrent ascites*

*COMPARISON: Prior paracentesis from 2/9/2020. CT of abdomen and pelvis from 2/6/2020*

**PROCEDURE:**

*Risks, benefits, and alternatives were discussed with the patient's parents who agreed to proceed and provided informed consent. The right lower quadrant was prepped draped in usual sterile fashion. Using real-time ultrasound guidance, a 19 gauge Yueh catheter was inserted into the peritoneal cavity and 3550 mL serous peritoneal fluid were aspirated and discarded. The catheter was removed. There were no complications. Estimated blood loss: Less than 2 mL.*

**Impression**

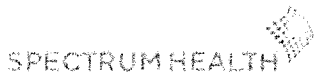
*Uncomplicated ultrasound guided therapeutic paracentesis.*

Ammonia, Blood Level Status: Abnormal

Result	Value	Ref Range	Status
Ammonia Level	81 (H)	0 - 60 umol/L	Final
Hemolysis			Final

Comprehensive Metabolic Panel (CMP) Status: Abnormal

Result	Value	Ref Range	Status
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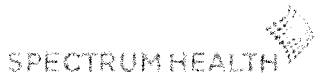
Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Clinical Notes (group 3 of 3) (continued)

Sodium Level	139	134 - 146 mmol/L	Final
Potassium Level	3.8	3.4 - 5.0 mmol/L	Final
Chloride	106	98 - 112 mmol/L	Final
HCO3	17 (L)	21 - 29 mmol/L	Final
Anion Gap	16	9 - 18 mmol/L	Final
Glucose Level	127 (H)	70 - 99 mg/dL	Final
Blood Urea Nitrogen	43 (H)	8 - 20 mg/dL	Final
Creatinine	1.90 (H)	0.60 - 1.30 mg/dL	Final
MDRD eGFR	37 (L)	>=60 mL/min/1.73 m2	Final
CG eCrCl	43	mL/min/1.73 m2	Final
Calcium Level Total	9.3	8.6 - 10.4 mg/dL	Final
Protein Total	5.0 (L)	6.0 - 8.0 g/dL	Final
Albumin Level	2.2 (L)	3.5 - 5.0 g/dL	Final
Bilirubin Total	4.4 (H)	0.2 - 1.0 mg/dL	Final
Alkaline Phosphatase	137 (H)	40 - 129 IU/L	Final
Alanine Aminotransferase	36	10 - 40 IU/L	Final
Aspartate Aminotransferase	81 (H)	10 - 40 IU/L	Final
Complete Blood Count without Differential	Status: Abnormal		
Result	Value	Ref Range	Status
White Blood Cell	19.33 (H)	4.00 - 10.80 x10 <sup>3</sup> /uL	Final
Red Blood Cell	3.45 (L)	4.60 - 6.00 x10 <sup>6</sup> /uL	Final
Hemoglobin	11.4 (L)	14.0 - 18.0 g/dL	Final
Hematocrit	34.0 (L)	42.0 - 52.0 %	Final
Mean Cell Volume	98.6	80.0 - 100.0 fL	Final
Mean Cell Hemoglobin	33.0	27.0 - 33.0 pg	Final
NRBC Absolute Count	0.00	0.00 - 0.01 x10 <sup>3</sup> /uL	Final
NRBC Automated	0.0	0.0 - 0.1 %WBC	Final
Mean Cell Hemoglobin Concentration	33.5	32.0 - 37.0 g/dL	Final
Red Cell Diameter Width	15.8	11.0 - 16.0 %	Final
Platelet	122 (L)	140 - 400 x10 <sup>3</sup> /uL	Final
Mean Platelet Volume	11.0	7.4 - 11 fL	Final
Phosphorus, Blood Level	Status: Normal		
Result	Value	Ref Range	Status
Phosphorus Level	4.3	2.5 - 4.5 mg/dL	Final
Magnesium, Blood Level	Status: Normal		
Result	Value	Ref Range	Status
Magnesium Level	2.3	1.6 - 2.5 mg/dL	Final
Prothrombin Time (PT with INR)	Status: Abnormal		
Result	Value	Ref Range	Status
Prothrombin Time	19.8 (H)	9.7 - 12.6 second(s)	Final
INR	2.1 (H)	0.9 - 1.2 Ratio	Final
MORPHOLOGY	Status: None		
Result	Value	Ref Range	Status
RBC Morphology	See Below		Final
Anisocytosis	Moderate		Final
Echinocytes	Moderate		Final
Platelet Estimate	Normal		Final

Electronically signed by Lucas J Zwart, PA-C at 2/13/2020 2:27 PM  
 Electronically signed by Thomas H Rupp, MD at 2/13/2020 3:12 PM



BLODGETT HOSPITAL  
1840 Wealthy St SE  
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Balaji Vutla, MD, MPH at 2/13/2020 2:27 PM**

Author: Balaji Vutla, MD, MPH  
Filed: 2/13/2020 2:40 PM  
Editor: Balaji Vutla, MD, MPH (Physician)

Service: Hospitalist  
Date of Service: 2/13/2020 2:27 PM

Author Type: Physician  
Status: Signed



**CHIEF COMPLAINT:**

Sepsis  
Assessment/Plan

**ASSESSMENT / PLAN:**

**Septic shock, decompensated cirrhosis**

**Culture negative SBP/colitis**

CT abdomen pelvis: large ascites, right-sided colitis, distal esophagitis

Diagnostic paracentesis showing 7890 WBC (97% segs)

P.r.n. albumin for hypotension, limit IV fluid resuscitation

Continue Zosyn day 7

Blood cultures NGTD

Peritoneal fluid culture-negative

**Lactic acidosis**

Secondary to above

Continue to trend, expect some underlying elevation given decompensated cirrhosis

Check repeat lactic acid now.

**Mild hyponatremia, related to alcoholic cirrhosis- resolved**

**Decompensated alcoholic cirrhosis**

Hepatic encephalopathy, history of Wernicke encephalopathy

Hyperammonemia

Ascites, s/p paracentesis x2

Elevated INR

Persistent leukocytosis-slightly improved

**Family history of nonalcoholic liver disease.**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

IR consulted for repeat therapeutic paracentesis, completed 2/9/2020, 6 liters removed

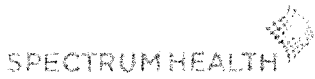
-given albumin on 2/10/2020 & 2/12/2020

Underwent paracentesis 2/6/2020, 2/9/2020 & 2/12/2020

Continue monitor INR

Continue lactulose, increased to 3 times a day, titrate to at least 3 BMs per day. Lactulose enema x2.

CT head negative for acute change



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

Discontinue Aldactone secondary to worsening renal function.  
 Consult Gastroenterology. Appreciate recommendations.  
 Vitamin K given for elevated INR.  
 Persistently elevated ammonia level. S/p Lactulose enema and PO Lactulose. Recheck ammonia level in a.m..  
 Workup ordered by Gastroenterology for nonalcoholic liver diseases.

**Acute kidney injury.**

IV fluids per Gastroenterology.  
 Spironolactone discontinued.  
 Repeat BMP pending.

**History of alcohol abuse**

Admitted for ETOH withdrawal in 1/2020  
 Presumably no current ETOH intake as patient has been in prison (since 1/7/2020) prior to this current admission.

Disposition: Patient with slightly decreased mental status today. IV fluids and lactose enema tried. Mental status slightly improved. Continue to monitor renal function and mental status.

VTE PPX: Early Ambulation  
 GI PPX: none

**Dietary Orders (From admission, onward)**

Start	Adult Diet	DIET EFFECTIVE NOW	Ordered
02/09/20	0 1006	Question	02/09/20 0 1005
		Answer	
		Comment	
	Diet Type:	General	
	Fluid Restriction?	2000 ml daily/1200 with meals	
	Sodium Restriction:	2 gram sodium	

**Current Code Status**

Date Active	Code Status	Order	Comments	User	Context
2/6/2020	2338	Full Code	243983 008	Christine S Martin, PA-C	Inpatient

**Questions for Current Code Status**

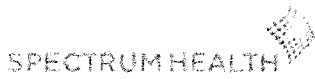
Question	Answer	Comment
<b>Decision made by</b>	<b>Patient</b>	

*If there is a discrepancy between this documentation and other providers notes please accept the information listed here as accurate for billing/coding purposes. Thank you.*

*This note has been dictated using dictation software, apologies for any misspelling or error in translation. Please contact me directly for clarification if needed in regards to medical record information.*

**SUBJECTIVE:**





BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Clinical Notes (group 3 of 3) (continued)

Patient seen and examined at the bedside. Patient's parents at bedside. Patient less distended after paracentesis yesterday.

Objective

**OBJECTIVE:**

BP 114/73 | Pulse 108 | Temp 36.4 °C (Oral) | Resp 16 | Ht 1.753 m | Wt 63.2 kg | SpO2 94% | BMI 20.58 kg/m<sup>2</sup>

**Gen:** NAD. Resting comfortably. decreased level of consciousness.

**HEENT:** Extraocular movements intact. normocephalic/atraumatic, normal conjunctiva

**Pulmonary:** No respiratory distress. No wheezing/crackles/ronchi

**Cardiovascular:** Tachycardia, regular rhythm.

**Gastrointestinal:** Soft, non-tender, abdomen-distended but improved compared to yesterday, normal bowel sounds

**Musculoskeletal:** Moving all 4 extremities, I+ lower extremity edema bilaterally

**Integumentary:** warm, dry, intact

**Neuro:** normal motor, no focal deficits noted.

PERTINENT LABS AND STUDIES:

Intake/Output Summary (Last 24 hours) at 2/13/2020 1427

Last data filed at 2/13/2020 0534

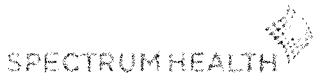
Gross per 24 hour

Intake 604 ml  
Output 175 ml  
Net 429 ml

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• heparin (porcine) 5000 UNIT/ML injection 5,000 Units	5,000 Units	Subcutaneous	q8h SCH	Courtney M Loree, PA-C		5,000 Units at 02/13/20 0 0619
• lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	30 mL	Oral	TID	Lucas J Zwart, PA-C		30 mL at 02/12/20 0 2050
• lactulose enema		Rectal	TID	Michael R Puff, MD		1,000.5 mL at 02/13/20 0 1339
• multivitamin with mineral (THERA M PLUS) tablet 1 tablet	1 tablet	Oral	Daily	Courtney M Loree, PA-C		1 tablet at 02/12/20 0 0847
• naloxone (NARCAN) injection 0.1 mg	0.1 mg	Intravenous	Q2 minute PRN	Courtney M Loree, PA-C		
• pantoprazole (PROTONIX) EC tablet 40 mg	40 mg	Oral	Daily	Courtney M Loree, PA-C		40 mg at 02/12/20 0 0847
• piperacillin-tazobactam	3.375 g	Intravenous	q6h SCH	Courtney M Loree, PA-C	200 mL/hr at	3,375 g at





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MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Brenda J Hoffner, FNP at 2/14/2020 1:35 AM**

Author: Brenda J Hoffner, FNP	Service: Hospitalist	Author Type: Nurse Practitioner
Filed: 2/14/2020 3:06 AM	Date of Service: 2/14/2020 1:35 AM	Status: Addendum
Editor: Brenda J Hoffner, FNP (Nurse Practitioner)		

Brief hospitalist update

Discussed with bedside nurse. Patient seen and examined. He is cachectic, jaundice and encephalopathic. His skin is warm and dry. Abdomen is distended. Patient follows simple commands.

Phlebotomy had difficulty drawing labs that were ordered at 10:00 p.m..

Repeat lactate up to 6.4, creatinine rising to 2.4, bicarb 13. I ordered a VBG which shows a normal pH 7.34. WBC rising to 35K. Patient is on Zosyn and vancomycin was added last evening and blood cultures obtained. ID and nephrology to consult. I discussed the case with Dr. Kerndt as well as Dr. Kumar the MICU attending. At this time will give IV albumin now and not start octreotide per MICU recommendations. There is no indication for transfer to intensive care unit at this time. Patient is hemodynamically stable. Repeat lactate in 4 hours.

Continue zosyn and vancomycin

Nephrology and ID consults pending

D/w Dr Kerndt and will add US of liver w/doppler to r/o portal vein thrombosis

Per Dr Vulla, patient's code status was verified with the family yesterday 2/13.

Enc Vitals

BP: 103/72

Pulse: 115

Respirations: 16

Temperature: 36.3 °C

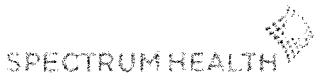
Temp src: Axillary

SpO2: 94 %

Weight: 63.2 kg

Height: 175.3 cm

Electronically signed by Brenda J Hoffner, FNP at 2/14/2020 3:06 AM



BLODGETT HOSPITAL  
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Clinical Notes (group 3 of 3) (continued)**

**Balaji Vutla, MD, MPH at 2/14/2020 1:49 PM**

Author: Balaji Vutla, MD, MPH

Service: Hospitalist

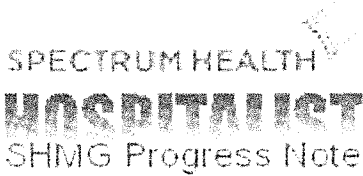
Author Type: Physician

Filed: 2/14/2020 2:11 PM

Date of Service: 2/14/2020 1:49 PM

Status: Addendum

Editor: Balaji Vutla, MD, MPH (Physician)



**CHIEF COMPLAINT:**

Sepsis

Assessment/Plan

**ASSESSMENT / PLAN:**

**Septic shock, decompensated cirrhosis**

**Culture negative SBP/colitis**

CT abdomen pelvis (2/6/2020): large ascites, right-sided colitis, distal esophagitis

Repeat CT abdomen/pelvis-pending.

Diagnostic paracentesis showing 7890 WBC (97% segs)

P.r.n. albumin for hypotension, limit IV fluid resuscitation

IV Zosyn day 8

IV vancomycin day 2

Blood cultures NGTD

Peritoneal fluid culture-negative

**Lactic acidosis - worsening**

Likely secondary to cirrhosis/colitis.

**Mild hyponatremia, related to alcoholic cirrhosis- resolved**

**Decompensated alcoholic cirrhosis**

**Hepatic encephalopathy, history of Wernicke encephalopathy**

**Hyperammonemia - slightly improved**

**Ascites, s/p paracentesis x2**

**Elevated INR**

**Persistent worsening leukocytosis**

**Family history of nonalcoholic liver disease.**

Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin. Repeat US - cirrhosis and portal hypertension with large amount of ascites.

CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

IR consulted for repeat therapeutic paracentesis 2/14/2020

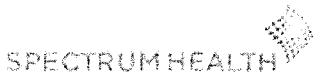
Underwent paracentesis 2/6/2020, 2/9/2020 (6 liters) & 2/12/2020 (3.5 liters)

Given albumin on 2/10/2020, 2/12/2020 & 2/14/2020

Continue monitor INR

CT head negative for acute change

Discontinue Aldactone secondary to worsening renal function.



BLODGETT HOSPITAL  
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 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

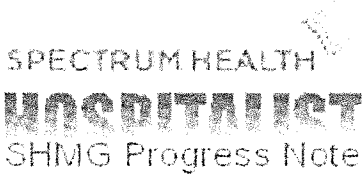
**Clinical Notes (group 3 of 3) (continued)**

Balaji Vutla, MD, MPH at 2/15/2020 11:20 AM

Author: Balaji Vutla, MD, MPH  
 Filed: 2/15/2020 2:17 PM  
 Editor: Balaji Vutla, MD, MPH (Physician)

Service: Hospitalist  
 Date of Service: 2/15/2020 11:20 AM

Author Type: Physician  
 Status: Signed



**CHIEF COMPLAINT:**

Sepsis  
 Assessment/Plan

**ASSESSMENT / PLAN:**

**Comfort Care.**

- Continue comfort measures.
- Continue morphine drip

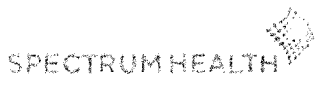
- Intra-abdominal free air likely perforation
- Septic shock
- Culture negative SBP/colitis
- Lactic acidosis
- Decompensated alcoholic cirrhosis
- Hepatic encephalopathy, history of Wernicke encephalopathy
- Hyperammonemia
- Ascites, s/p paracentesis x2
- Elevated INR
- Leukocytosis
- Family history of nonalcoholic liver disease.
- Acute kidney injury
- Oliguria
- Mild hypothermia.
- History of alcohol abuse

After lengthy discussion with patient's parents and wife at bedside family has opted for comfort measures. IV antibiotics, IV fluids, lactulose and blood work were discontinued.

**Disposition:** Continue comfort measures

**Dietary Orders (From admission, onward)**

Start		Ordered
02/14/20	<b>Diet NPO DIET EFFECTIVE NOW</b>	02/14/20
0 1804	Comments: sips of liquid and ice chips	0 1805
	Question	Answer
	Ice Chips OK?	Yes
	Ok to Give Meds with Sips of Water Only?	Yes
	Comment	



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 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging**

**Imaging**

**ED BED US NEEDLE GUIDANCE (Final result)**

Electronically signed by: **Edi, Incoming Orders From Qpath on 02/06/20 1812** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: **Edi, Incoming Orders From Qpath 02/06/20 1812** Ordering provider: **Nathan C Fritz, DO**  
 Authorized by: **Nathan C Fritz, DO** Ordering mode: **Standard**  
 Frequency: **Now Once 02/06/20 2011 - 1 occurrence** Class: **Hospital Performed**  
 Quantity: **1** Lab status: **Final result**  
 Instance released by: **Edi, Incoming Orders From Qpath (auto-released) 2/6/2020 8:10 PM**

**Questionnaire**

Question	Answer
Date for auto-scheduling	2/6/2020
Time for auto-scheduling	6:12 PM

**ED BED US NEEDLE GUIDANCE**

Resulted: 02/06/20 2011, Result status: Final result

Ordering provider: **Nathan C Fritz, DO 02/06/20 2010** Order status: **Completed**  
 Resulted by: **Nathan C Fritz, DO** Filed by: **Edi, Incoming Results From Qpath 02/06/20 2011**  
 Performed: **02/06/20 1815 - 02/06/20 1815** Accession number: **4047716**  
 Resulting lab: **QPATH**

**Narrative:**

Spectrum Health  
 Exam Date: 2/6/2020  
 Exam Type: GB  
 Operator: N/A  
 Attending: Fritz, Nathan  
 Worksheet: Gallbladder  
 Billing:  
 Request Billing? (attendings only): yes, exam(s) selected below  
 Request Billing for Selected Exams:  
 Procedural: needle guidance  
 Indication(s) for Exam:  
 abdominal pain  
 Other: **NEED FOR PARACENTESIS**  
 Interpretation (Full Report in EMR Documentation):  
 Images:

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
145 - QPATH	QPATH	Unknown	Unknown	02/02/17 1508 - Present

**ED BED US NEEDLE GUIDANCE**

Resulted: 02/06/20 2010, Result status: In process

Ordering provider: **Nathan C Fritz, DO 02/06/20 2010** Order status: **Completed**  
 Resulted by: **Nathan C Fritz, DO** Filed by: **User Batch Generic 02/06/20 2010**  
 Performed: **02/06/20 1815 - 02/06/20 1815** Accession number: **4047716**  
 Resulting lab: **EXTERNAL LAB**

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by **Nathan C Fritz, DO** on 2/6/20 at 2011 EST



BLODGETT HOSPITAL  
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

CT HEAD WITHOUT IV CONTRAST (Final result)

Electronically signed by: Nathan C Fritz, DO on 02/06/20 1746  
This order may be acted on in another encounter.  
Ordering user: Nathan C Fritz, DO 02/06/20 1746  
Authorized by: Nathan C Fritz, DO  
Frequency: STAT Once 02/06/20 1746 - 1 occurrence  
Quantity: 1  
Indications comment: confusion

Status: Completed

Ordering provider: Nathan C Fritz, DO  
Ordering mode: Standard  
Class: Hospital Performed  
Lab status: Final result  
Instance released by: Nathan C Fritz, DO (auto-released)  
2/6/2020 5:46 PM

Questionnaire

Question	Answer
Rule Out/Verify/Other Pertinent History:	blood
Initiate Rad Pre Procedure Protocol?	No
Initiate CT Contrast Protocol?	No

Screening Form

General Information

Patient Name: Abraham, Gregory Anthony  
Date of Birth: 5/22/1963  
Legal Sex: Male  
MRN: 18702148  
Home Phone: 313-903-0379

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT HEAD WITHOUT IV CONTRAST	Nathan C Fritz, DO 616-988-8220	Nathan C Fritz, DO 616-988-8220	2/6/2020 7:10 PM BW CT ED 01 SHBW IMAG ED CT

Screening Form Questions

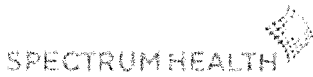
No questions have been answered for this form.

Begin Exam Questions

	Answer	Comment
Correct Patient?		
Correct Exam?		
Correct Order?		
Correct Part?		
Correct Reason?		
Verified Labs?		
Verified Contrast Allergies?		
Verified Steroid Prep?		
Patient given reason for imaging today?		
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	

End Exam Questions

	Answer	Comment
Did you deviate from the order?		
Select type of deviation (definition of		



BLODGETT HOSPITAL  
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

- each below):
- Patient factors for deviation:
- Please specify reason for motion:
- Technical factors for deviation:
- Please specify reason for IV problems:
- Please specify reason why unable to visualize anatomy:
- Imaged in error (IE modifier)
- Research Protocol Followed?
- Did the patient have a possible contrast reaction?
- Medication Lot Number
- Was there a possible extravasation during this exam?
- Estimated volume of extravasation
- Contrast media injection method
- Contrast Rate
- Was there a possible MRI Thermal burn?
- On site RN and/or Physician notified
- Full name of RN notified
- Notified Ordering Provider
- Full name of provider notified
- Patient sent to Emergency Department for evaluation/treatment?
- Is this a special needs patient?

CT HEAD WITHOUT IV CONTRAST

Resulted: 02/06/20 1930, Result status: Final result

Ordering provider: Nathan C Fritz, DO 02/06/20 1746	Order status: Completed
Resulted by: Andrew K Nash, MD	Filed by: Edi, Rad Results In 02/06/20 1933
Performed: 02/06/20 1927 - 02/06/20 1927	Accession number: 4047598
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES	

Narrative:  
EXAMINATION: CT head without contrast

EXAM DATE: 2/6/2020 7:27 PM

TECHNIQUE: Standard protocol CT images of the head were obtained without intravenous contrast. Coronal and sagittal reconstructed images were created.

INDICATION: confusion  
COMPARISON: 1/10/2020  
HAND DOMINANCE: Left  
ENCOUNTER: Not applicable

FINDINGS:

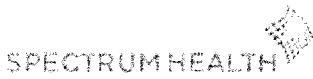
There is no acute intracranial hemorrhage. The ventricular and sulcal spaces are unchanged; there is again evidence of mildly increased for age volume loss.

No midline shift or other significant mass effect. No abnormal fluid collections. Gray-white differentiation is maintained; no evolved territorial infarction identified. No suspicious attenuation.

The calvarium and skull base are intact without suspicious lesion or fracture. Orbits are grossly unremarkable. Paranasal sinuses and mastoid cells are essentially clear.

Impression:





BLODGETT HOSPITAL  
 1840 Wealthy St SE  
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Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Stable exam without evidence of an acute intracranial process.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**CT HEAD WITHOUT IV CONTRAST**

Resulted: 02/06/20 1927. Result status: In process

Ordering provider: Nathan C Fritz, DO 02/06/20 1746  
 Resulted by: Andrew K Nash, MD  
 Performed: 02/06/20 1927 - 02/06/20 1927  
 Resulting lab: EXTERNAL LAB

Order status: Completed  
 Filed by: David A Jones Jr., RTR 02/06/20 1927  
 Accession number: 4047598

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Andrew K Nash, MD on 2/6/20 at 1930 EST

**CT ABDOMEN AND PELVIS WITH IV CONTRAST (Final result)**

Status: Completed

Electronically signed by: Nathan C Fritz, DO on 02/06/20 1746  
 This order may be acted on in another encounter.  
 Ordering user: Nathan C Fritz, DO 02/06/20 1746  
 Authorized by: Nathan C Fritz, DO  
 Frequency: STAT Once 02/06/20 1745 - 1 occurrence  
 Quantity: 1  
 Indications comment: abd pain, ascites

Ordering provider: Nathan C Fritz, DO  
 Ordering mode: Standard  
 Class: Hospital Performed  
 Lab status: Final result  
 Instance released by: Nathan C Fritz, DO (auto-released)  
 2/6/2020 5:46 PM

**Questionnaire**

Question	Answer
Rule Out/Verify/Other Pertinent History:	Infection
What are the patient's sedation requirements?	No Sedation
Initiate Rad Pre Procedure Protocol?	Yes
Initiate CT Contrast Protocol?	Yes
Do you want PO contrast administered prior to CT imaging?	No
Perform 3D imaging if indicated?	Yes





BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Initiate Intravenous Catheter Patency Protocol? Yes

**Screening Form**

**General Information**

Patient Name: Abraham, Gregory Anthony MRN: 18702148  
 Date of Birth: 5/22/1963 Home Phone: 313-903-0379  
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT ABDOMEN AND PELVIS WITH IV CONTRAST	Nathan C Fritz, DO 616-988-8220	Nathan C Fritz, DO 616-988-8220	2/6/2020 7:15 PM BW CT ED 01 SHBW IMAG ED CT

**Screening Form Questions**

No questions have been answered for this form.

**Begin Exam Questions**

	Answer	Comment
Correct Patient?		
Correct Exam?		
Correct Order?		
Correct Part?		
Correct Reason?		
Verified Labs?		
Verified Contrast Allergies?		
Verified Steroid Prep?		
Patient given reason for imaging today?		
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	
Are you taking any medications that contain Metformin?		

**End Exam Questions**

	Answer	Comment
Did you deviate from the order?		
Select type of deviation (definition of each below):		
Patient factors for deviation:		
Please specify reason for motion:		
Technical factors for deviation:		
Please specify reason for IV problems:		
Please specify reason why unable to visualize anatomy:		
Imaged in error (IE modifier)		
Research Protocol Followed?		
Did the patient have a possible contrast reaction?		



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

Medication Lot Number  
Was there a possible extravasation during this exam?  
Estimated volume of extravasation  
Contrast media injection method  
Contrast Rate  
Was there a possible MRI Thermal burn?  
On site RN and/or Physician notified  
Full name of RN notified  
Notified Ordering Provider  
Full name of provider notified  
Patient sent to Emergency Department for evaluation/treatment?  
Is this a special needs patient?

CT ABDOMEN AND PELVIS WITH IV CONTRAST

Resulted: 02/06/20 1945, Result status: Final result

Ordering provider: Nathan C Fritz, DO 02/06/20 1746 Order status: Completed  
Resulted by: Patrick M Rao, MD Filed by: Edi, Rad Results In 02/06/20 1947  
Performed: 02/06/20 1925 - 02/06/20 1928 Accession number: 4047600  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:  
EXAMINATION: CT Abdomen and Pelvis with IV Contrast  
EXAM DATE: 2/6/2020 7:28 PM

TECHNIQUE: CT imaging of the abdomen and pelvis was performed with intravenous contrast. Coronal and sagittal images were reconstructed.  
IV Contrast: The amount and type of contrast are recorded in the medical record.

INDICATION: abd pain, ascites  
COMPARISON: None

ENCOUNTER: Not applicable

CT ABDOMEN AND PELVIS FINDINGS:

Lung Bases: There are small bilateral effusions with adjacent atelectasis. Heart size is within normal limits. There is a moderate-sized hiatal hernia. There is esophageal reflux and distal esophagitis. There are numerous calcified hilar mediastinal nonenlarged nodes.

Hepatobiliary: There is an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

Pancreas: The pancreas is normal.

Spleen: The spleen is not enlarged.

Adrenals: The adrenal glands are normal.

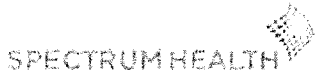
Kidneys, Ureters, & Bladder: Both kidneys have a normal size and there is no hydronephrosis. Both ureters have a normal caliber and the urinary bladder is unremarkable.

Gastrointestinal: The stomach and small bowel are normal with no obstruction or inflammation. Normal appendix. There is right colonic diffuse wall thickening. There are multiple diverticula of mainly in the sigmoid area.

Reproductive Organs: Normal prostate.

Lymphatic System: There is no adenopathy within the abdomen or pelvis.

Vasculature: There scattered arterial calcifications.



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 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Peritoneum: There is large ascites.

Abdominal Wall & Musculoskeletal: Lumbar spine degeneration.

Impression:

Large ascites.

Right-sided colitis likely infectious/inflammatory. Advise correlation consider post treatment progress imaging.

Moderate-sized hiatal hernia, reflux, and distal esophagitis.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**CT ABDOMEN AND PELVIS WITH IV CONTRAST**

Resulted: 02/06/20 1927, Result status: In process

Ordering provider: Nathan C Fritz, DO 02/06/20 1746  
 Resulted by: Patrick M Rao, MD  
 Performed: 02/06/20 1925 - 02/06/20 1928  
 Resulting lab: EXTERNAL LAB

Order status: Completed  
 Filed by: David A Jones Jr., RTR 02/06/20 1927  
 Accession number: 4047600

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

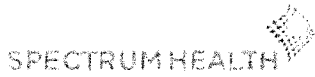
Electronically signed by Patrick M Rao, MD on 2/6/20 at 1945 EST

**DR CHEST 2 VIEWS FRONTAL AND LATERAL (Final result)**

Electronically signed by: Nathan C Fritz, DO on 02/06/20 1746  
 This order may be acted on in another encounter.  
 Ordering user: Nathan C Fritz, DO 02/06/20 1746  
 Authorized by: Nathan C Fritz, DO

Status: Completed

Ordering provider: Nathan C Fritz, DO  
 Ordering mode: Standard



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Frequency: STAT Once 02/06/20 1746 - 1 occurrence      Class: Hospital Performed  
 Quantity: 1      Lab status: Final result  
 Instance released by: Nathan C Fritz, DO (auto-released) 2/6/2020 5:46 PM

**Questionnaire**

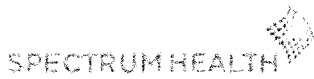
Question	Answer
Reason(s) for Exam/Signs and Symptoms:	confusion, fever
Rule Out/Verify/Other Pertinent History:	infection
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes

**Begin Exam Questions**

	Answer	Comment
Correct Patient?		
Correct Exam?		
Correct Order?		
Correct Part?		
Correct Reason?		
Patient given reason for imaging today?		
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	

**End Exam Questions**

	Answer	Comment
Did you deviate from the order?		
Select type of deviation (definition of each below):		
Patient factors for deviation:		
Please specify reason for motion:		
Technical factors for deviation:		
Please specify reason for IV problems:		
Please specify reason why unable to visualize anatomy:		
Imaged in error (IE modifier)		
Research Protocol Followed?		
Did the patient have a possible contrast reaction?		
Medication Lot Number		
Was there a possible extravasation during this exam?		
Estimated volume of extravasation		
Contrast media injection method		
Contrast Rate		
Was there a possible MRI Thermal burn?		
On site RN and/or Physician notified		
Full name of RN notified		
Notified Ordering Provider		
Full name of provider notified		
Patient sent to Emergency Department		



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

for evaluation/treatment?  
Was the study completed on a DR or CR machine?

**DR CHEST 2 VIEWS FRONTAL AND LATERAL**

Resulted: 02/06/20 1945, Result status: Final result

Ordering provider: Nathan C Fritz, DO 02/06/20 1746  
Resulted by: Steven L Bezinque, DO  
Performed: 02/06/20 1940 - 02/06/20 1940  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Order status: Completed  
Filed by: Edi, Rad Results In 02/06/20 1948  
Accession number: 4047648

Narrative:  
EXAMINATION: Frontal and Lateral View Chest  
EXAM DATE: 2/6/2020 7:40 PM

TECHNIQUE: Frontal and lateral views

INDICATION: confusion, fever.  
COMPARISON: Chest x-ray of 1/10/2010

ENCOUNTER: Not applicable

**FINDINGS:**

The lung volumes are low. Heart is not enlarged. There are bilateral pleural effusions larger on the left than on the right. There are areas of atelectasis posteriorly at both lung bases. The pulmonary vascularity is normal. There is no pneumothorax

**Impression:**

Bilateral pleural effusions larger on the left than the right

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**DR CHEST 2 VIEWS FRONTAL AND LATERAL**

Resulted: 02/06/20 1939, Result status: In process

Ordering provider: Nathan C Fritz, DO 02/06/20 1746  
Resulted by: Steven L Bezinque, DO  
Performed: 02/06/20 1940 - 02/06/20 1940  
Resulting lab: EXTERNAL LAB

Order status: Completed  
Filed by: Hailey C Armstrong, RTR 02/06/20 1939  
Accession number: 4047648



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

Signed

Electronically signed by Steven L Bezinque, DO on 2/6/20 at 1945 EST

IR PARACENTESIS WITH IMAGE GUIDANCE (Final result)

Electronically signed by: **Christine S Martin, PA-C on 02/06/20 2342**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Christine S Martin, PA-C 02/06/20 2342

Ordering provider: Courtney M Loree, PA-C

Authorized by: Courtney M Loree, PA-C

Ordering mode: Standard

Frequency: Routine Once 02/06/20 2343 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Christine S Martin, PA-C (auto-released) 2/6/2020 11:42 PM

Questionnaire

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	ascites
Diagnostic or Therapeutic?	Therapeutic
Rule Out/Verify/Other Pertinent History:	SBP
Sleep apnea or other special sedation concerns?	No Sedation
What are the patient's sedation requirements?	No Sedation

Screening Form

General Information

Patient Name: Abraham, Gregory Anthony	MRN: 18702148
Date of Birth: 5/22/1963	Home Phone: 313-903-0379
Legal Sex: Male	

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
IR PARACENTESIS WITH IMAGE GUIDANCE	Courtney M Loree, PA-C 616-267-8244	Courtney M Loree, PA-C 616-267-8244	2/9/2020 9:30 PM BL IR 02 SHBL IMAG IR

Screening Form Questions

No questions have been answered for this form.

Previous Implant Safety Evaluations

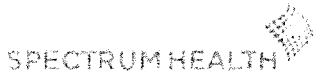
No previous implant documentation available.

Form History

Status	User	Time
Created	N/A	02/06/2020 11:42 PM EST

End Exam Questions

Answer	Comment
Did the patient have a possible contrast reaction?	
Medication Lot Number	
Was there a possible extravasation during this exam?	



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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Estimated volume of extravasation  
Contrast media injection method  
Contrast Rate  
Was there a possible MRI Thermal burn?  
On site RN and/or Physician notified  
Full name of RN notified  
Notified Ordering Provider  
Full name of provider notified  
Patient sent to Emergency Department for evaluation/treatment?

**IR PARACENTESIS WITH IMAGE GUIDANCE**

Resulted: 02/09/20 2335, Result status: Final result

Ordering provider: Courtney M Loree, PA-C 02/06/20 2342      Order status: Completed  
Resulted by: Manish K Varma, MD      Filed by: Edi, Rad Results In 02/09/20 2337  
Performed: 02/09/20 2146 - 02/09/20 2337      Accession number: 4054270  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:  
EXAMINATION: Ultrasound-Guided Paracentesis  
EXAM DATE: 2/9/2020 9:35 PM

TECHNIQUE: Ultrasound-Guided Paracentesis

INDICATION: ascites.  
COMPARISON: None

**PROCEDURE:**

Risks, benefits, and alternatives were discussed with the patient who agreed to proceed. The right lower quadrant was prepped draped in usual maximum sterile fashion. Using real-time ultrasound guidance, a 19 gauge Yueh catheter was inserted into the peritoneal cavity and 6000 mL serous peritoneal fluid were aspirated. The catheter was removed. There were no complications. Estimated blood loss: Less than 2 mls.

Impression:  
Uncomplicated ultrasound guided paracentesis.

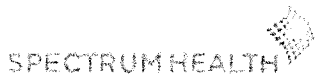
**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
211000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**IR PARACENTESIS WITH IMAGE GUIDANCE**

Resulted: 02/09/20 2335, Result status: In process





BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Ordering provider: Courtney M Loree, PA-C 02/06/20 2342      Order status: Completed  
 Resulted by: Manish K Varma, MD      Filed by: Jacob Rossman 02/09/20 2336  
 Performed: 02/09/20 2146 - 02/09/20 2337      Accession number: 4054270  
 Resulting lab: EXTERNAL LAB

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Manish K Varma, MD on 2/9/20 at 2:33:55 EST

**IR PARACENTESIS WITH IMAGE GUIDANCE (Final result)**

Electronically signed by: Balaji Vutla, MD, MPH on 02/12/20 0941      Status: Completed  
 This order may be acted on in another encounter.  
 Ordering user: Balaji Vutla, MD, MPH 02/12/20 0941      Ordering provider: Balaji Vutla, MD, MPH  
 Authorized by: Balaji Vutla, MD, MPH      Ordering mode: Standard  
 Frequency: Routine Once 02/12/20 0941 - 1 occurrence      Class: Hospital Performed  
 Quantity: 1      Lab status: Final result  
 Instance released by: Balaji Vutla, MD, MPH (auto-released) 2/12/2020 9:41 AM

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms: Diagnostic or Therapeutic?	Cirrhosis Therapeutic
Rule Out/Verify/Other Pertinent History:	Cirrhosis
Does the patient have a contrast allergy?	No
Sleep apnea or other special sedation concerns?	No Sedation
What are the patient's sedation requirements?	No Sedation

**Screening Form**

**General Information**

Patient Name: Abraham, Gregory Anthony      MRN: 18702148  
 Date of Birth: 5/22/1963      Home Phone: 313-903-0379  
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
IR PARACENTESIS WITH IMAGE GUIDANCE	Balaji Vutla, MD, MPH (616)391-3139 (616)479-5626	Balaji Vutla, MD, MPH (616)391-3139 (616)479-5626	2/12/2020 2:00 PM BL IR 03 SHBL IMAG IR

**Screening Form Questions**

No questions have been answered for this form.

**Previous Implant Safety Evaluations**

No previous implant documentation available.

**Form History**

Status	User	Time
Created	N/A	02/12/2020 09:41 AM EST

**End Exam Questions**



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

Answer	Comment
Did the patient have a possible contrast reaction?	
Medication Lot Number	
Was there a possible extravasation during this exam?	
Estimated volume of extravasation	
Contrast media injection method	
Contrast Rate	
Was there a possible MRI Thermal burn?	
On site RN and/or Physician notified	
Full name of RN notified	
Notified Ordering Provider	
Full name of provider notified	
Patient sent to Emergency Department for evaluation/treatment?	

IR PARACENTESIS WITH IMAGE GUIDANCE

Resulted: 02/12/20 1429, Result status: Final result

Ordering provider: Balaji Vutla, MD, MPH 02/12/20 0941

Order status: Completed

Resulted by: Michael F Knox, MD

Filed by: Edi, Rad Results In 02/12/20 1432

Performed: 02/12/20 1412 - 02/12/20 1424

Accession number: 4067277

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

EXAMINATION: Ultrasound-Guided Paracentesis

EXAM DATE: 2/12/2020 2:24 PM

TECHNIQUE: Ultrasound evaluation of the abdomen shows large volume ascites. Image is recorded in PACS.

INDICATION: Cirrhosis. Recurrent ascites

COMPARISON: Prior paracentesis from 2/9/2020, CT of abdomen and pelvis from 2/6/2020

PROCEDURE:

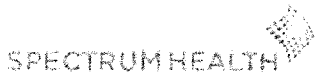
Risks, benefits, and alternatives were discussed with the patient's parents who agreed to proceed and provided informed consent. The right lower quadrant was prepped draped in usual sterile fashion. Using real-time ultrasound guidance, a 19 gauge Yueh catheter was inserted into the peritoneal cavity and 3550 mL serous peritoneal fluid were aspirated and discarded. The catheter was removed. There were no complications. Estimated blood loss: Less than 2 mL.

Impression:

Uncomplicated ultrasound guided therapeutic paracentesis.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300	07/13/12 1428 - Present



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

N Patterson Reed City,  
 MI  
 United Campus 615 S  
 Bower Greenville, MI

**IR PARACENTESIS WITH IMAGE GUIDANCE**

Resulted: 02/12/20 1412, Result status: In process

Ordering provider: Balaji Vutla, MD, MPH 02/12/20 0941  
 Resulted by: Michael F Knox, MD  
 Performed: 02/12/20 1412 - 02/12/20 1424  
 Resulting lab: EXTERNAL LAB

Order status: Completed  
 Filed by: Craig R Myers, RTR 02/12/20 1412  
 Accession number: 4067277

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Michael F Knox, MD on 2/12/20 at 1429 EST

**US LIVER INCLUDING DUCTS WITH DOPPLER (Final result)**

Electronically signed by: Brenda J Hoffner, FNP on 02/14/20 0251

Status: Completed

This order may be acted on in another encounter.

Ordering user: Brenda J Hoffner, FNP 02/14/20 0251  
 Authorized by: Brenda J Hoffner, FNP  
 Frequency: Now Once 02/14/20 0251 - 1 occurrence  
 Quantity: 1  
 Instance released by: Brenda J Hoffner, FNP (auto-released) 2/14/2020 2:51 AM

Ordering provider: Brenda J Hoffner, FNP  
 Ordering mode: Standard  
 Class: Hospital Performed  
 Lab status: Final result

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	decompensated cirrhosis with recurrent large volume ascites
Rule Out/Verify/Other Pertinent History:	r/o portal vein thrombosis
What are the patient's sedation requirements?	No Sedation
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes
Initiate Ultrasound Protocol	Yes

Radiology / Imaging - ORD Level Scan - Scan on 2/14/2020 4:13 AM by Nicole Moore, RTR: VASCULAR WORKSHEET LIVER DOPPLER (below)

SPECTRUM HEALTH

BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

SPECTRUM HEALTH  
1614  
RN 734773  
ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT  
(CONTINUED)

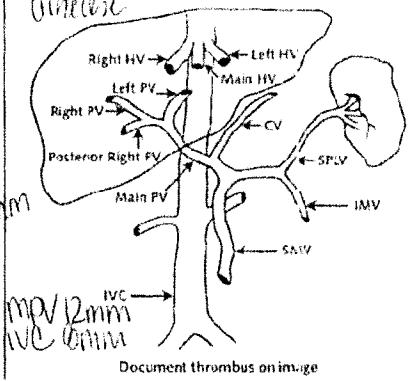
Abraham, Gregory A.  
522/67  
5040  
18702148

LIVER DOPPLER  
HISTORY  
anxiety, CT 2/6/20

- NPO
- Prior exams
- Pain, specify
- Surgeries
- Diabetes, Type:  1  2
- Drug/Alcohol
- Fever
- History of cancer
- Weight loss
- Positive Murphy's Sign
- Hypertension
- Cholesterol medicines
- Nausea/Vomiting
- Cirrhosis
- Hepatitis
- Allergies
- Diarrhea
- Abnormal liver function tests

TECHNOLOGIST DOPPLER FINDINGS (Direction of flow)

- HA:  Normal  Abnormal  
sPSV 207 cm/sec EDV 1.7 cm/sec
- HV: Main  Normal  Abnormal  
Right  Normal  Abnormal  
Left  Normal  Abnormal
- SPLV:  Normal  Abnormal
- SMV:  Normal  Abnormal
- PV: Main  Normal  Abnormal  
PSV 24 cm/sec  
Right  Normal  Abnormal  
Left  Normal  Abnormal
- IVC:  Normal  Abnormal



Liver: 13.7cm length, regenerative texture  
Right Kidney: 10.6cm length  
Gallbladder: wall 4.4mm, sludge-filled  
Spleen: 10.6cm length  
Pancreas: mostly obscured by bowel  
Common bile duct (mm): 8mm

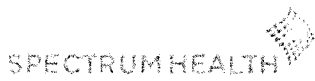
TECHNOLOGIST COMMENTS  
After oral menthyl sachet, patient could not stop moving around during exam, unable to follow assumptions. Large amount of fluid throughout abdomen. Recanalized umbilical at lig. area.

CHARGES:  Doppler complete  Doppler limited

TIME: DATE 2/4/20 Technologist signature: N. Moore

REF: 01	Operator	001	Reference Case
REF: 02	Referring Physician	002	Referring Physician
REF: 03	Referring Department	003	Referring Department
REF: 04	Referring Location	004	Referring Location

Spectrum Health  
X07965 1/1/20 Ex 1



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

**SPECTRUM HEALTH**

**Record**  
**ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT**

**ABDOMINAL ULTRASOUND**

**HISTORY**

Nothing by mouth	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hours	_____
Pain/Murphy's sign	<input type="checkbox"/>	<input type="checkbox"/>	Location /Specify	_____
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		_____
Fever	<input type="checkbox"/>	<input type="checkbox"/>	List type(s) of food	_____
Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	Type: 1 _____ 2 _____	
Food intolerance(s)	<input type="checkbox"/>	<input type="checkbox"/>	Describe	_____
Cirrhosis/Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Type	_____
Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Describe	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>		_____
Cholesterol medicine	<input type="checkbox"/>	<input type="checkbox"/>		_____
Other diseases	<input type="checkbox"/>	<input type="checkbox"/>		_____
Personal history of cancer	<input type="checkbox"/>	<input type="checkbox"/>		_____
Abdominal surgeries	<input type="checkbox"/>	<input type="checkbox"/>		_____
Prior exam	<input type="checkbox"/>	<input type="checkbox"/>		_____
Additional information	_____			

**TECHNOLOGIST FINDINGS**

	SEEN <input type="checkbox"/>	NOT WELL SEEN <input type="checkbox"/>		
Liver	<input type="checkbox"/>	<input type="checkbox"/>	cm	_____
Biliary ducts	<input type="checkbox"/>	<input type="checkbox"/>	cm	_____
Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>		_____
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>		_____
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	cm	_____
Right kidney	<input type="checkbox"/>	<input type="checkbox"/>	cm X _____ cm X _____ cm	
Left kidney	<input type="checkbox"/>	<input type="checkbox"/>	cm X _____ cm X _____ cm	
Aorta				
Proximal	<input type="checkbox"/>	<input type="checkbox"/>	cm X _____ cm	
Middle	<input type="checkbox"/>	<input type="checkbox"/>	cm X _____ cm	
Distal	<input type="checkbox"/>	<input type="checkbox"/>	cm X _____ cm	
Right iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	cm X _____ cm	
Left iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	cm X _____ cm	
Tenderness with examination	<input type="checkbox"/>	<input type="checkbox"/>		
Inferior vena cava	<input type="checkbox"/>	<input type="checkbox"/>		
Doppler	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not ordered	
Murphy's sign	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		

**TECHNOLOGIST COMMENTS**

\_\_\_\_\_

**CHARGES:**  Doppler complete  Doppler omitted

**TIME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **Technologist signature** \_\_\_\_\_

DO NOT MARK BELOW THIS LINE

OVER →

© Spectrum Health  
X32965 (02/20) - Print

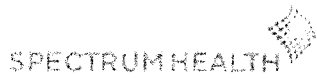
**US LIVER INCLUDING DUCTS WITH DOPPLER**

Resulted: 02/14/20 0758, Result status: Final result

Ordering provider: Brenda J Hoffner, FNP 02/14/20 0251  
Resulted by: John E Meyer, MD  
Performed: 02/14/20 0335 - 02/14/20 0413  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES  
Narrative:  
EXAMINATION: Liver Ultrasound with Complete Duplex Doppler Imaging of the Liver

Order status: Completed  
Filed by: Edi, Rad Results In 02/14/20 0800  
Accession number: 4076068

EXAM DATE: 2/14/2020 4:13 AM



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

**TECHNIQUE:** Ultrasound of the right upper quadrant of the abdomen and the spleen is performed, with complete duplex Doppler imaging of the liver. Color Doppler and spectral Doppler is performed.

**INDICATION:** Decompensated cirrhosis with recurrent large volume ascites.

**COMPARISON:** CT abdomen from 02/06/2020. Ultrasound from 1/10/2020

**FINDINGS:**

**Grayscale findings:**

**Liver:** Mild nodularity of the liver contour is seen compatible with cirrhosis. No mass is visualized. The liver is mildly enlarged.

**Gallbladder:** A large amount of sludge is seen in the gallbladder. No gallstone is seen. Diffuse mild gallbladder wall thickening is visualized.

**Bile Ducts:** No bile duct dilatation is seen. The internal diameter of the proximal common bile duct measures 6 mm.

**Pancreas:** The pancreas is not well seen due to bowel gas and stomach gas.

**Spleen:** The spleen is normal size.

A large amount of ascites is seen.

**Complete duplex Doppler imaging of the liver findings:**

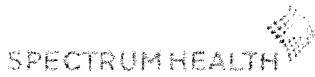
Complete duplex Doppler imaging of the liver was performed to assess for portal hypertension and vein thrombosis. A recanalized umbilical vein is seen indicating portal hypertension. The peak systolic velocity in the hepatic artery is 307 cm/s, which is increased, and could represent compensatory increased hepatic arterial blood flow to the liver in the setting of portal hypertension. Color Doppler imaging demonstrates antegrade blood flow in the main portal vein. Spectral Doppler waveforms in the hepatic veins demonstrate diminished pulsatility which is likely due to decreased compliance of the liver caused by cirrhosis. No thrombus is seen in the visualized portal veins or hepatic veins.

**Impression:**

1. Cirrhosis and portal hypertension. No liver mass is seen.
2. A large amount of sludge is seen throughout the gallbladder. The gallbladder wall is diffusely mildly thickened which could be due to cirrhosis or due to mild cholecystitis.
3. A large amount of ascites is seen.
4. The significant findings (Orange alert) is notified at 7:58 AM on 2/14/2020.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI	07/13/12 1428 - Present



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

United Campus 615 S  
Bower Greenville, MI

**US LIVER INCLUDING DUCTS WITH DOPPLER**

Resulted: 02/14/20 0335, Result status: In process

Ordering provider: Brenda J Hoffner, FNP 02/14/20 0251  
Resulted by: John E Meyer, MD  
Performed: 02/14/20 0335 - 02/14/20 0413  
Resulting lab: EXTERNAL LAB

Order status: Completed  
Filed by: Nicole Moore, RTR 02/14/20 0335  
Accession number: 4076068

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by John E Meyer, MD on 2/14/20 at 0758 EST

**IR PARACENTESIS WITH IMAGE GUIDANCE (Discontinued)**

Electronically signed by: Balaji Vutla, MD, MPH on 02/14/20 0926  
Ordering user: Balaji Vutla, MD, MPH 02/14/20 0926  
Authorized by: Balaji Vutla, MD, MPH  
Frequency: Routine Once 02/14/20 0923 - 1 occurrence  
Quantity: 1

Status: Discontinued

Ordering provider: Balaji Vutla, MD, MPH  
Ordering mode: Standard  
Class: Hospital Performed  
Instance released by: Balaji Vutla, MD, MPH (auto-released)  
2/14/2020 9:26 AM

Discontinued by: Balaji Vutla, MD, MPH 02/14/20 1806

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	Ascites
Diagnostic or Therapeutic?	Both
Fluid studies:	Labs must be ordered by ordering physician
Rule Out/Verify/Other Pertinent History:	SBP
Sleep apnea or other special sedation concerns?	No Sedation
What are the patient's sedation requirements?	No Sedation

**Screening Form**

**General Information**

Patient Name: Abraham, Gregory Anthony MRN: 18702148  
Date of Birth: 5/22/1963 Home Phone: 313-903-0379  
Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
IR PARACENTESIS WITH IMAGE GUIDANCE	Balaji Vutla, MD, MPH (616)391-3139 (616)479-5626	Balaji Vutla, MD, MPH (616)391-3139 (616)479-5626	

**Screening Form Questions**

No questions have been answered for this form.

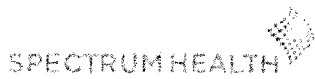
**Previous Implant Safety Evaluations**

No previous implant documentation available.

**Form History**

Status	User	Time
--------	------	------





BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Imaging (continued)

Created N/A 02/14/2020 09:26 AM EST

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST (Final result)

Electronically signed by: Balaji Vutla, MD, MPH on 02/14/20 1357

Status: Completed

This order may be acted on in another encounter.

Ordering user: Balaji Vutla, MD, MPH 02/14/20 1357

Ordering provider: Balaji Vutla, MD, MPH

Authorized by: Balaji Vutla, MD, MPH

Ordering mode: Standard

Frequency: Routine Once 02/14/20 1357 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Indications comment: Abdominal distention, worsening leukocytosis

Instance released by: Balaji Vutla, MD, MPH (auto-released) 2/14/2020 1:57 PM

Questionnaire

Question	Answer
Rule Out/Verify/Other Pertinent History:	Abdominal infectious etiology
What are the patient's sedation requirements?	No Sedation
Initiate Rad Pre Procedure Protocol?	Yes
Initiate CT Contrast Protocol?	Yes
Do you want PO contrast administered prior to CT imaging?	No

Screening Form

General Information

Patient Name: Abraham, Gregory Anthony MRN: 18702148  
Date of Birth: 5/22/1963 Home Phone: 313-903-0379  
Legal Sex: Male

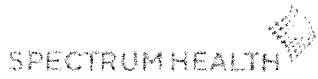
Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST	Balaji Vutla, MD, MPH 616-391-3139 (616)479-5626	Balaji Vutla, MD, MPH 616-391-3139 (616)479-5626	2/14/2020 3:00 PM BL CT 01 SHBL IMAG CT

Screening Form Questions

No questions have been answered for this form.

Begin Exam Questions

	Answer	Comment
Correct Patient?	Yes	
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Verified Labs?	N/A	
Verified Contrast Allergies?	N/A	
Verified Steroid Prep?	N/A	
Patient given reason for imaging today?		
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Which is your dominant hand? Left

**End Exam Questions**

	Answer	Comment
Did you deviate from the order?		
Select type of deviation (definition of each below):		
Patient factors for deviation:		
Please specify reason for motion:		
Technical factors for deviation:		
Please specify reason for IV problems:		
Please specify reason why unable to visualize anatomy:		
Imaged in error (IE modifier)		
Research Protocol Followed?		
Did the patient have a possible contrast reaction?		
Medication Lot Number		
Was there a possible extravasation during this exam?		
Estimated volume of extravasation		
Contrast media injection method		
Contrast Rate		
Was there a possible MRI Thermal burn?		
On site RN and/or Physician notified		
Full name of RN notified		
Notified Ordering Provider		
Full name of provider notified		
Patient sent to Emergency Department for evaluation/treatment?		
Is this a special needs patient?		

**CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST** Resulted: 02/14/20 1603, Result status: Final result

Ordering provider: Balaji Vutla, MD, MPH 02/14/20 1357 Order status: Completed  
 Resulted by: Michael J Votruba, MD Filed by: Edi, Rad Results In 02/14/20 1606  
 Performed: 02/14/20 1501 - 02/14/20 1502 Accession number: 4078958  
 Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:  
 EXAMINATION: CT Abdomen and Pelvis without IV Contrast  
 EXAM DATE: 2/14/2020 3:02 PM

TECHNIQUE: Standard protocol CT imaging of the abdomen and pelvis was performed without intravenous contrast.

INDICATION: Abdominal distention, worsening leukocytosis. Sepsis with septic shock. Acute colitis

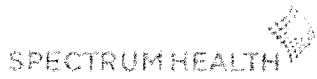
COMPARISON: February 6, 2020

ENCOUNTER: Not applicable

**CT ABDOMEN AND PELVIS FINDINGS:**

Lung Bases: There are small pleural effusions, greater on the right than left. There is a large sliding hiatus hernia containing approximately 50% of the stomach. Calcific granulomatous changes are seen in the mediastinum and hila.

Hepatobiliary: The posterior aspect of the liver is not included on this CT, the posterior aspect of the chest wall especially on the right is not included. There is a large amount of fluid adjacent to the liver, there are several pockets of gas in the fluid adjacent to the liver. There is density within the gallbladder probably vicariously excreted contrast.



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

Pancreas: The pancreas is normal.

Spleen: The spleen is not enlarged.

Adrenals: The adrenal glands are normal.

Kidneys, Ureters, & Bladder: Both kidneys have a normal size and morphology. There is no hydronephrosis. No renal calculi are present. Both ureters have a normal course and caliber and the urinary bladder a normal morphology and uniform wall thickness. No ureteral or bladder calculi are identified. The urinary bladder was empty at the time of imaging.

Gastrointestinal: The stomach and small bowel are normal with no obstruction or inflammation. The appendix is not well-visualized, although there is no evidence of acute appendicitis. There are multiple sigmoid diverticula. The right lobe measures only partially visualized. There is a prominence of the ascending colon, but the colon cannot be well evaluated on today's study due to lack of intravenous contrast. There is less enlargement of the ascending colon and hepatic flexure than on the previous CT.

Reproductive Organs: Unremarkable

Lymphatic System: Reactive lymph nodes are present, similar compared to the prior CT

Vasculature: Normal caliber abdominal aorta

Peritoneum: There is a large amount of ascites, similar compared to the prior study. There are bubbles of peritoneal gas, not identified on the previous CT. There is edema in the mesentery. The mesenteric edema has increased in comparison to the prior study.

Abdominal wall & Musculoskeletal: No suspicious bone lesions.

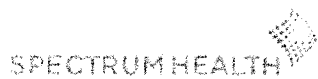
Assessment of the solid organs, soft tissues, and vascular structures is overall limited on noncontrast imaging. There are multiple coil staples from previous hernia surgery.

**Impression:**

1. There is again a large amount of ascites, and there is now free gas in the peritoneum. This may be secondary to a viscus perforation.
2. The cecum and ascending colon is still distended but overall the distention of the colon is less than on the previous CT suggesting improvement of the previously noted colitis.
3. There is a large hiatus hernia containing an almost half of the stomach.
4. There is increased edema within the mesentery.
5. Small pleural effusions
6. Multiple sigmoid diverticula

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI	07/13/12 1428 - Present



BLODGETT HOSPITAL Abraham, Gregory Anthony  
 1840 Wealthy St SE MRN: 18702148, DOB: [REDACTED], Sex: M  
 Grand Rapids MI 49506-2921 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Imaging (continued)**

United Campus 615 S  
 Bower Greenville, MI

**CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST**

Resulted: 02/14/20 1501, Result status: In process

Ordering provider: Balaji Vulla, MD, MPH 02/14/20 1357  
 Resulted by: Michael J Votruba, MD  
 Performed: 02/14/20 1501 - 02/14/20 1502  
 Resulting lab: EXTERNAL LAB

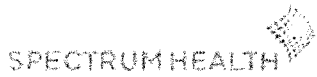
Order status: Completed  
 Filed by: Kimberly B Twiss, RTR 02/14/20 1501  
 Accession number: 4078958

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Michael J Votruba, MD on 2/14/20 at 1603 EST



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Procedures**

**Paracentesis (Final result)**

Electronically signed by: **Nathan C Fritz, DO on 02/06/20 2225** Status: **Completed**  
 Ordering user: Nathan C Fritz, DO 02/06/20 2225  
 Authorized by: Nathan C Fritz, DO  
 Frequency: Routine Once 02/06/20 2226 - 1 occurrence  
 Quantity: 1  
 Instance released by: Nathan C Fritz, DO 2/6/2020 10:25 PM  
 Order comments: This order was created via procedure documentation

Ordering provider: Nathan C Fritz, DO  
 Ordering mode: Standard  
 Class: Normal  
 Lab status: Final result

**Paracentesis**

Resulted: 02/06/20 1731, Result status: Final result

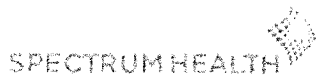
Ordering provider: Nathan C Fritz, DO 02/06/20 2225  
 Filed by: Nathan C Fritz, DO 02/06/20 2232  
 Narrative:  
 Nathan C Fritz, DO 2/6/2020 10:32 PM  
 Paracentesis  
 Date/Time: 2/6/2020 10:25 PM  
 Performed by: Nathan C Fritz, DO  
 Authorized by: Nathan C Fritz, DO

Order status: Completed  
 Resulting lab: EXTERNAL LAB

Consent:  
 Consent obtained: Emergent situation  
 Pre-procedure details:  
 Procedure purpose: Diagnostic  
 Preparation: Patient was prepped and draped in usual sterile fashion  
 Anesthesia (see MAR for exact dosages):  
 Anesthesia method: Local infiltration  
 Local anesthetic: Lidocaine 1% w/o epi  
 Procedure details:  
 Ultrasound guidance: yes  
 Puncture site: R lower quadrant  
 Fluid removed amount: 60ml  
 Fluid appearance: Yellow and cloudy  
 Dressing: Adhesive bandage  
 Post-procedure details:  
 Patient tolerance of procedure: Tolerated well, no immediate complications

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Cardiology Procedures**

**Electrocardiogram, Complete (Final result)**

Electrically signed by: **Nathan C Fritz, DO on 02/06/20 2246** Status: **Completed**  
 Mode: Ordering in Per protocol: COSIGN required mode  
 Ordering user: Nicole A Wurm, RN 02/06/20 1732  
 Authorized by: Nathan C Fritz, DO  
 Frequency: STAT Once 02/06/20 1733 - 1 occurrence  
 Quantity: 1  
 Instance released by: Nicole A Wurm, RN (auto-released) 2/6/2020 5:33 PM

Communicated by: Nicole A Wurm, RN  
 Ordering provider: Nathan C Fritz, DO  
 Ordering mode: Per protocol: COSIGN required  
 Class: Hospital Performed  
 Lab status: Final result

**Questionnaire**

Question	Answer
Reason for Exam:	tachycardia

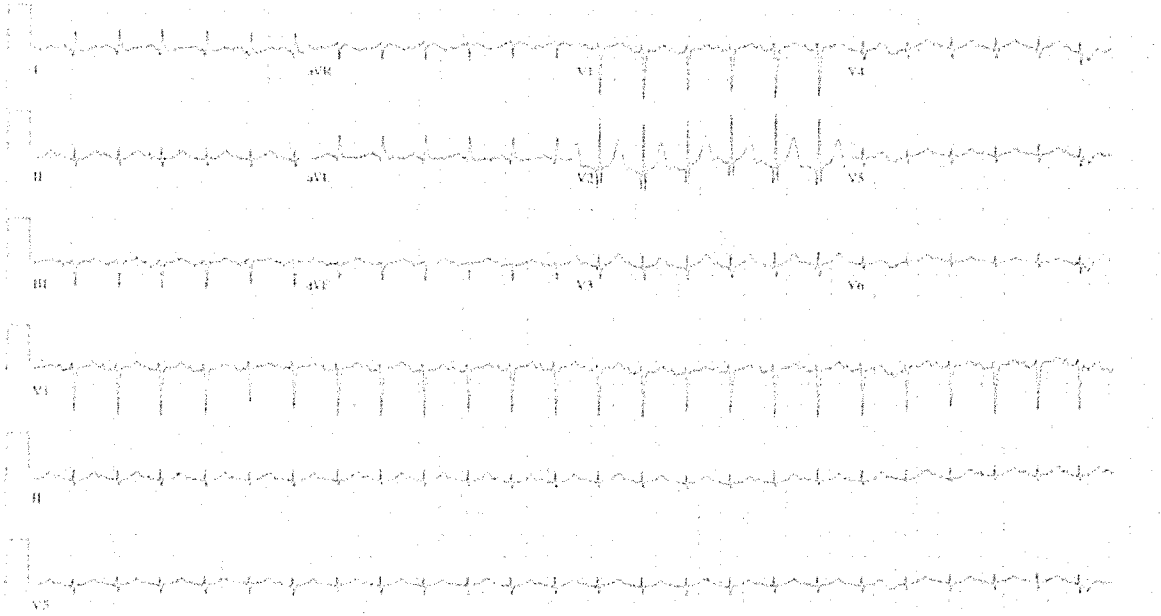
ECG - ORD Level Scan - Scan on 2/6/2020 5:38 PM by Nathan C Fritz, DO: EKG13 ELECTROCARDIOGRAM, COMPLETE MUSE (below)

ABRAHAM, GREGORY	ID 0048702148	02/06/2020 17:34:55	SPECTRUM HEALTH HOSPITAL - ED - ROUTINE RECORD
25-MAY-1967 (66 y)	Visit site: 149	BPM	Some tachycardia
Male	PR interval: 118	ms	Left axis deviation
	QRS duration: 51	ms	Abnormal ECG
Reason: 79	QT/QTc: 264/43	ms	When compared with ECG of 16 JAN 2020 06:
Loc: 16	P-R-T axes: 9 20 02		Y-axis rate has increased BY 50 BPM
			T wave inversion no longer evident in Inferior leads
			Confirmed by BISHOP, DO, NATHAN C 02/06/20 5:33 PM

Technician: JUC76507  
 ECG and tachycardia

Referenced by: ECG

Confirmed by: NATHAN C BISHOP, DO



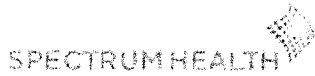
Thomas, Blodgett | 5810 | 707 | 1251, 241, 100 | C02 | 1  
 MRN: 18702148 | ED: 582 | DATE: 15 39 05 | ED: 2020 | ORDER: 240 | H1094 | ACCOUNT: 109948528341  
 Page 1 of 1

**Specimen Information**

ID	Type	Source	Collected By
MUSE229641010 0048578581			02/06/20 1734

**Electrocardiogram, Complete**

Resulted: 02/07/20 1539, Result status: Final result



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Cardiology Procedures (continued)**

Ordering provider: Nathan C Fritz, DO 02/06/20 1733  
 Resulted by: Nathaniel C Bishop, DO  
 Collected by: 02/06/20 1734  
 Lab Technician: JUL76507  
 Narrative:  
 Ventricular Rate 149 BPM  
 Atrial Rate 149 BPM  
 P-R Interval 128 ms  
 QRS Duration 64 ms  
 Q-T Interval 264 ms  
 QTC Calculation(Bazett) 415 ms  
 Calculated P Axis -9 degrees  
 Calculated R Axis -30 degrees  
 Calculated T Axis 63 degrees  
 Diagnosis Sinus tachycardia  
 Left axis deviation  
 Abnormal ECG  
 When compared with ECG of 10-JAN-2020 08:08,  
 Vent. rate has increased BY 50 BPM  
 T wave inversion no longer evident in Inferior leads  
 Confirmed by BISHOP DO, NATHANIEL (982) on 2/7/2020 3:39:21 PM

Order status: Completed  
 Filed by: Edi, Incoming Card Results 02/07/20 1539  
 Resulting lab: SPECTRUM HEALTH CARDIOLOGY

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
27 - Xcelera	SPECTRUM HEALTH CARDIOLOGY	Unknown	Unknown	02/20/13 0809 - Present

Resulted: 02/06/20 1738, Result status: Preliminary result

**Electrocardiogram, Complete**

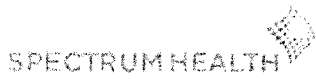
Ordering provider: Nathan C Fritz, DO 02/06/20 1733  
 Resulted by: Nathaniel C Bishop, DO  
 Collected by: 02/06/20 1734  
 Lab Technician: JUL76507  
 Narrative:  
 Ventricular Rate 149 BPM  
 Atrial Rate 149 BPM  
 P-R Interval 128 ms  
 QRS Duration 64 ms  
 Q-T Interval 264 ms  
 QTC Calculation(Bazett) 415 ms  
 Calculated P Axis -9 degrees  
 Calculated R Axis -30 degrees  
 Calculated T Axis 63 degrees  
 Diagnosis Sinus tachycardia  
 Left axis deviation  
 Abnormal ECG  
 When compared with ECG of 10-JAN-2020 08:08,  
 Vent. rate has increased BY 50 BPM  
 T wave inversion no longer evident in Inferior leads

Order status: Completed  
 Filed by: Edi, Incoming Card Results 02/06/20 1738  
 Resulting lab: SPECTRUM HEALTH CARDIOLOGY

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
27 - Xcelera	SPECTRUM HEALTH CARDIOLOGY	Unknown	Unknown	02/20/13 0809 - Present





BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

**02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)**

**Cardiology Procedures (continued)**

**Signed**

Electronically signed by Nathaniel C Bishop, DO on 2/7/20 at 1539 EST

**Electrocardiogram, Complete (Discontinued)**

Electronically signed by: <b>Stefano M Crescentini, MD on 02/09/20 1749</b>	Status: <b>Discontinued</b>
Ordering user: Stefano M Crescentini, MD 02/09/20 1749	Ordering provider: Stefano M Crescentini, MD
Authorized by: Stefano M Crescentini, MD	Ordering mode: Standard
Frequency: STAT Once 02/09/20 1750 - 1 occurrence	Class: Hospital Performed
Quantity: 1	Instance released by: Stefano M Crescentini, MD (auto-released) 2/9/2020 5:49 PM
Discontinued by: Balaji Vutla, MD, MPH 02/14/20 1806	

**Questionnaire**

**Question**

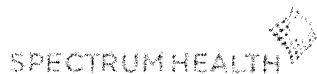
Reason for Exam:

**Answer**

tachy

**TELEMETRY STRIP (Final result)**

Electronically signed by: <b>Edi, Incoming Onbase Documents on 02/07/20 0151</b>	Status: <b>Completed</b>
Ordering user: Edi, Incoming Onbase Documents 02/07/20 0151	Ordering provider: None Physician, MD
Authorized by: None Physician, MD	Ordering mode: Standard
Frequency: -	Quantity: 1
Lab status: Final result	
Telemetry Strip - ORD Level Scan - Scan on 2/7/2020 1:51 AM by None Physician, MD: SINUS TACHY PHILIPS (below)	

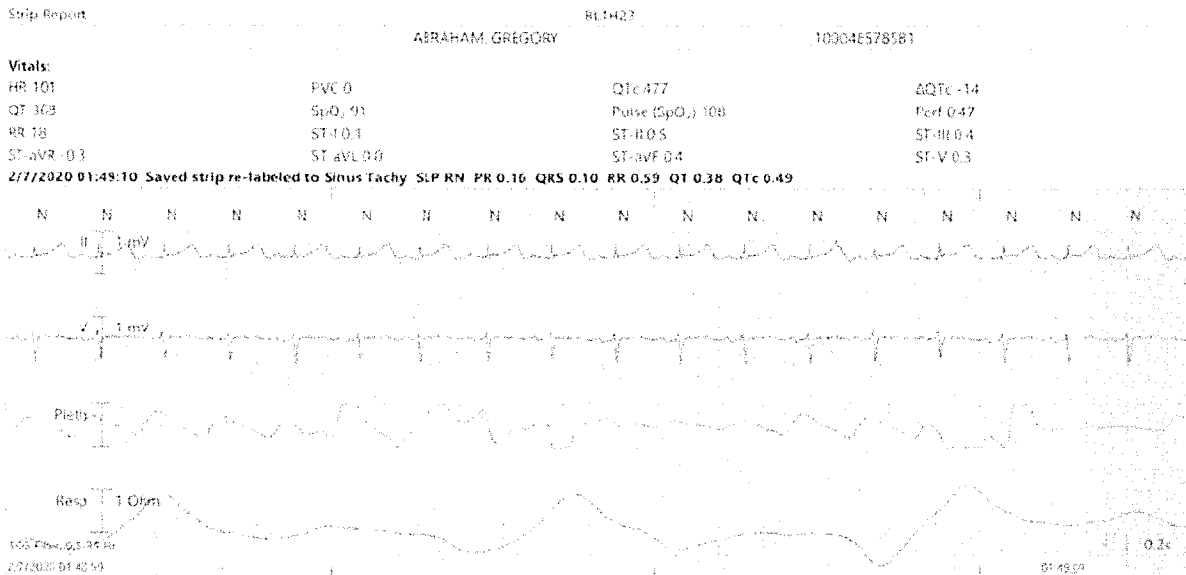


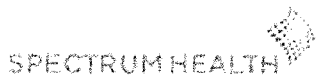
BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Cardiology Procedures (continued)



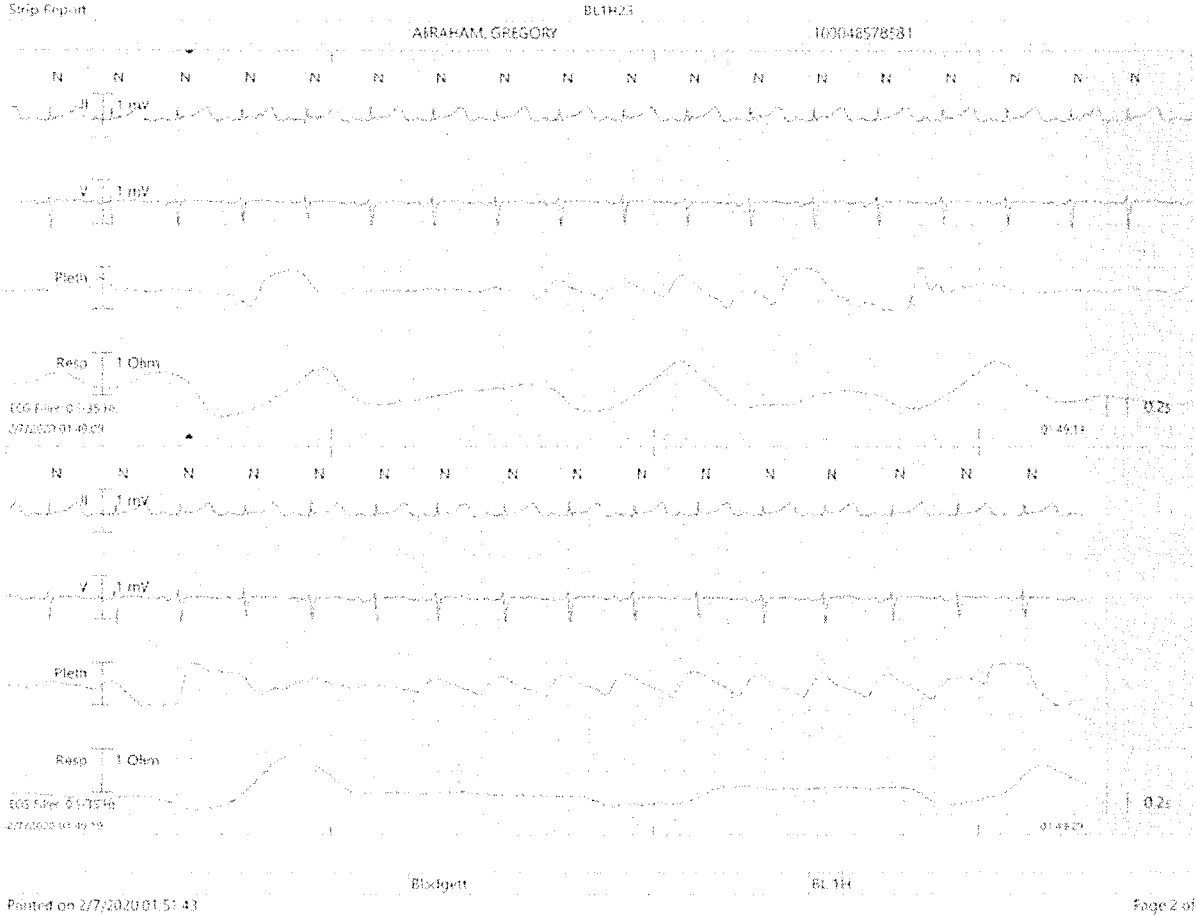


BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Cardiology Procedures (continued)



Specimen Information

ID	Type	Source	Collected By
20200207015143.311664	—	—	02/07/20 0149

TELEMETRY STRIP

Resulted: 02/07/20 0151, Result status: Final result

Ordering provider: None Physician, MD 02/07/20 0151 Order status: Completed  
 Filed by: Edi, Incoming Onbase Documents 02/07/20 0152 Collected by: 02/07/20 0149  
 Resulting lab: PHILIPS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
149 - Philips	PHILIPS	Unknown	Unknown	10/03/17 1633 - Present

TELEMETRY STRIP (Final result)

Electronically signed by: Edi, Incoming Onbase Documents on 02/07/20 1923 Status: Completed  
 Ordering user: Edi, Incoming Onbase Documents 02/07/20 1923 Ordering provider: None Physician, MD



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105609860  
Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Cardiology Procedures (continued)

Authorized by: None Physician, MD  
Frequency: -  
Lab status: Final result

Ordering mode: Standard  
Quantity: 1

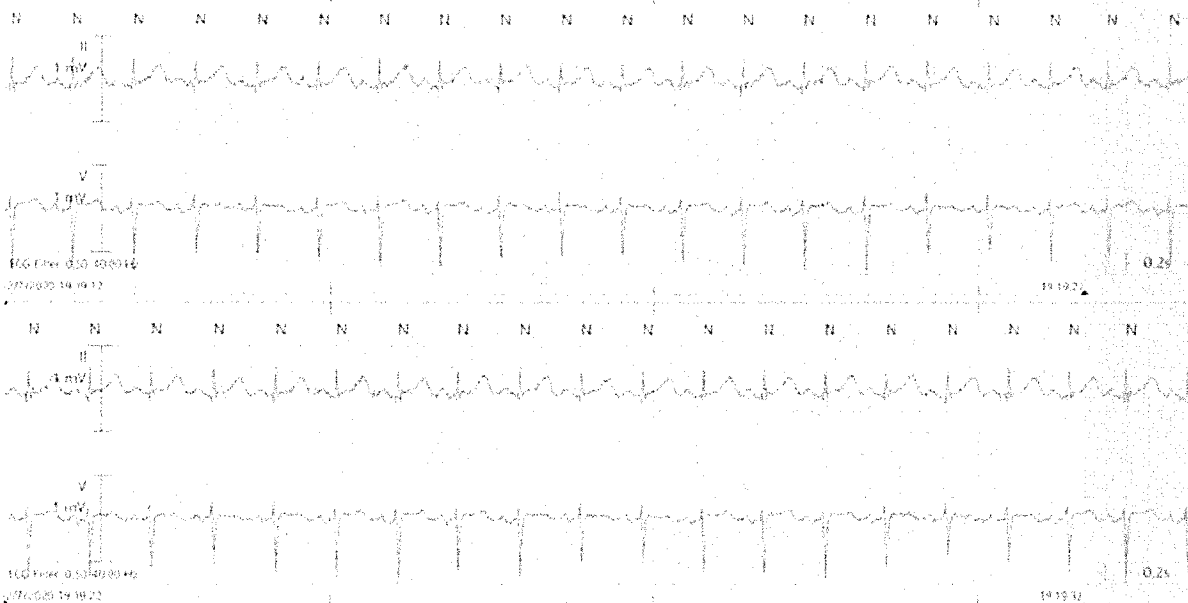
Telemetry Strip - ORD Level Scan - Scan on 2/7/2020 7:23 PM by None Physician, MD: ADMISSION PHILIPS (below)

Strip Report ABRAHAM, GREGORY BL1G14 18702148

Vitals:

HR 105	PVC 0	QTc 454	ΔQTc -37
QT 340	ST-T 0.0	ST-II 0.2	ST-III 0.3
ST-aVF 0.2	ST-aVR -0.1	ST-aVL -0.1	ST-V 0.2
ST-MCL 0.3			

2/7/2020 19:19:22 Saved strip re-labeled to ADMISSION 1G14 SINUS TACH (AC) PR 0.17 QRS 0.08



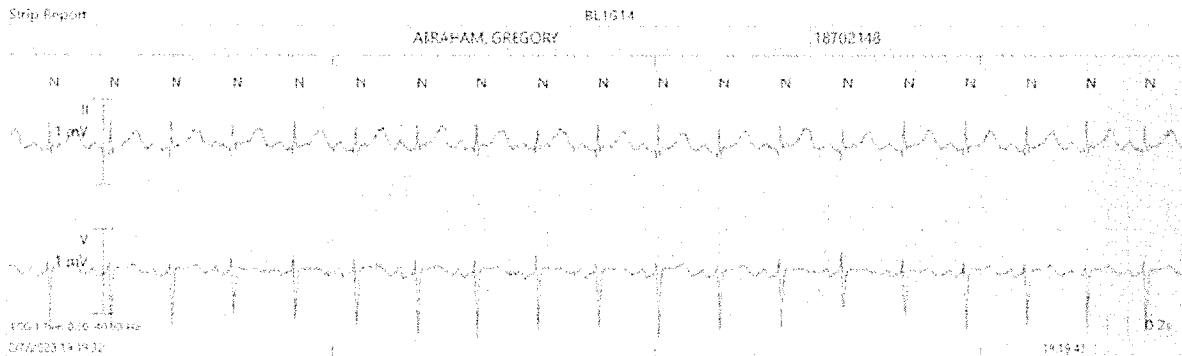


BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105609860  
 Adm: 2/6/2020, D/C: 2/16/2020

02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

Cardiology Procedures (continued)



Printed on 2/7/2020 19:21:03

Blodgett

BL 1G

Page 2 of 2

Specimen Information

ID	Type	Source	Collected By
20200207192303.115492	---	---	02/07/20 1919

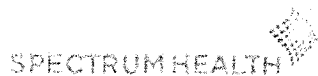
TELEMETRY STRIP

Resulted: 02/07/20 1923, Result status: Final result

Ordering provider: None Physician, MD 02/07/20 1923 Order status: Completed  
 Filed by: Edi, Incoming Onbase Documents 02/07/20 1925 Collected by: 02/07/20 1919  
 Resulting lab: PHILIPS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
149 - Philips	PHILIPS	Unknown	Unknown	10/03/17 1633 - Present



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105392490  
 Visit date: 1/10/2020

**01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound**

**Visit Information**

**Appointment Information**

US RIGHT UPPER QUADRANT WITH DOPPLER Completed  
 1/10/2020 5:00 PM

Time	Provider	Department	Length
5:00 PM	BL US 01	SHBL IMAG US	60 min

Referral Provider: PATEL, KARTIK H Arrival Time: 4:56 PM  
 Enc Form Number: 32188430

**History**

Made On:	1/10/2020 4:09 PM	By:	Jason L Ashley-Oswalt, RTR	ES
Checked In:	1/10/2020 4:56 PM	By:	Jason L Ashley-Oswalt, RTR	ES
EOD Status:	1/14/2020 11:04 PM	By:	Background, Cadence	ES



BLODGETT HOSPITAL Abraham, Gregory Anthony  
 1840 Wealthy St SE MRN: 18702148, DOB: [REDACTED] Sex: M  
 Grand Rapids MI 49506-2921 Acct #: 99105392490  
 Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging

Imaging

US Right Upper Quadrant With Doppler (Final result)

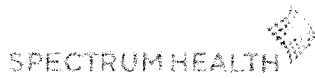
Electronically signed by: Nicole L Worrall, RDMS, RVT on 01/10/20 1329 Status: Completed  
 This order may be acted on in another encounter.  
 Ordering user: Nicole L Worrall, RDMS, RVT 01/10/20 1329 Ordering provider: Kartik H Patel, MD  
 Authorized by: Kartik H Patel, MD Ordering mode: Per protocol: no cosign required  
 Frequency: Routine Once 01/10/20 1330 - 1 occurrence Class: Hospital Performed  
 Quantity: 1 Lab status: Final result  
 Instance released by: Nicole L Worrall, RDMS, RVT 1/10/2020 1:33 PM

Questionnaire

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	Acute alcoholic hepatitis, elevated total bilirubin of 6.8
Rule Out/Verify/Other Pertinent History:	Suspected history of cirrhosis
What are the patient's sedation requirements?	No Sedation
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes
Initiate Ultrasound Protocol	Yes

Radiology / Imaging - ORD Level Scan - Scan on 1/10/2020 5:33 PM by Jason L Ashley-Oswalt, RTR: US WORKSHEET (below)





BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)



ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT  
(CONTINUED)

Abraham, Gregory A  
DOB: 5-22-63  
MRN: 18702148

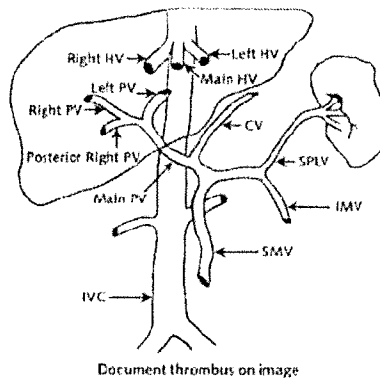
LIVER DOPPLER

HISTORY

- INFO  Drugs/Alcohol  Hypertension  Hepatitis  
 Prior exam  Fever  Cholesterol medicines  Allergies  
 Pain, specify  History of cancer  Nausea/Vomiting  Diarrhea  
 Surgery  Weight loss  Cirrhosis  Abnormal liver function tests  
 Diabetes, Type 1  2  Positive Murphy's Sign

TECHNOLOGIST DOPPLER FINDINGS (Direction of flow)

- HA:  Normal  Abnormal  
 aPSV 16.4 cm/sec EDV 5.4 cm/sec  
 HV: Main  Normal  Abnormal  
 Right  Normal  Abnormal  
 Left  Normal  Abnormal  
 SPLV:  Normal  Abnormal  
 SMV:  Normal  Abnormal  
 PV: Main  Normal  Abnormal  
 psv 16.4 cm/sec EH 2.3  
 Right  Normal  Abnormal  
 Left  Normal  Abnormal  
 IVC:  Normal  Abnormal



Liver 21.3 coarse and nodular Spleen 11.3  
 Right kidney 11.8 45.9x5.9 cm Pancreas 1.1  
 Gallbladder 5.0x4.8 Common bile duct (mm) 4-5

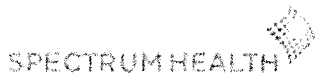
TECHNOLOGIST COMMENTS

MPV diam = 14.15 mm  
 - limited primarily presence in constraints  
 - small amount of ascites  
 - hepatosplenomegaly (flow, pattern) hep veins/inf

CHARGES:  Doppler complete  Doppler limited

TIME \_\_\_\_\_ DATE 1/10/20 Technologist signature: J. Ashley Oswin lf

KEY: CV - Caval vein, HV - Hepatic vein, PV - Portal vein, IMV - Inferior mesenteric vein, SMV - Superior mesenteric vein, IVC - Inferior vena cava, PSV - Peak systolic velocity, EDV - End diastolic velocity, EH - Resistive index, aPSV - Average peak systolic velocity, aEDV - Average end diastolic velocity, aRI - Average resistive index, aRI - Average resistive index



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)

**SPECTRUM HEALTH**

**Record**  
**ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT**

**ABDOMINAL ULTRASOUND**

**HISTORY**

Nothing by mouth	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hours	_____
Pain/Murphy's sign	<input type="checkbox"/>	<input type="checkbox"/>	Location/Specify	_____
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	List type(s) of food	_____
Fever	<input type="checkbox"/>	<input type="checkbox"/>	Type: 1   2	_____
Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	Describe	_____
Food intolerance(s)	<input type="checkbox"/>	<input type="checkbox"/>	Type	_____
Cirrhosis/Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Describe	_____
Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>		
Cholesterol medicine	<input type="checkbox"/>	<input type="checkbox"/>		
Other diseases	<input type="checkbox"/>	<input type="checkbox"/>		
Personal history of cancer	<input type="checkbox"/>	<input type="checkbox"/>		
Abdominal surgeries	<input type="checkbox"/>	<input type="checkbox"/>		
Prior exam	<input type="checkbox"/>	<input type="checkbox"/>		
Additional information	_____			

**TECHNOLOGIST FINDINGS**

	SEEN <input type="checkbox"/>	NCT WELL SEEN <input type="checkbox"/>			
Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm		
Biliary ducts	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm		
Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>			
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>			
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm		
Right kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm	X	_____ cm
Left kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm	X	_____ cm
Aorta					
Proximal	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm	X	_____ cm
Midole	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm	X	_____ cm
Distal	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm	X	_____ cm
Right iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm	X	_____ cm
Left iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm	X	_____ cm
Tenderness with examination	<input type="checkbox"/>	<input type="checkbox"/>			
Inferior vena cava	<input type="checkbox"/>	<input type="checkbox"/>			
Doppler	<input type="checkbox"/>	<input type="checkbox"/>	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not ordered <input type="checkbox"/>
Murphy's sign	<input type="checkbox"/>	<input type="checkbox"/>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	

**TECHNOLOGIST COMMENTS**

\_\_\_\_\_

**CHARGES:**  Doppler complete  Doppler limited

**TIME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **Technologist signature** \_\_\_\_\_

DO NOT MARK BELOW THIS LINE

OVER →

DO NOT MARK BELOW THIS LINE

SAFEGUARD

DO NOT MARK BELOW THIS LINE

Barcode: X 5 7 9 0 6

© 2019 Spectrum Health  
X02965 (02/20) - Final

US Right Upper Quadrant With Doppler

Resulted: 01/10/20 1904, Result status: Final result

Ordering provider: Kartik H Patel, MD 01/10/20 1329  
Resulted by: Kerry J Larson, MD  
Performed: 01/10/20 1657 - 01/10/20 1734  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES  
Narrative:  
EXAMINATION: Right Upper Quadrant Abdomen Ultrasound  
EXAM DATE: 1/10/2020 5:34 PM

Order status: Completed  
Filed by: Edi, Rad Results In 01/10/20 1907  
Accession number: 3038299



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Visit date: 1/10/2020

**01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)**

**Imaging (continued)**

TECHNIQUE: Ultrasound imaging of the right upper quadrant

INDICATION: Acute alcoholic hepatitis, elevated total bilirubin of 6.8.  
COMPARISON: None

**FINDINGS:**

Liver: Visualized portions of liver parenchyma are echogenic with acoustic attenuation. This limits evaluation for hepatic masses. Liver echotexture appears diffusely coarsened with a nodular hepatic margin. The liver measures 21.3 cm in length.

Gallbladder: Gallbladder is almost completely filled with sludge. No gallbladder wall thickening, gallstones, para cholecystic fluid. No sonographic Murphy sign.

Common Bile Duct: The common duct measures 5 mm. There is no intrahepatic or extrahepatic bile duct dilatation.

Pancreas: Not well seen due to overlying shadowing.

Right Kidney: There is no hydronephrosis. The size and echogenicity of the kidney is normal.

Spleen: The spleen is normal in size and echogenicity.

Other Findings: Small amount of ascites

Vascular imaging: Complete duplex Doppler imaging of the liver was performed to assess for portal hypertension or vein thrombosis. The hepatic arterial waveform is normal with a normal peak systolic velocity. There is antegrade blood flow with color Doppler imaging in the hepatic and portal veins. Normal Spectral waveforms are present in the hepatic and portal veins. Main portal vein measures up to 15 mm.

**Impression:**

Suspect a mixture of diffuse fatty infiltration and diffuse hepatocellular disease. There is hepatomegaly. Mild dilation of the main portal vein. This can indicate portal hypertension. Otherwise, Normal-appearing Doppler examination of the liver.

Gallbladder sludge.

Small amount of ascites

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

US Right Upper Quadrant With Doppler

Resulted: 01/10/20 1657, Result status: In process



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB [REDACTED], Sex: M  
Acct #: 99105392490  
Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett X-Ray (continued)

Imaging

Imaging

DR Chest 2 Views Frontal And Lateral (Final result)

Electronically signed by: Kristi E Artz, MD on 01/10/20 0800

Status: Completed

This order may be acted on in another encounter.

Ordering user: Kristi E Artz, MD 01/10/20 0800

Ordering provider: Kristi E Artz, MD

Authorized by: Kristi E Artz, MD

Ordering mode: Standard

Frequency: Now Once 01/10/20 0800 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 8:00 AM

Questionnaire

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	altered mental status
Rule Out/Verify/Other Pertinent History:	infiltrate
Where performed?	Department
Initiate Rad Pro Procedure Protocol?	Yes

Begin Exam Questions

	Answer	Comment
Correct Patient?	Yes	
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Patient given reason for imaging today?	Unable to obtain patient hx	
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	

End Exam Questions

	Answer	Comment
Was the study completed on a DR or CR machine?	DR	

DR Chest 2 Views Frontal And Lateral

Resulted: 01/10/20 0848, Result status: Final result

Ordering provider: Kristi E Artz, MD 01/10/20 0800

Order status: Completed

Resulted by:

Filed by: Edi, Rad Results In 01/10/20 0850

Angela S Gonda, MD

Tanya Hise, DO

Performed: 01/10/20 0825 - 01/10/20 0831

Accession number: 3934859

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

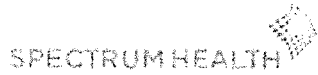
EXAMINATION: Frontal and Lateral View Chest

EXAM DATE: 1/10/2020 8:31 AM

TECHNIQUE: AP frontal and lateral views

INDICATION: altered mental status.

COMPARISON: None



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105392490  
 Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett X-Ray (continued)

Imaging (continued)

FINDINGS:

The mediastinal contour appears prominent likely secondary to moderate patient rotation to the right, particularly in the absence of chest pain or suspicion for aortic pathology. The heart is not enlarged and the pulmonary vasculature appears within normal limits.

Increased opacities in the inferior and posterior lungs seen on the lateral view are likely due to atelectasis and low lung volumes as these are not appreciated on the AP view. No pneumothorax or pleural effusion.

Impression:

Low lung volumes without convincing focal infiltrate or edema.

Prominent mediastinal contours is likely secondary to patient rotation, discussed above.

I have personally viewed the images, discussed the findings with Tanya Hioe, DO, reviewed the interpretation, and agree.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

DR Chest 2 Views Frontal And Lateral

Resulted: 01/10/20 0825, Result status: In process

Ordering provider: Kristi E Artz, MD 01/10/20 0800

Order status: Completed

Resulted by: Angela S Gonda, MD

Filed by: Amanda K Lahay, RTR 01/10/20 0825

Tanya Hioe, DO

Performed: 01/10/20 0825 - 01/10/20 0831

Accession number: 3934859

Resulting lab: EXTERNAL LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

Signed

Electronically signed by Angela S Gonda, MD on 1/10/20 at 0848 EST



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

Imaging

Imaging

CT Head Without IV Contrast (Final result)

Electronically signed by: **Kristi E Artz, MD on 01/10/20 0800** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Kristi E Artz, MD 01/10/20 0800  
 Authorized by: Kristi E Artz, MD  
 Frequency: Now Once 01/10/20 0800 - 1 occurrence  
 Quantity: 1  
 Indications of use: Altered level of consciousness (LOC), unexplained

Ordering provider: Kristi E Artz, MD  
 Ordering mode: Standard  
 Class: Hospital Performed  
 Lab status: Final result  
 Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 8:00 AM

Questionnaire

Question	Answer
Rule Out/Verify/Other Pertinent History:	bleed
What are the patient's sedation requirements?	No Sedation
Initiate Rad Pre Procedure Protocol?	Yes
Initiate CT Contrast Protocol?	Yes
Where performed?	Department
Perform 3D imaging if indicated?	Yes

Screening Form

General Information

Patient Name: Abraham, Gregory Anthony MRN: 18702148  
 Date of Birth: 5/22/1963 Home Phone: 313-903-0379  
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT HEAD WITHOUT IV CONTRAST	Kristi E Artz, MD 616-486-0385	Kristi E Artz, MD 616-486-0385	1/10/2020 8:25 AM BL CT 01 SHBL IMAG CT

Screening Form Questions

No questions have been answered for this form.

Begin Exam Questions

Question	Answer	Comment
Correct Patient?		
Correct Exam?		
Correct Order?		
Correct Part?		
Correct Reason?		
Verified Labs?		
Verified Contrast Allergies?		
Verified Steroid Prep?		
Patient given reason for imaging today?		
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

Imaging (continued)

**CT Head Without IV Contrast** Resulted: 01/10/20 0835, Result status: Final result

Ordering provider: Kristi E Artz, MD 01/10/20 0800

Order status: Completed

Resulted by: Angela S Gonda, MD

Filed by: Edf. Rad Results In 01/10/20 0842

Performed: 01/10/20 0819 - 01/10/20 0823

Accession number: 3934808

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

EXAMINATION: CT Head without Contrast

EXAM DATE: 1/10/2020 8:23 AM

TECHNIQUE: Standard protocol axial CT images were obtained from the skull base to the vertex without contrast.

INDICATION: Altered level of consciousness (LOC), unexplained.

COMPARISON: None

HAND DOMINANCE: Left

ENCOUNTER: Not applicable

FINDINGS:

1. There is no intracranial mass, midline shift, extraaxial fluid collection or hemorrhage.
2. There appears to be mild overall global volume loss, somewhat more than expected for age, with associated prominence of the ventricles and CSF spaces.
3. There are no suspicious area of altered attenuation.
4. There is no fracture. Few tiny foci of gas near the sella centrally, likely related to recent venous access.
5. The visualized aspects of the orbits, paranasal sinuses, and mastoid air cells are normal.

3-D imaging at an independent workstation: Not performed.

Impression:

1. No acute intracranial findings.
2. Mild global volume loss, slightly greater than expected for age.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**CT Head Without IV Contrast**

Resulted: 01/10/20 0814, Result status: In process

Ordering provider: Kristi E Artz, MD 01/10/20 0800

Order status: Completed

Resulted by: Angela S Gonda, MD

Filed by: Nancy L Carterrodriguez, RTR 01/10/20 0823





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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Provider Note**

**ED Provider Notes by Kristi E Artz, MD at 1/10/2020 7:47 AM**

Author: Kristi E Artz, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 1/10/2020 10:25 AM	Date of Service: 1/10/2020 7:47 AM	Status: Signed
Editor: Kristi E Artz, MD (Physician)		

**Spectrum Health Hospitals Blodgett Emergency**  
01/10/2020

I, Jacob Jaboro, personally scribed the following note for Dr. Kristi Artz on 1/10/2020 at 7:47 AM.

**CHIEF COMPLAINT:**

Alcohol Withdrawal  
Assessment/Plan

**DIAGNOSIS at time of disposition:**

1. Altered mental status, unspecified altered mental status type

**New Prescriptions**

No new medications prescribed this visit.

**ED Disposition**

ED Disposition	Comment
<b>Hospitalized</b>	Did you contact the consultant: No Butterworth ONLY?: No Admitting Diagnosis: altered mental status, possible alcohol withdrawal vs hepatic encephalopathy Level of Care: Non ICU [13]

**MEDICAL DECISION MAKING**

**ED Course**

Fri Jan 10, 2020

0800 Patient arrives in police custody after an unwitnessed episode which occurred approximately 4-5 hours prior to arrival. Patient was found unresponsive in his jail cell. He has a history of alcohol use and has been incarcerated for the past 3 days. He was treated with 1 dose of Valium 10 mg. per EMS report patient has been alert but confused. He has not been combative. Vitals on arrival he is afebrile, mild tachycardia, normal blood pressure. He is alert but confused on exam. He otherwise has no obvious focal neurologic deficit. Skin and eye exam shows scleral icterus. Infectious and behavioral health workup initiated. Patient is being treated with 1 L of IV saline bolus.

0922 Labs reviewed and notable for elevated total bilirubin, normal white blood cell count, mild thrombocytopenia present. Head CT shows atrophy but otherwise no acute finding. Ammonia level is 51. Patient had progressive agitation and required a dose of Ativan 1 mg IV.

1009 Repeat single view PA chest due to rotation to



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Provider Note (continued)**

further evaluate cardiac silhouette and mediastinum appears grossly normal on repeat. Equivalent b/l arm bp. Patient will be admitted to hospitalist service for further care. Urine culture was sent as the elevated white blood cell count on his urinalysis is likely inflammatory response and given negative leukocyte esterase and negative nitrate will not start antibiotics at this time.

2/4

**ED Course User Index**

2/23/2020 10:15 AM

**BLOOD PRESSURE SCREENING:**

Based on last blood pressure taken in the ED of 130/86, pre-HTN (120-139/80-89), recommend follow up with PCP within 1 year.

**Medications**

- folic acid 1 mg in dextrose 5 % 100.2 mL IVPB (1 mg Intravenous New Bag 1/10/20 1021)
- sodium chloride 0.9% bolus injection 1,000 mL (1,000 mL Intravenous New Bag 1/10/20 0939)
- thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB (has no administration in time range)
- sodium chloride 0.9% bolus injection 1,000 mL (0 mL Intravenous Stopped 1/10/20 0914)
- LORazepam (ATIVAN) injection 1 mg (1 mg Intravenous Given 1/10/20 0922)

**Subjective**

**HISTORY OF PRESENT ILLNESS:**

The patient is an 56 y.o. male who presents to the ED via EMS with a chief complaint of alcohol withdrawals that began at 0700. EMS states that the Kent county jail gave the patient a dose of Valium at 0345 for suspected alcohol withdrawal and then at around 0700 this morning he was found unconscious on the floor of his cell in a puddle of his own drool. EMS further reports that he was combative and irrational at the jail but was able to follow instructions. EMS states that he went to court then to jail on 01/7/2020 and before that he used to drink 2 drinks a day noting that he showed up to his court date intoxicated. EMS reports that his skin and eyes are yellow. Patient states that he is not in any pain.

History provided by: **EMS personnel and patient**

History limited by: **Mental status change**

**Review of Systems**

Unable to perform ROS: mental status change

**PAST MEDICAL HISTORY**

Pertinent medications reviewed with patient and/or family.



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Provider Note (continued)**

No Known Allergies

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

**Social History:**

Patient is currently in jail.

**Objective**

**OBJECTIVE:**

**Vitals:**

	01/10/20 0749	01/10/20 0900	01/10/20 1000
BP:	123/82	125/79	130/86
Pulse:	102	91	100
Resp:	16	16	22
Temp:	36.4 °C		
TempSrc:	Oral		
SpO2:	98%	97%	98%

**Physical Exam**

Vitals signs reviewed.

**Constitutional:**

General: He is not in acute distress.

**HENT:**

Head: Normocephalic and atraumatic.

**Eyes:**

General: Scleral icterus present.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

**Neck:**

Musculoskeletal: Neck supple.

Trachea: No tracheal deviation.

**Cardiovascular:**

Rate and Rhythm: Regular rhythm. Tachycardia present.

Heart sounds: No murmur.

**Pulmonary:**

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Comments: **Bilateral lungs are clear**

**Abdominal:**

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Tenderness: There is no tenderness.

**Musculoskeletal:** Normal range of motion.

General: No deformity.

Comments: **No spinal tenderness**

**Skin:**

General: Skin is warm.

Findings: No bruising.

Comments: **No ecchymosis**

**Neurological:**

Mental Status: He is alert and oriented to person, place, and time.

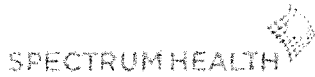
**Psychiatric:**

Comments: **Cooperative**

**WORK UP:**

**Labs:**

Labs Reviewed



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Provider Note (continued)**

**COMPLETE BLOOD COUNT (CBC)**

**W/DIFFERENTIAL - Abnormal**

Result	Value
White Blood Cell	10.64
Red Blood Cell	3.34 (*)
Hemoglobin	11.1 (*)
Hematocrit	33.3 (*)
Mean Cell Volume	99.7
Mean Cell Hemoglobin	33.2 (*)
Mean Cell Hemoglobin Concentration	33.3
Red Cell Diameter Width	14.9
NRBC Absolute Count	0.00
NRBC Automated	0.0
Platelet	120 (*)
Mean Platelet Volume	10.4
Neutrophil Absolute Count	9.04 (*)

**COMPREHENSIVE METABOLIC PANEL - Abnormal**

Sodium Level	139
Potassium Level	3.7
Chloride	99
HCO3	17 (*)
Anion Gap	23 (*)
Glucose Level	99
Blood Urea Nitrogen	30 (*)
Creatinine	0.82
MDRD eGFR	>60
Calcium Level Total	8.9
Protein Total	7.1
Albumin Level	2.9 (*)
Bilirubin Total	6.8 (*)
Alkaline Phosphatase	178 (*)
Alanine Aminotransferase	67 (*)
Aspartate Aminotransferase	328 (*)
Hemolysis	

**ACETAMINOPHEN LEVEL - Abnormal**

Acetaminophen Level	<5.0 (*)
---------------------	----------

**SALICYLATE LEVEL - Abnormal**

Salicylate Level	<0.3 (*)
------------------	----------

**URINALYSIS - Abnormal**

Urine Color	Amber
Urine Appearance	Hazy
Urine Specific Gravity	1.024
U pH	5.0
Urine Glucose	Negative
Urine Ketones	20 (*)
Urine Protein	100 (*)
Urine Blood	Large (*)
Urine Bilirubin	Small; Ictotest positive (*)
Urine Urobilinogen	4.0 (*)
Urine Nitrite	Negative
Urine Leukocyte	Negative



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Provider Note (continued)**

Esterase  
 Urine WBC 35 (\*)  
 Urine RBC 2  
 Urine Mucous Many  
 Urine Squamous 2  
 Epithelial Cells  
 Urine Hyaline Casts 133  
 DIFFERENTIAL, MANUAL BLOOD - Abnormal  
 Segmented Neutrophils 85 (\*)  
 Manual  
 Lymphocytes Manual 9 (\*)  
 Monocytes Manual 6  
 Eosinophil Manual 0  
 Basophils Manual 0  
 RBC Morphology Normal  
 Platelet Estimate Normal  
 DRUG SCREEN, EMERGENCY PANEL - Normal  
 Amphetamine screen, urine Negative  
 Barbiturate screen, urine Negative  
 Benzodiazepine screen, urine Negative  
 Cannabinoids screen, urine Negative  
 Cocaine screen, urine Negative  
 Ethanol scrn UR Negative  
 Methadone screen, urine Negative  
 Opiate 300 screen, urine Negative  
 Oxycodone screen urine Negative  
 LACTIC ACID - Normal  
 Lactic Acid 1.6  
 URINE CULTURE  
 AMMONIA LVL  
 Ammonia Level 51  
 Hemolysis  
 MAGNESIUM  
 PHOSPHORUS  
 PROTIME-INR  
 APTT

**Imaging:**

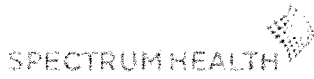
DR Chest Single View  
 Final Result

DR Chest 2 Views Frontal And Lateral  
 Final Result

Low lung volumes without convincing focal infiltrate or edema.

Prominent mediastinal contours is likely secondary to patient rotation, discussed above.

I have personally viewed the images, discussed the findings with Tanya Hoe, DO, reviewed the interpretation, and agree.



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Provider Note (continued)**

CT Head Without IV Contrast  
 Final Result

1. No acute intracranial findings.
2. Mild global volume loss, slightly greater than expected for age.

Procedures

An ECG was performed on 1/10/2020 at 0825 for the indication of suspected ingestion.  
 Rate: 99 bpm.  
 Rhythm: Normal sinus rhythm.  
 QTC 492ms. No acute ST segment changes.

MRN: 18702148  
 CSN: 100046645192

Entered by Jacob Jaboro, acting as the medical scribe for Dr. Kristi Artz.  
 I, Kristi E Artz, MD personally performed the history, physical exam, medical decision making and the procedure; and confirmed the accuracy of the information in the transcribed note above.

Jacob Jaboro  
 01/10/20 0848

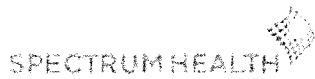
Kristi E Artz, MD  
 01/10/20 1025

Electronically signed by Kristi E Artz, MD at 1/10/2020 10:25 AM

**ED Care Timeline**

**Patient Care Timeline (1/10/2020 07:47 to 1/10/2020 13:04)**

1/10/2020	Event	Details	User
07:47	Patient arrived in ED		Margaret E Veltema, RN
07:47	Patient roomed in ED	To room 19	Margaret E Veltema, RN
07:47:31	Arrival Complaint	alcohol withdrawal	
07:47:47	Team Member Assigned	Jacob Jaboro assigned as Scribe	Jacob Jaboro
07:48	Quick Triage Complete/Acuity	Acuity/Destination/Quick Triage Complete Patient Acuity: 3 Quick Triage Complete: Quick Triage Complete	Margaret E Veltema, RN
07:48	Stroke Screening	Stroke Screening Is the patient presenting with stroke symptoms starting within the last 24 hours?: No	Margaret E Veltema, RN



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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

07:48	Assessment	<b>Airway</b> Airway WDL: WDL <b>Breathing</b> Respiratory WDL: WDL <b>Cardiac WDL</b> Cardiac WDL: WDL <b>Peripheral Neurovascular (Adult)</b> Peripheral Neurovascular WDL: WDL <b>Cognitive/Neuro/Behavioral WDL</b> Retired Cognitive/Neuro/Behavioral WDL: .WDL except	Margaret E Veltema, RN
07:48	Sepsis Screening	<b>Sepsis Screening</b> Is patient's history suggestive of an infection?: No	Margaret E Veltema, RN
07:48:32	Chief Complaints Updated	ALCOHOL WITHDRAWAL (from kent county jail, found on cell floor this morning with face in puddle of drool, per ems patient altered and making irrational statement, following commands)	Margaret E Veltema, RN
07:48:32	Triage Started		Margaret E Veltema, RN
07:48:32	Trigger for Triage Start		Margaret E Veltema, RN
07:49	Custom Formula Data	<b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.4 <b>Other flowsheet entries</b> Average of Mean BP: 95.67 Mean BP (mmHg): 95.67	Margaret E Veltema, RN
07:49	Vitals Signs	<b>Vitals</b> Temperature: 36.4 °C Temp src: Oral Pulse: 102 Heart Rate source: Monitor Respirations: 16 BP: 123/82 MAP (mmHg): 94 BP Locaton: Right arm Patient Position: Lying BP Method: Automatic <b>AVPU/MEWS</b> AVPU Scale: Alert <b>Oxygen Therapy</b> SpO2: 98 % Device (Oxygen Therapy): room air <b>Vitals Timer</b> Restart Vitals Timer: Yes	Margaret E Veltema, RN
07:49:32	Acuity 3 Selected		Margaret E Veltema, RN
07:49:32	Quick Triage Completed		Margaret E Veltema, RN
07:57:22	Assign Attending	Kristi E Artz, MD assigned as Attending	Kristi E Artz, MD
07:57:22	Assign Physician		Kristi E Artz, MD
07:57:22	First Provider Evaluation of Patient		Kristi E Artz, MD
07:57:22	Assign Attending		Kristi E Artz, MD





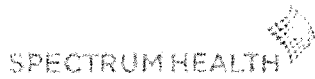
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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Care Timeline (continued)**

07:57:22	Assign Physician		Kristi E Artz, MD
07:59:15	Orders Placed	Vital Signs ; Oxygen Therapy ; Drug of Abuse Screen with Alcohol, Emergency Department, Urine ; Complete Blood Count w/Differential ; Comprehensive Metabolic Panel (CMP)	Kristi E Artz, MD
07:59:16	Orders Placed	sodium chloride 0.9% bolus injection 1,000 mL ; Acetaminophen, Blood Level ; Salicylate, Blood Level ; Electrocardiogram, Complete ; Ammonia, Blood Level ; Lactic Acid, Blood Level	Kristi E Artz, MD
07:59:18	Lab Ordered	DRUG SCREEN, EMERGENCY PANEL	Kristi E Artz, MD
07:59:18	ECG Ordered	ELECTROCARDIOGRAM, COMPLETE	Kristi E Artz, MD
08:00:14	XR Ordered	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kristi E Artz, MD
08:00:14	CT Ordered	CT HEAD WITHOUT IV CONTRAST	Kristi E Artz, MD
08:00:14	Orders Placed	DR Chest 2 Views Frontal And Lateral ; CT Head Without IV Contrast	Kristi E Artz, MD
08:00:21	Lab Ordered	URINALYSIS	Kristi E Artz, MD
08:00:21	Orders Placed	Urinalysis (UA)	Kristi E Artz, MD
08:01	Sepsis Predictive Model	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 2	Background, Analytics
08:01	MEWS	<b>MEWS SCORE</b> MEWS Filed Score: 1	Automatic Discharge Provider
08:01:19	Orders Acknowledged	New - Vital Signs ; Oxygen Therapy ; Drug of Abuse Screen with Alcohol, Emergency Department, Urine ; Complete Blood Count w/Differential ; Comprehensive Metabolic Panel (CMP) ; sodium chloride 0.9% bolus injection 1,000 mL ; Acetaminophen, Blood Level ; Salicylate, Blood Level ; Electrocardiogram, Complete ; Ammonia, Blood Level ; Lactic Acid, Blood Level ; DR Chest 2 Views Frontal And Lateral ; CT Head Without IV Contrast ; Urinalysis (UA)	Margaret E Veltema, RN
08:01:31	Print Label for Acetaminophen, Blood Level Completed	Acetaminophen, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:01:31	Print Label for Ammonia, Blood Level Completed	Ammonia, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:01:31	Print Label for Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:01:31	Print Label for Comprehensive Metabolic Panel (CMP) Completed	Comprehensive Metabolic Panel (CMP) - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:01:31	Print Label for Salicylate, Blood Level Completed	Salicylate, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:02	Collect Acetaminophen, Blood Level Completed	Acetaminophen, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN



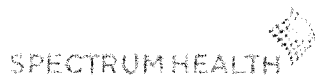
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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

08:02	Collect Ammonia, Blood Level Completed	Ammonia, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:02	Collect Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:02	Collect Comprehensive Metabolic Panel (CMP) Completed	Comprehensive Metabolic Panel (CMP) - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:02	Collect Salicylate, Blood Level Completed	Salicylate, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:02	Specimens Collected	Complete Blood Count w/Differential - ID: 20010BLH00155 Type: <b>Blood</b> Comprehensive Metabolic Panel (CMP) - ID: 20010BLC00210 Type: <b>Blood</b> Acetaminophen, Blood Level - ID: 20010BLC00210 Type: <b>Blood</b> Salicylate, Blood Level - ID: 20010BLC00210 Type: <b>Blood</b> Ammonia, Blood Level - ID: 20010BLC00211 Type: <b>Blood</b> Differential, Manual Blood - ID: 20010BLH00155 Type: <b>Blood</b> Magnesium, Blood Level - ID: 20010BLC00210 Type: <b>Blood</b> Phosphorus, Blood Level - ID: 20010BLC00210 Type: <b>Blood</b> Creatine Kinase (CK) Level - ID: 20010BLC00210 Type: <b>Blood</b> Hepatic Function Panel (Liver Panel) - ID: 20010BLC00210 Type: <b>Blood</b>	Margaret E Veltema, RN
08:06	Collect Lactic Acid, Blood Level Completed	Lactic Acid, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:06	Specimens Collected	Lactic Acid, Blood Level - ID: 20010BLC00217 Type: <b>Blood</b>	Margaret E Veltema, RN
08:06:15	Print Label for Lactic Acid, Blood Level Completed	Lactic Acid, Blood Level - Type: <b>Blood</b> ; Source: <b>Blood, Venous</b>	Margaret E Veltema, RN
08:07	Medication New Bag	sodium chloride 0.9% bolus injection 1,000 mL - Dose: <b>1,000 mL</b> ; Rate: <b>1,000 mL/hr</b> ; Route: <b>Intravenous</b> ; Scheduled Time: <b>0830</b>	Margaret E Veltema, RN
08:07:01	Imaging Preliminary Result	Electrocardiogram, Complete	Edi, Incoming Card Results
08:07:01	Complete Electrocardiogram, Complete Completed	Electrocardiogram, Complete	Edi, Incoming Card Results
08:09	Interpreter Services	Initial Information Preferred Language: English Interpreter Needed: No	Margaret E Veltema, RN
08:09	Columbia Suicide Severity Rating Scale (C-SSRS Short Version)	C-SSRS (Recent) Wish to be Dead (Past Month): no Suicidal Thoughts (Past Month): no	Margaret E Veltema, RN
08:09	Abuse Screen	Abuse Screen Do you feel safe at home?: Yes Are there signs/clinical indications of abuse?: No	Margaret E Veltema, RN
08:09	Custom Formula Data	Other flowsheet entries Level of Risk per Screen:: n/a	Margaret E Veltema, RN
08:09	Full Triage Complete	Full Triage Complete Triage Complete: Full Triage Complete	Margaret E Veltema, RN



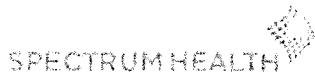
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Care Timeline (continued)**

08:09	<b>Aggression screen</b>	<b>Aggression Screen</b> Are you having thoughts of harming others?: No Does the patient exhibit signs of aggressive behavior?: No	Margaret E Veltema, RN
08:09	<b>Fall/Risk Assessment</b>	<b>Fall/Risk Assessment</b> Presented to ED Due to Fall?: Yes Age > 70: No Altered Mental Status: Yes Impaired Mobility: Yes Nurse Judgement: Yes Total Kinder Score: 4 <b>Safety Interventions</b> Safety Precautions/Falls Reduction: fall reduction program maintained All Alarms: none present	Margaret E Veltema, RN
08:09	<b>History Present Illness</b>	<b>History Present Illness</b> Patient Stated Reason for Visit: see chief complaint Currently taking an anticoagulant: No	Margaret E Veltema, RN
08:09:17	<b>Assign Nurse</b>	Margaret E Veltema, RN assigned as Registered Nurse	Margaret E Veltema, RN
08:09:24	<b>Allergies Reviewed</b>		Margaret E Veltema, RN
08:10	<b>Travel Screening</b>	Do you have any of the following new or worsening symptoms? <b>None of these</b> ; Have you been in contact with someone who was sick? <b>No / Unsure</b> ; Have you traveled internationally in the last month? <b>No</b> Travel Locations: <b>Travel history not shown for past encounters</b>	Margaret E Veltema, RN
08:10	<b>Full Triage Completed</b>		Margaret E Veltema, RN
08:10	<b>Triage Completed</b>		Margaret E Veltema, RN
08:10	<b>Physician Notified</b>		Margaret E Veltema, RN
08:10	<b>Retired Learning Assessment</b>	<b>Learning Assessment</b> Learning Readiness and Ability: cognitive limitation noted <b>Education Provided</b> Person Taught: patient Teaching Method: verbal instruction; written material; skill demonstration Teaching Focus: symptom/problem overview; risk factors/triggers; self-management Education Outcome Evaluation: no evidence of learning; needs reinforcement	Margaret E Veltema, RN
08:10	<b>Retired Alcohol Withdrawal Syndrome CPG Interventions</b>	<b>Alcohol Withdrawal Symptoms CPG Interventions</b> Alcohol Withdrawal Symptoms Management: electrolytes monitored; quiet environment promoted; seizure precautions maintained Coping Interventions: care explained to patient/family prior to performing; anticipatory guidance provided; reassurance provided; safe, supportive environment facilitated <b>Safety Interventions</b> Safety Precautions/Falls Reduction: fall reduction program maintained All Alarms: none present Enhanced Safety Measures: other (see comments) (kent county jail officers at bedside) <b>Oxygen Therapy</b> Device (Oxygen Therapy): room air	Margaret E Veltema, RN
08:10	<b>ED ECG</b>	<b>ECG/Cardiac Events</b> Physician Notified Time: 0810 Physician Name: artz	Margaret E Veltema, RN



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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

08:11	Retired Delirium Tremens (Dts) Assessments	<b>Respiratory WDL</b> Respiratory WDL: WDL <b>Cardiac WDL</b> Cardiac WDL: WDL <b>Peripheral/Neurovascular WDL</b> Peripheral Neurovascular WDL: WDL <b>Cognitive/Neuro/Behavioral WDL</b> Orientation: disoriented to; situation; place Retired Cognitive/Neuro/Behavioral WDL: .WDL except; orientation <b>General Appearance WDL</b> General Appearance WDL: .WDL except; appearance General Appearance: unkempt <b>Gastrointestinal WDL</b> Gastrointestinal WDL: WDL <b>Genitourinary WDL</b> Genitourinary WDL: WDL <b>Musculoskeletal WDL</b> Musculoskeletal WDL: .WDL except (patient complains of low back pain) <b>Skin WDL</b> Skin WDL: .WDL except; color Skin Color/Characteristics: yellow <b>Coping</b> Observed Emotional State: calm; flat <b>Safety WDL</b> Safety WDL: WDL	Margaret E Veltema, RN
08:12	Collect Drug of Abuse Screen with Alcohol, Emergency Department, Urine Completed	Drug of Abuse Screen with Alcohol, Emergency Department, Urine - Type: Urine ; Source: Urine, Voided	Evan J Berkas, RN
08:12	Collect Urinalysis (UA) Completed	Urinalysis (UA) - Type: Urine ; Source: Urine, clean catch	Evan J Berkas, RN
08:12	Specimens Collected	Drug of Abuse Screen with Alcohol, Emergency Department, Urine - ID: 20010BLC00221 Type: Urine Urinalysis (UA) - ID: 20010BLU00008 Type: Urine Urine Culture - ID: 20010BLC00221 Type: Urine	Evan J Berkas, RN
08:12:21	Print Label for Drug of Abuse Screen with Alcohol, Emergency Department, Urine Completed	Drug of Abuse Screen with Alcohol, Emergency Department, Urine - Type: Urine ; Source: Urine, Voided	Evan J Berkas, RN
08:12:21	Print Label for Urinalysis (UA) Completed	Urinalysis (UA) - Type: Urine ; Source: Urine, clean catch	Evan J Berkas, RN
08:13	Patient Radiology Status	<b>Other flowsheet entries</b> Patient Radiology/US/CT Status: Img Ready: CT Ready ! (0813)	Margaret E Veltema, RN
08:14:56	Imaging Exam Started	CT Head Without IV Contrast	Nancy L Carterrodriguez, RTR
08:15	Sepsis Predictive Model	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 2	Background, Analytics



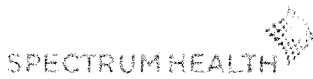
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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

08:15	Retired HEENT (Adult)	HEENT (Adult) Head/Face WDL: WDL Eye WDL Eye WDL: .WDL except: eye symptoms Left Eye Symptoms: sclera yellow Right Eye Symptoms: sclera yellow Ear WDL Ear WDL: WDL Nose WDL Nose WDL: WDL Mouth/Teeth/Throat WDL Mouth/Teeth WDL: .WDL except Lip Symptoms: dry Neck WDL Neck WDL: WDL	Margaret E Vellema, RN
08:23:47	Imaging Exam Started	CT Head Without IV Contrast	Brian P Walsh, RTR
08:24	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: --	Brian P Walsh, RTR
08:24:08	Imaging Exam Ended	CT Head Without IV Contrast	Brian P Walsh, RTR
08:25:11	Imaging Exam Started	DR Chest 2 Views Frontal And Lateral	Amanda K Lahay, RTR
08:26:18	History Reviewed	Sections Reviewed: Medical, Surgical	Jacob Jaboro
08:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 1.9	Background, Analytics
08:31	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Back in ED	Amanda K Lahay, RTR
08:31:51	Imaging Exam Ended	DR Chest 2 Views Frontal And Lateral	Amanda K Lahay, RTR
08:32	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: --	Margaret E Vellema, RN
08:33	Ammonia, Blood Level Resulted	Collected: 1/10/2020 08:02 Last updated: 1/10/2020 08:33 Status: Final result Ammonia Level: 51 umol/L [Ref Range: 0 - 60] Hemolysis: (Interpret results with caution. Slight specimen hemolysis. Hemolysis can affect laboratory results for the listed analytes; however, the degree of hemolysis in this specimen may not be high enough to cause significant change. Analytes that may be affected are: Ammonia, AST, Bilirubin Direct, Folate, Haptoglobin, Insulin, LDH, Osteocalcin, and Potassium.	Lab, Background User
08:33	Lactic Acid, Blood Level Resulted	Collected: 1/10/2020 08:06 Last updated: 1/10/2020 08:33 Status: Final result Lactic Acid: 1.6 mmol/L [Ref Range: 0.0 - 2.0]	Lab, Background User
08:35:16	CT Head Without IV Contrast Resulted	Last updated: 1/10/2020 08:42 Status: Final result	Edi, Rad Results In



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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

08:42	<b>Comprehensive Metabolic Panel (CMP) Resulted</b>	<b>Abnormal Result</b> Collected: 1/10/2020 08:02 Last updated: 1/10/2020 08:42 Status: <b>Final result</b>	Lab, Background User
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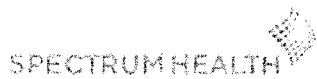
Sodium Level: **139 mmol/L** [Ref Range: 134 - 146]  
 Potassium Level: **3.7 mmol/L** [Ref Range: 3.4 - 5.0]  
 Chloride: **99 mmol/L** [Ref Range: 98 - 112]  
 HCO3: **17 mmol/L** [Ref Range: 21 - 29]  
 Anion Gap: **23 mmol/L** [Ref Range: 9 - 18]  
 Glucose Level: **99 mg/dL** [Ref Range: 70 - 99]  
 Blood Urea Nitrogen: **30 mg/dL** [Ref Range: 8 - 20]  
 Creatinine: **0.82 mg/dL** [Ref Range: 0.60 - 1.30]  
 MDRD eGFR: **>60 mL/min/1.73 m2** [Ref Range: >=60] (MDRD GFR calculation is based on the 4 value MDRD equation. K/DOQI Clinical Practice Guidelines for chronic kidney disease. Part 5 Guideline 5 ([http://www.kidney.org/professionals/kdoqi/guidelines\\_ckd/toc.htm](http://www.kidney.org/professionals/kdoqi/guidelines_ckd/toc.htm)).

MDRD estimated GFR (eGFR) is best used for detection of chronic kidney disease in clinically stable patients. DO NOT USE VALUES FROM THIS EQUATION FOR DRUG DOSING. It has not yet been validated for drug dosing or for patients with rapidly changing clinical situations (inpatient care).

The calculated GFR is gender, age, and race specific. Values for patients identified as Black are calculated using the equation for African Americans. Values for patients of all other non-White (non-Caucasian) races (American Indian, Asian, Hispanic, mixed race) and for patients who do not report their race are calculated using the equation for White (Caucasian) patients.)  
 Calcium Level Total: **8.9 mg/dL** [Ref Range: 8.6 - 10.4]  
 Protein Total: **7.1 g/dL** [Ref Range: 6.0 - 8.0]  
 Albumin Level: **2.9 g/dL** [Ref Range: 3.5 - 5.0]  
 Bilirubin Total: **6.0 mg/dL** [Ref Range: 0.2 - 1.0]  
 Alkaline Phosphatase: **178 IU/L** [Ref Range: 40 - 129]  
 Alanine Aminotransferase: **67 IU/L** [Ref Range: 10 - 40]  
 Aspartate Aminotransferase: **328 IU/L** [Ref Range: 10 - 40]  
 Hemolysis (Interpret results with caution. Slight specimen hemolysis. Hemolysis can affect laboratory results for the listed analytes; however, the degree of hemolysis in this specimen may not be high enough to cause significant change. Analytes that may be affected are: Ammonia, AST, Bilirubin Direct, Folate, Haptoglobin, Insulin, LDH, Osteocalcin, and Potassium.)

08:42	<b>Acetaminophen, Blood Level Resulted</b>	<b>Abnormal Result</b> Collected: 1/10/2020 08:02 Last updated: 1/10/2020 08:42 Status: <b>Final result</b>	Lab, Background User
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Acetaminophen Level: **<5.0 ug/ml** [Ref Range: 15.0 - 30.0] (Elevated levels of Acetaminophen related metabolites and related drugs (N-acetyl-p-benzoquinone imine, N-acetylcysteine (NAC), and/or Metamizole) can interfere with the methods for CHOLESTEROL, CREATININE, HDL, LACTIC ACID, LDL, TRIGLYCERIDES, and URIC ACID causing them to be FALSELY DECREASED.)



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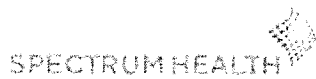
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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

08:42	Salicylate, Blood Level Resulted	Abnormal Result Collected: 1/10/2020 08:02 Last updated: 1/10/2020 08:42 Status: Final result Salicylate Level: <0.3 mg/dL [Ref Range: 2.0 - 10.0]	Lab, Background User
08:42:32	Imaging Final Result	CT Head Without IV Contrast	Edi, Rad Results In
08:42:32	CT Final Result	(Final result) CT HEAD WITHOUT IV CONTRAST	Edi, Rad Results In
08:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 1.8	Background, Analytics
08:47	Urinalysis (UA) Resulted	Abnormal Result Collected: 1/10/2020 08:12 Last updated: 1/10/2020 08:47 Status: Final result Urine Color: Amber (Interpret Chemstrip results with caution due to interference by specimen color.) ) Urine Appearance: Hazy Urine Specific Gravity: 1.024 [Ref Range: 1.010 - 1.030] U pH: 5.0 [Ref Range: 5.0 - 9.0] Urine Glucose: Negative mg/dL [Ref Range: Negative] Urine Ketones: 20 mg/dL [Ref Range: Negative] Urine Protein: 100 mg/dL [Ref Range: Negative] Urine Blood: Large [Ref Range: Negative] Urine Bilirubin: Small; Ictotest positive [Ref Range: Negative, Ictotest neg] Urine Urobilinogen: 4.0 mg/dL [Ref Range: Normal] Urine Nitrite: Negative [Ref Range: Negative] Urine Leukocyte Esterase: Negative [Ref Range: Negative] Urine WBC: 35 /HPF [Ref Range: 0 - 5] Urine RBC: 2 /HPF [Ref Range: 0 - 3] Urine Mucous: Many Urine Squamous Epithelial Cells: 2 /HPF [Ref Range: 0 - 9] Urine Hyaline Casts: 133 /LPF	Kathryn J Lauer
08:47:16	Lab Resulted	(Final result) URINALYSIS	Lab, Background User





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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

08:48	<b>Drug of Abuse Screen with Alcohol, Emergency Department, Urine Resulted</b>	Collected: 1/10/2020 08:12 Last updated: 1/10/2020 08:48 Status: Final result Amphetamine screen, urine: <b>Negative</b> [Ref Range: Negative] Barbiturate screen, urine: <b>Negative</b> [Ref Range: Negative] Benzodiazepine screen, urine: <b>Negative</b> [Ref Range: Negative] Cannabinoids screen, urine: <b>Negative</b> [Ref Range: Negative] Cocaine screen, urine: <b>Negative</b> [Ref Range: Negative] Ethanol scrn UR: <b>Negative</b> [Ref Range: Negative] Methadone screen, urine: <b>Negative</b> [Ref Range: Negative] Opiate 300 screen, urine: <b>Negative</b> [Ref Range: Negative] Oxycodone screen urine: <b>Negative</b> [Ref Range: Negative] (Screen Cutoff Limits: Amphetamines 500 ng/mL Barbiturates 200 ng/mL Benzodiazepines 300 ng/mL Cannabinoids 50 ng/mL Cocaine/Metab. 150 ng/mL Ethanol 20 mg/dL Methacone 300 ng/mL Opiates 300 ng/mL Oxycodone 100 ng/mL)	Lab, Background User
		<p>SCREENING PROCEDURE ONLY. Positives are not confirmed except where established by Laboratory policy. For other specimens, confirmation testing must be ordered by the physician. The Laboratory recommends that no legal action be taken on a positive screen result without confirmatory testing. Screening procedures generally target only one or a few specific drugs of a given class. Other drugs of the class may or may not cross react. Comprehensive Drug Screen may detect drugs not detected by this screening procedure.</p> <p>pH and SG testing are performed to evaluate specimen integrity. Results outside the indicated ranges may or may not indicate an attempt by the patient to adulterate or otherwise compromise the specimen. Repeat testing on a new collection may be indicated if there is a question as to specimen integrity.</p> <p>All urine drug screen specimens are stored for 10 days. Contact the Toxicology laboratory at 267-2780 for questions about confirmation testing, cross reactivity, Comprehensive Drug Screen, or specimen integrity testing.</p> <p>All urine drug screen specimens are stored for 10 days. )</p>	
08:48:27	<b>DR Chest 2 Views Frontal And Lateral Resulted</b>	Last updated: 1/10/2020 08:50 Status: Final result	Edi, Rad Results In
08:48:34	<b>Lab Resulted</b>	(Final result) DRUG SCREEN, EMERGENCY PANEL	Lab, Background User
08:50:39	<b>Imaging Final Result</b>	DR Chest 2 Views Frontal And Lateral	Edi, Rad Results In
08:50:39	<b>Xray Final Result</b>	(Final result) DR CHEST 2 VIEWS FRONTAL AND LATERAL	Edi, Rad Results In
08:59	<b>Patient Radiology Status</b>	<b>Other flowsheet entries</b> Patient Radiology/US/CT Status: Img Ready ! (0859)	Margaret E Veltema, RN
08:59:31	<b>Orders Placed</b>	Differential, Manual Blood	Kristi E Artz, MD
08:59:34	<b>XR Ordered</b>	DR CHEST SINGLE VIEW	Kristi E Artz, MD
08:59:34	<b>Orders Placed</b>	DR Chest Single View	Kristi E Artz, MD
09:00	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 2.7	Background, Analytics



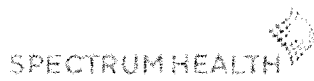
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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

09:00	Custom Formula Data	Other flowsheet entries Average of Mean BP: 95 Mean BP (mmHg): 94.33	Margaret E Veitema, RN
09:00	Vitals Signs	Vitals Pulse: 91 (Device Time: 09:00:25) Heart Rate source: Monitor Respirations: 16 (Device Time: 09:00:25) BP: 125/79 (Device Time: 09:00:00) MAP (mmHg): 94 (Device Time: 09:00:00) BP Locaton: Right arm Patient Position: Sitting BP Method: Automatic Cardiac Rhythm: Normal sinus rhythm AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 97 % (Device Time: 09:00:25) Device (Oxygen Therapy): room air Vitals Timer Restart Vitals Timer: Yes	Margaret E Veitema, RN
09:00	Complete Blood Count w/Differential Resulted	Abnormal Result Collected: 1/10/2020 08:02 Last updated: 1/10/2020 09:00 Status: Final result White Blood Cell: 10.64 x10 <sup>3</sup> /uL [Ref Range: 4.00 - 10.80] Red Blood Cell: 3.34 x10 <sup>6</sup> /uL [Ref Range: 4.60 - 6.00] Hemoglobin: 11.1 g/dL [Ref Range: 14.0 - 18.0] Hematocrit: 33.3 % [Ref Range: 42.0 - 52.0] Mean Cell Volume: 99.7 fL [Ref Range: 80.0 - 100.0] Mean Cell Hemoglobin: 33.2 pg [Ref Range: 27.0 - 33.0] Mean Cell Hemoglobin Concentration: 33.3 g/dL [Ref Range: 32.0 - 37.0] Rbc Cell Diameter Width: 14.9 % [Ref Range: 11.0 - 16.0] NRBC Absolute Count: 0.00 x10 <sup>3</sup> /uL [Ref Range: 0.00 - 0.01] NRBC Automated: 0.0 %WBC [Ref Range: 0.0 - 0.1] Platelet: 120 x10 <sup>3</sup> /uL [Ref Range: 140 - 400] Mean Platelet Volume: 10.4 fL [Ref Range: 7.4 - 11] Neutrophil Absolute Count: 9.04 x10 <sup>3</sup> /uL [Ref Range: 1.80 - 7.80]	Lab, Background User
09:00	Differential, Manual Blood Resulted	Abnormal Result Collected: 1/10/2020 08:02 Last updated: 1/10/2020 09:00 Status: Final result Segmented Neutrophils Manual: 85 % [Ref Range: 35 - 60] Lymphocytes Manual: 9 % [Ref Range: 20 - 50] Monocytes Manual: 6 % [Ref Range: 2 - 12] Eosinophil Manual: 0 % [Ref Range: 0 - 6] Basophils Manual: 0 % [Ref Range: 0 - 2] RBC Morphology: Normal Platelet Estimate: Normal	Lab, Background User
09:00:12	Orders Acknowledged	New - DR Chest Single View	Margaret E Veitema, RN
09:10:52	Lab Ordercd	URINE CULTURE	Kristi E Artz, MD
09:10:52	Orders Placed	Urine Culture	Kristi E Artz, MD
09:14	Medication Stopped	sodium chloride 0.9% bolus injection 1,000 mL - Route: Intravenous ; Line: Peripheral IV 01/10/20 Right Antecubital ; Scheduled Time: 0914	Margaret E Veitema, RN



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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

09:14	Intake/Output	sodium chloride 0.9% bolus injection 1,000 mL Volume (mL): 1000	Margaret E Veltema, RN
09:14:45	Orders Acknowledged	New - Urine Culture	Margaret E Veltema, RN
09:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2.7	Background, Analytics
09:16:42	Orders Placed	LORazepam (ATIVAN) injection 1 mg	Kristi E Artz, MD
09:19:52	Hospitalized Disposition Selected	ED Disposition set to Hospitalized	Kristi E Artz, MD
09:19:52	Disposition Selected		Kristi E Artz, MD
09:19:52	Orders Placed	ED Hospital Bed Request	Kristi E Artz, MD
09:19:53	ED IP Bed Requested	ED Hospital Bed Request - [239359547]	Kristi E Artz, MD
09:19:53	Bed Requested	Requestor: General Medicine	Kristi E Artz, MD
09:19:53	Orders Completed	ED Hospital Bed Request	Kristi E Artz, MD
09:21	Bed Request Ready to Plan	Ready to Plan: General Medicine	Background, Default User
09:22	Medication Given	LORazepam (ATIVAN) injection 1 mg - Dose: 1 mg ; Route: Intravenous ; Line: Peripheral IV 01/10/20 Right Antecubital ; Scheduled Time: 0950	Margaret E Veltema, RN
09:24:38	Orders Acknowledged	New - LORazepam (ATIVAN) injection 1 mg ; ED Hospital Bed Request	Margaret E Veltema, RN
09:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2.6	Background, Analytics
09:30:17	Orders Placed	thiamine (VITAMIN B1) injection 100 mg ; folic acid 1 mg in dextrose 5 % 100.2 mL IVPB	Kristi E Artz, MD
09:30:51	Orders Placed	sodium chloride 0.9% bolus injection 1,000 mL	Kristi E Artz, MD
09:31	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt In Img	Sophia B Chang
09:31:29	Orders Acknowledged	New - thiamine (VITAMIN B1) injection 100 mg ; folic acid 1 mg in dextrose 5 % 100.2 mL IVPB ; sodium chloride 0.9% bolus injection 1,000 mL	Margaret E Veltema, RN
09:33:10	Registration Completed		Veronica L Gonzalez
09:34:51	Imaging Exam Started	DR Chest Single View	Michelle L Rodriguez, RTR
09:35	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt Done Img; Back in ED	Michelle L Rodriguez, RTR
09:35:18	Imaging Exam Ended	DR Chest Single View	Michelle L Rodriguez, RTR
09:39	Medication New Bag	sodium chloride 0.9% bolus injection 1,000 mL - Dose: 1,000 mL ; Rate: 1,000 mL/hr ; Route: Intravenous ; Line: Peripheral IV 01/10/20 Right Antecubital ; Scheduled Time: 1005	Margaret E Veltema, RN
09:40:21	Orders Discontinued	thiamine (VITAMIN B1) injection 100 mg	George J Wiator Jr., RPh
09:40:38	Orders Placed	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB	Kristi E Artz, MD



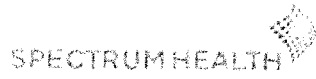
BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

09:42	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: --	Margaret E Vellema, RN
09:42	Transfer Center Intake	Provider Paged/Called Reason for Call: Admission Requesting Provider: Dr. K Artz Requesting Facility/Unit: SHBL ED Call Back Number: 73245 Chief Complaint: AMS, possible alcohol withdrawal vs hepatic encephalopathy Blodgett Appropriate (if applicable) : Yes Provider 1 Provider Name: Dr. K Patel Provider Speciality: Acult Hospitalist Time Paged/Called: 0945	Nicole E Steinman, RN
09:44:51	Orders Acknowledged	New - thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB ; Discontinued - thiamine (VITAMIN B1) injection 100 mg	Margaret E Vellema, RN
09:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2.6	Background, Analytics
09:59:11	DR Chest Single View Resulted	Last updated: 1/10/2020 10:02 Status: Final result	Edi, Rad Results In
10:00	Custom Formula Data	Other flowsheet entries Average of Mean BP: 96.89 Mean BP (mmHg): 100.67	Margaret E Vellema, RN
10:00	Vitals Signs	Vitals Pulse: 100 (Device Time: 10:00:24) Heart Rate source: Monitor Respirations: 22 (Device Time: 10:00:24) BP: 130/86 (Device Time: 10:00:00) MAP (mmHg): 100 (Device Time: 10:00:00) BF Locaton: Left arm Patient Position: Sitting BF Method: Automatic AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 98 % (Device Time: 10:00:24) Device (Oxygen Therapy): room air Vitals Timer Restart Vitals Timer: Yes	Margaret E Vellema, RN
10:00	Transfer Center Intake	Provider Paged/Called Intake Ccnsiderations: Dr. Patel accepted for inpatient admission to BL with AMS Provider 1 Time Responded: 0951	Gail L Zourdos
10:01	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2.6	Background, Analytics
10:01	MEWS	MEWS SCORE MEWS Filed Score: 0	Automatic Discharge Provider
10:02:43	Imaging Final Result	DR Chest Single View	Edi, Rad Results In
10:02:43	Xray Final Result	(Final result) DR CHEST SINGLE VIEW	Edi, Rad Results In



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Care Timeline (continued)**

10:15	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 3.9	Background, Analytics
10:15:30	<b>Orders Placed</b>	Magnesium, Blood Level ; Phosphorus, Blood Level ; Prothrombin Time (PT with INR) ; Activated Partial Thromboplastin Time (APTT)	Joshua A Thomas, PA-C
10:16:31	<b>Orders Acknowledged</b>	New - Magnesium, Blood Level ; Phosphorus, Blood Level ; Prothrombin Time (PT with INR) ; Activated Partial Thromboplastin Time (APTT)	Margaret E Veltema, RN
10:21	<b>Medication New Bag</b>	folic acid 1 mg in dextrose 5 % 100.2 mL IVPB - Dose: 1 mg ; Rate: 200.4 mL/hr ; Route: Intravenous ; Line: Peripheral IV 01/10/20 Right Antecubital ; Scheduled Time: 1005	Margaret E Veltema, RN
10:21	<b>Collect Activated Partial Thromboplastin Time (APTT) Completed</b>	Activated Partial Thromboplastin Time (APTT) - Type: Blood ; Source: Blood, Venous	Margaret E Veltema, RN
10:21	<b>Collect Prothrombin Time (PT with INR) Completed</b>	Prothrombin Time (PT with INR) - Type: Blood ; Source: Blood, Venous	Margaret E Veltema, RN
10:21	<b>Specimens Collected</b>	Prothrombin Time (PT with INR) - ID: 20010BLG00045 Type: Blood Activated Partial Thromboplastin Time (APTT) - ID: 20010BLG00045 Type: Blood	Margaret E Veltema, RN
10:21	<b>Data</b>	folic acid 1 mg in dextrose 5 % 100.2 mL IVPB Volume (mL): 100	Margaret E Veltema, RN
10:21:26	<b>Print Label for Activated Partial Thromboplastin Time (APTT) Completed</b>	Activated Partial Thromboplastin Time (APTT) - Type: Blood ; Source: Blood, Venous	Margaret E Veltema, RN
10:21:26	<b>Print Label for Prothrombin Time (PT with INR) Completed</b>	Prothrombin Time (PT with INR) - Type: Blood ; Source: Blood, Venous	Margaret E Veltema, RN
10:25:36	<b>ED Note Filed</b>	ED Prov Note filed by Kristi E Artz, MD	Kristi E Artz, MD
10:25:36	<b>ED Provider Notes</b>	Note filed at this time	Kristi E Artz, MD
10:30	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 3.9	Background, Analytics
10:31	<b>VTE Risk Assessment</b>	<b>VTE Risk Scoring System</b> VTE Risk Scoring System: Medical (Padua) <b>VTE Padua (Medical) Risk Assessment</b> SECTION II: Disease Related Risk Factors: 0 - None SECTION III: Hematology Related Risk Factors: 0 - None SECTION IV: Mobility Related Risk Factors: 0 - None SECTION V: Traume/Surgery Related Risk Factors: 0 - None Medical (Padua) Risk Score: 0 Risk Category: 0 - very low risk - no prophylaxis recommended <b>VTE Contraindications</b> Pharmacologic Contraindications: None Mechanical Contraindications: None	Joshua A Thomas, PA-C
10:31	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> VTE Low Risk Padua: Yes	Joshua A Thomas, PA-C



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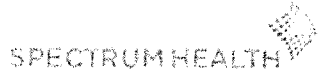
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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

10:37	Patient class changed		Joshua A Thomas, PA-C
10:37:51	Team Member Assigned	Kartik H Patel, MD assigned as Admitting	Joshua A Thomas, PA-C
10:37:51	Hospitalized Disposition Selected	ED Disposition set to Hospitalized	Joshua A Thomas, PA-C
10:37:51	Disposition Selected		Joshua A Thomas, PA-C
10:37:51	Orders Placed	Admit to Inpatient	Joshua A Thomas, PA-C
10:37:56	Patient Admitted from ED	Admit to Inpatient - [239407667]	Joshua A Thomas, PA-C
10:37:56	Orders Completed	Admit to Inpatient	Joshua A Thomas, PA-C
10:41:50	History Reviewed	Sections Reviewed: Medical	Joshua A Thomas, PA-C
10:41:57	History Reviewed	Sections Reviewed: Surgical	Joshua A Thomas, PA-C
10:42:03	History Reviewed	Sections Reviewed: Family	Joshua A Thomas, PA-C
10:42:36	History Reviewed	Sections Reviewed: Tobacco, Alcohol, Drug Use, Sexual Activity	Joshua A Thomas, PA-C
10:43	Medication Stopped	sodium chloride 0.9% bolus injection 1,000 mL - Route: Intravenous ; Line: Peripheral IV 01/10/20 Right Antecubital ; Scheduled Time: 1044	Margaret E Veltema, RN
10:43	Intake/Output	sodium chloride 0.9% bolus injection 1,000 mL Volume (mL): 1000	Margaret E Veltema, RN
10:44:06	Orders Acknowledged	New - Admit to Inpatient	Margaret E Veltema, RN
10:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4.4	Background, Analytics
10:45	Custom Formula Data	Other flowsheet entries Average of Mean BP: 102.5 Mean BP (mmHg): 119.33	Thomas D Wierenga
10:45	Vitals Signs	Vitals Pulse: 108 (Device Time: 10:45:23) Respirations: 21 (Device Time: 10:45:23) BP: 160/99 (Device Time: 10:45:00) MAP (mmHg): 110 (Device Time: 10:45:00)	Thomas D Wierenga
10:46	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 27.4	Background, Analytics
10:46	Prothrombin Time (PT with INR) Resulted	Abnormal Result Collected: 1/10/2020 10:21 Last updated: 1/10/2020 10:46 Status: Final result Prothrombin Time: 19.8 second(s) ^ [Ref Range: 9.7 - 12.6] INR: 2.1 Ratio ^ [Ref Range: 0.9 - 1.2] (Low intensity anticoagulation therapeutic range: 2.0-3.0 High intensity anticoagulation therapeutic range: 2.5-3.5 INR value is clinically relevant ONLY when patient is on warfarin.)	Lab, Background User





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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Care Timeline (continued)**

10:46	<b>Activated Partial Thromboplastin Time (APTT) Resulted</b>	Collected: 1/10/2020 10:21 Last updated: 1/10/2020 10:46 Status: <b>Final result</b> Activated Partial Thromboplastin Time: <b>27 second(s)</b> [Ref Range: 21 - 32] (High and Reduced intensity anticoagulation therapeutic range: 45-65 See individual nomograms for therapeutic ranges for other indications.)	Lab, Background User
10:47	<b>Magnesium, Blood Level Resulted</b>	Collected: 1/10/2020 08:02 Last updated: 1/10/2020 10:47 Status: <b>Final result</b> Magnesium Level: <b>1.8 mg/dL</b> [Ref Range: 1.6 - 2.5] Hemolysis: (Interpret results with caution. Moderate specimen hemolysis. Recommend repeat draw. Results for the following analytes may not be accurate due to hemolysis: Ammonia, ALT, AST, Alk Phos, Betahydroxybutyrate, Bilirubin Direct, CK, Ethanol, Folate, GGT, Haptoglobin, Homocysteine, Insulin, Iron, LDH, Osteocalcin, Potassium, and PTH Intact.)	Lab, Background User
10:47	<b>Phosphorus, Blood Level Resulted</b>	Collected: 1/10/2020 08:02 Last updated: 1/10/2020 10:47 Status: <b>Final result</b> Phosphorus Level: <b>4.5 mg/dL</b> [Ref Range: 2.5 - 4.5]	Lab, Background User
10:58	<b>Medication Stopped</b>	folic acid 1 mg in dextrose 5 % 100.2 mL IVPB - Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 01/10/20 Right Antecubital</b> ; Scheduled Time: <b>1058</b>	Margaret E Veltema, RN
10:58	<b>Medication New Bag</b>	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB - Dose: <b>100 mg</b> ; Rate: <b>102 mL/hr</b> ; Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 01/10/20 Right Antecubital</b> ; Scheduled Time: <b>1015</b>	Margaret E Veltema, RN
10:58	<b>Intake/Output</b>	<b>folic acid 1 mg in dextrose 5 % 100.2 mL IVPB</b> Volume (mL): 100	Margaret E Veltema, RN
11:00	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 4.4	Background, Analytics
11:01	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 29.9	Background, Analytics
11:15	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 4.4	Background, Analytics
11:16	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 29.9	Background, Analytics
11:26:14	<b>IP Bed Assigned</b>	Assigned: BL1E - 1E31/1E31-1	Gail L Zourdos
11:29:24	<b>Assign Nurse</b>	Kaitlyn D Lolla, RN assigned as Registered Nurse	Kaitlyn D Lolla, RN
11:30	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 4.4	Background, Analytics
11:31	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 29.9	Background, Analytics
11:36	<b>Medication Stopped</b>	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB - Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 01/10/20 Right Antecubital</b> ; Scheduled Time: <b>1136</b>	Kaitlyn D Lolla, RN
11:36	<b>Intake/Output</b>	<b>thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB</b> Volume (mL): 51	Kaitlyn D Lolla, RN
11:37:33	<b>ED Boarder Patient</b>		Joshua A Thomas, PA-C
11:45	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 4.4	Background, Analytics





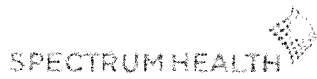
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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

11:46	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 29.9	Background, Analytics
12:00	<b>Vitals Signs</b>	<b>Vitals</b> Respirations: 22 (Device Time: 12:00:21) <b>AVPU/MEWS</b> AVPU Scale: Alert <b>Vitals Timer</b> Restart Vitals Timer: Yes	Kaitlyn D Lella, RN
12:00	<b>Workload Acuity Score</b>	<b>Workload Acuity Score</b> Workload Acuity Score: 12.15 ADL Score: 1 Admission Score: 5.65 Assessment Score: 0.5 Discharge Score: 0 LDA Score: 1 Medications Score: 3 Orders Score: 1 Risk Score: 0 Wound Score: 0	Automatic Discharge Provider
12:01	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 29.9	Background, Analytics
12:01	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 4.4	Background, Analytics
12:01	<b>MEWS</b>	<b>MEWS SCORE</b> MEWS Filed Score: 2	Automatic Discharge Provider
12:14:09	<b>Home Medications Reviewed</b>		Morgan L Buckingham
12:15	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 32.3	Background, Analytics
12:15	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 4.4	Background, Analytics
12:18	<b>Remove Nurse</b>	Kaitlyn D Lella, RN removed as Registered Nurse	Margaret E Veltema, RN
12:24	<b>Care Handoff</b>	<b>Care Handoff</b> Patient handed off to: (first attempt to call report)	Margaret E Veltema, RN
12:30	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 4.4	Background, Analytics
12:31	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 32.3	Background, Analytics
12:36	<b>Care Handoff</b>	<b>Care Handoff</b> Report Given To: Given to floor	Margaret E Veltema, RN
12:44:40	<b>Hospital bed ready</b>	Bed Ready: BL1E - 1E31/1E31-1	Ivr
12:45	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 2	Background, Analytics
12:46	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 31	Background, Analytics



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**ED Care Timeline (continued)**

13:00	<b>Sepsis Predictive Model</b>	<b>Sepsis Predictive Model</b> Sepsis Predictive Model Score: 2	Background, Analytics
13:01	<b>Deterioration Index Predictive Model</b>	<b>Deterioration Index</b> Deterioration Index Score: 31	Background, Analytics
13:01:41	<b>Patient transferred</b>	From room 19 to room BL ED OTF	Evan J Berkas, RN
13:01:41	<b>Patient transferred to OTF</b>		Evan J Berkas, RN
13:04	<b>Patient admitted</b>	To department SHBL 1E	Rebecca L Vanpatten
13:04:42	<b>ED Patient summary extract generated</b>		Rebecca L Vanpatten
13:04:46	<b>Charting Complete</b>		Margaret E Veltema, RN
13:04:46	<b>Charting Complete</b>		Kristi E Artz, MD
13:04:46	<b>Charting Complete</b>		Kaitlyn D Lella, RN
13:04:46	<b>Charting Complete</b>		Jacob Jaboro



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**H&P Notes**

**H&P by Joshua A Thomas, PA-C at 1/10/2020 10:39 AM**

Author: Joshua A Thomas, PA-C	Service: General Medicine	Author Type: Physician's Assistant
Filed: 1/10/2020 11:31 AM	Date of Service: 1/10/2020 10:39 AM	Status: Attested
Editor: Joshua A Thomas, PA-C (Physician's Assistant)		Designer: Kartik H Patel, MD at 1/10/2020 2:23 PM

**Attestation signed by Kartik H Patel, MD at 1/10/2020 2:23 PM**

I have personally interviewed and examined the patient on 1/10/2020. Management was discussed with APP Joshua Thomas. I agree with the documented findings and plan of care in his/her note.

**Brief exam:**

Vitals:	01/10/20 1000	01/10/20 1045	01/10/20 1200	01/10/20 1316
BP:	130/86	150/99		112/84
Pulse:	100	108		115
Resp:	22	21	22	20
Temp:				36.5 °C
TempSrc:				Oral
SpO2:	98%			99%
Weight:				68.5 kg
Height:				1.753 m

Gen: Pt is AAOx1 (oriented to year - not to place or person)  
 HENT: NC/AT  
 Eyes: PERRLA, + scleral icterus  
 CVS: S1S2, tachycardic  
 Lungs: good air entry b/l, no wheezing  
 Abd: soft, non-tender, +BS, no rebound tenderness or guarding, negative murphy's sign  
 Ext: no pedal edema

**Brief history and medical decision making:**

Pt is a 56 yr old M - presents from jail after being found down. Patient was jailed on 1/7 for parole violation. Pt had been drinking upto that point.

Upon eval - pt is awake, alert but confused. Concern for alcohol withdrawal vs DTs as well as alcohol withdrawal seizures. CT Head negative for acute pathology.

Admit for alcohol withdrawal, psych consult, MVI/FA/Thiamine, IVF. Check RUQ Abdominal US. Psychiatry consulted for alcohol withdrawal management. Seizure precautions and 24 hour EEG. Consider Neuro c/s if EEG concerning for seizures.

Plan of care discussed w/pt - all questions answered.

**CHIEF COMPLAINT:**

Altered mental status

**Assessment/Plan**

**ASSESSMENT / PLAN:**

- Acute metabolic encephalopathy
- Possible seizure activity?
- Alcoholic hepatitis
- Coagulopathy
- History of alcohol abuse

-reported patient arrived to court on 01/07/2020 intoxicated and was placed in jail following court appearance  
 -found face down in jail cell, unwitnessed around 0700 this morning, no loss of bowel or bladder function reported



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**H&P Notes (continued)**

-per chart review, patient seen at Henry Ford for alcohol abuse and alcoholic hepatitis in September of 2019  
-patient unable to articulate how much alcohol he currently uses/when his last drink was consumed  
-vital signs unremarkable, lactic acid normal, WBC count normal  
-alk-phos 170, albumin 2.9, AST 328, ALT 67, total bilirubin 6.8 upon admission  
-ammonia level 51  
-INR was 2.1, PTT 19.8 upon admission  
-electrolytes within normal limits, Mg and Phos replaced, goal Mg > 2, Phos > 3, K > 4  
-acetaminophen and salicylate levels unremarkable, urine toxicology screen unremarkable  
-UA revealing a few urine white blood cells and large urine blood, urine culture obtained, no antimicrobial coverage at this time  
-CXR negative for acute cardiopulmonary disease  
-CT Head (1/10): No acute intracranial findings, mild global volume loss, slightly greater than expected for age  
-CK ordered, pending  
-received 2 L fluid bolus, thiamine, folic acid and Ativan 1 mg IV in ED  
-psychiatry consulted, appreciate recommendations  
-nutrition and social work consulted  
-comprehensive blood drug screen ordered, pending  
-seizures/aspiration precautions  
-CIWA per psych protocol, Ativan PRN  
-continue with thiamine, folic acid and multivitamin daily  
-continuous IV fluids  
-neuro checks every 4 hours  
-NPO for now, RN to perform bedside swallow before initiation of diet  
-cEEG monitoring x 24 hours ordered to assess for seizure activity  
-hepatic function panel added, pending  
-RUQ US to assess liver, pending

**Anion gap metabolic acidosis**

-likely secondary to above with alcohol abuse and poor nutrition  
-UA revealing presence of ketones  
-bicarbonate 17, anion gap 23 upon admission

**CODE: FULL - unable to discuss secondary to altered mental status**

**DVT Prophylaxis: Low-risk per VTE assessment, SCD's applied bilaterally**

**DIET: NPO for now**

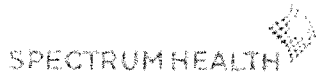
The above assessment and plan was discussed with Dr. Kartik Patel and he agrees with the treatment plan.

**Subjective**

**HISTORY OF PRESENT ILLNESS:**

Gregory Anthony Abraham is a 56 y.o. male with a past medical history of alcohol abuse, alcoholic hepatitis and hypertension who presents today from jail with two police officers for alcohol withdrawal and altered mental status. The patient is unable to provide any history at this time due to his altered mental status. No family was present at bedside to assist with the history. According to the emergency department note, EMS personnel stated that the Kent County jail gave the patient a dose of Valium around 0345 for suspected alcohol withdrawal. Then, around 7.00 a.m. this morning he was found unconscious on the floor of his cell in a puddle of his own drool. EMS also reports that he was combative and irrational at the jail, but was able to follow commands. EMS also states that he went to court on 01/07/2020 and then was brought to jail later that day. Evidently, he used to drink 2 drinks per day. However, the police officers present at bedside stated that he presented to court for discussion about his probation and he was noted to be heavily intoxicated. No further details regarding his admission in to jail is available at this time. The patient is unable to participate in a thorough review of systems, however he is able to communicate that he is not currently in any pain. Patient is unable to articulate whether he is a heavy drinker or when his last known drink was.

Upon admission to the emergency department, patient was afebrile and mildly tachycardic. CMP was significant for a bicarbonate level of 17 and anion gap of 23. Additionally, alk-phos was noted at 178, albumin 2.9, AST 328, ALT 67 and total bilirubin 6.8. Complete blood count was significant for a normocytic anemia with a hemoglobin 11.1 as well as thrombocytopenia with platelets of 120. Lactic acid was unremarkable. Coagulation studies revealed INR of 2.1 and PT of 19.8. Acetaminophen and salicylate levels were unremarkable. Urine toxicology screen was also unremarkable. Urinalysis revealed a few urine white blood cells and a large amount a urine blood. Urine culture was obtained. EKG was unremarkable. Chest radiograph was unremarkable for



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**H&P Notes (continued)**

acute cardiopulmonary disease. CT of the head without IV contrast was unremarkable for any acute changes. Patient received Ativan 1 mg IV, 2 L of fluid, thiamine and folic acid in the emergency department. Patient was admitted as inpatient status in stable condition for further workup and treatment.

Patient Active Problem List

Diagnosis

- Altered mental status
- High anion gap metabolic acidosis
- Alcohol abuse
- Alcoholic hepatitis
- Chronic anemia

Past medical, surgical, family and social history reviewed. Unable to review pertinent family history secondary to patient's altered mental status.

Past Medical History:

Diagnosis

- Alcohol abuse
- Alcoholic hepatitis
- Hypertension

Date

Past Surgical History:

Procedure

- HX HERNIA SURGERY

Laterality

Date

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
  - Worry: Not on file
  - Inability: Not on file
- Transportation needs:
  - Medical: Not on file
  - Non-medical: Not on file

Tobacco Use

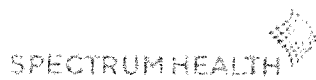
- Smoking status: Current Every Day Smoker
- Types: Cigarettes
- Smokeless tobacco: Current User
- Types: Chew

Substance and Sexual Activity

- Alcohol use: Yes
- Comment: Unable to articulate amount at this time*
- Drug use: Not on file
- Sexual activity: Not on file

Lifestyle

- Physical activity:
  - Days per week: Not on file
  - Minutes per session: Not on file



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**H&P Notes (continued)**

- Stress: Not on file
- Relationships
- Social connections:
  - Talks on phone: Not on file
  - Gets together: Not on file
  - Attends religious service: Not on file
  - Active member of club or organization: Not on file
  - Attends meetings of clubs or organizations: Not on file
  - Relationship status: Not on file
- Other Topics Concern
  - Not on file
- Social History Narrative
  - Not on file

(Not in a hospital admission)

No Known Allergies

Review of Systems

Unable to perform ROS: mental status change

**Objective**

**OBJECTIVE:**

BP 160/99 | Pulse 108 | Temp 97.5 °F (36.4 °C) (Oral) | Resp 21 | SpO2 98%

**Physical Exam**

Constitutional:

Appearance: He is normal weight.

Comments: **Disheveled. Nontoxic appearing, no acute distress. Patient appears anxious.**

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal. No congestion.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear. No posterior oropharyngeal erythema.

Comments: **No trauma noted to tongue**

Eyes:

Pupils: Pupils are equal, round, and reactive to light.

Comments: **Scleral icterus appreciated bilaterally**

Neck:

Musculoskeletal: Neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: No murmur. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: No wheezing, rhonchi or rales.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft.

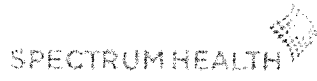
Tenderness: There is no tenderness. There is no guarding or rebound.

Comments: **No ascitic of fluid appreciated in abdomen**

Musculoskeletal:

General: No swelling, tenderness or deformity.

Lymphadenopathy:



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

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**H&P Notes (continued)**

---

Cervical: No cervical adenopathy.

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Findings: No erythema or rash.

Comments: **No obvious jaundice appreciated on the skin**

Neurological:

Comments: **Alert. Oriented to name only. Mildly tremulous, no myoclonus. No focal deficit. Cranial nerves 2-12 grossly intact. No postictal phase appreciated. Motor strength and sensation of bilateral upper and lower extremities grossly intact. Patient following commands.**

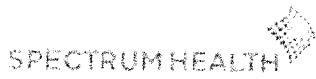
Psychiatric:

Comments: **Patient appearing anxious and mildly paranoid throughout exam. Nonsensical speech.**

All available laboratory values and diagnostic tests personally reviewed on 01/10/2020.

Electronically signed by Joshua A. Thomas, PA-C at 1/10/2020 11:31 AM  
Electronically signed by Kartik H Patil, MD at 1/10/2020 2:23 PM





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Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Discharge Summary Note**

**Discharge Summary by Jessica D Smith, MD at 1/16/2020 3:03 PM**

Author: Jessica D Smith, MD  
Filed: 1/18/2020 7:34 AM  
Editor: Jessica D Smith, MD (Physician)

Service: Hospitalist  
Date of Service: 1/16/2020 3:03 PM

Author Type: Physician  
Status: Signed

**BRIEF OVERVIEW:**

Discharge Provider: Jessica D Smith, MD  
Primary Care Provider: Not Available At Reg Physician, MD  
Admission Date: 1/10/2020  
Discharge Date: 1/16/2020

**Active Hospital Problems**

Diagnosis	Date Noted	POA
• Altered mental status	01/10/2020	Unknown
• High anion gap metabolic acidosis	01/10/2020	Unknown
• Alcohol abuse	01/10/2020	Unknown
• Alcoholic hepatitis	01/10/2020	Unknown
• Chronic anemia	01/10/2020	Unknown

**Resolved Hospital Problems**

No resolved problems to display.

There are no active non-hospital problems to display for this patient.

**Discharge Medications:**

No outpatient medications have been marked as taking for the 1/10/20 encounter (Hospital Encounter).

Discharge Disposition: custodial care facility

Active Issues Requiring Follow-up: Wernicke's encephalopathy, alcohol abuse, liver cirrhosis

**DETAILS OF HOSPITAL STAY:**

**PRESENTING PROBLEM:**

Altered mental status [R41.82]  
Altered mental status, unspecified altered mental status type [R41.82]

**HOSPITAL COURSE:**

Gregory Abraham is a 56 year old man with PMH of alcohol abuse, alcoholic hepatitis and hypertension who presented from jail with two police officers for alcohol withdrawal and altered mental status. According to the emergency department note, EMS personnel stated that the Kent County jail gave the patient a dose of Valium around 0345 the morning of presentation for suspected alcohol withdrawal. Then, around 7:00 a.m. he was found unconscious on the floor of his cell in a puddle of his own drool. EMS also reported that he was combative and irrational at the jail, but was able to follow commands. EMS also stated that he went to court on 01/07/2020 and then was brought to jail later that day. Evidently, he used to drink 2 drinks per day. However, the police officers present at bedside in the ED stated that he presented to court for discussion about his probation and he was noted to be heavily intoxicated. Per medical record review, he was seen at Henry Ford for alcohol abuse and alcoholic hepatitis in September 2019. In the emergency department, patient was afebrile and mildly tachycardic. CMP was significant for a bicarbonate level of 17 and anion gap of 23. Additionally, alk-phos was noted at 178, albumin 2.9, AST 328, ALT 67 and total bilirubin 6.8. Complete blood count was significant for a normocytic anemia with a hemoglobin 11.1 as well as thrombocytopenia with platelets of 120. Lactic acid was unremarkable. Coagulation studies revealed INR of 2.1 and PT of 19.8. Acetaminophen and salicylate levels were unremarkable. Urine toxicology screen was also unremarkable. Urinalysis revealed a few urine white



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**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Discharge Summary Note (continued)**

blood cells and a large amount of urine blood. Urine culture was obtained. EKG was unremarkable. Chest radiograph was unremarkable for acute cardiopulmonary disease. CT of the head without IV contrast was unremarkable for any acute changes. Patient received Ativan 1 mg IV, 2 L of fluid, thiamine and folic acid in the emergency department. He was admitted for further medical management of altered mental status. Neurology and Psychiatry were consulted. EEG was performed negative for seizure activity. It was felt that the patient's altered mental status was likely related to Wernicke's encephalopathy as he was noted to have confabulations. He received thiamine and folate along with multivitamin. He received aggressive IV fluids for rhabdomyolysis with elevated CK levels that did improve. RUQ US on 1/10 showing "a mixture of diffuse fatty infiltration and diffuse hepatocellular disease. There is hepatomegaly. Mild dilation of the main portal vein. This can indicate portal hypertension. Otherwise. Normal-appearing Doppler examination of the liver. Gallbladder sludge. Small amount of ascites". Gastroenterology evaluated the patient and recommended outpatient follow-up-patient stated that he would like to follow-up with his GI team closer to where he resides. He did receive vitamin k for liver coagulopathy. LFTs began to improve. Mentation began to improve. LFTs were noted to be down trending while inpatient. He required multiple rounds of replacements for hypokalemia, hypomagnesemia, hypophosphatemia. It is recommended for medical team at the jail to obtain blood work on 1/18/2020 (CMP, Mg, Phos) to monitor electrolytes and these can be replaced with oral supplements. Patient was discharged back to Kent County Jail on 01/16/2020 in stable condition.

**CONSULTS / RECOMMENDATION:**

Neurology  
Psychiatry  
MSW  
Gastroenterology

**INPATIENT PROCEDURES:**

EEG

BP 126/84 | Pulse 95 | Temp 36.8 °C (Oral) | Resp 19 | Ht 1.753 m | Wt 68.5 kg | SpO2 95% | BMI 22.30 kg/m<sup>2</sup>

**Physical Exam**

Constitutional:

General: He is not in acute distress.

HEENT:

Head: Normocephalic and atraumatic.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.  
Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: Bowel sounds are normal. There is no distension.  
Palpations: Abdomen is soft.  
Tenderness: There is no tenderness. There is no guarding.

Musculoskeletal:

Right lower leg: No edema.  
Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

I spent 35 minutes performing this hospital discharge.

Electronically signed by Jessica D Smith, MD at 1/18/2020 7:34 AM



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Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Clinical Notes (group 2 of 2) (continued)

Michelle M Manalac, MD at 1/11/2020 8:23 AM

Author: Michelle M Manalac, MD

Filed: 1/11/2020 8:38 AM

Editor: Michelle M Manalac, MD (Physician)

Service: Hospitalist

Date of Service: 1/11/2020 8:23 AM

Author Type: Physician

Status: Addendum

## Progress Note

### CHIEF COMPLAINT:

Altered mental status

Assessment/Plan

### ASSESSMENT / PLAN:

Principal Problem:

Altered mental status

Active Problems:

High anion gap metabolic acidosis

Alcohol abuse

Alcoholic hepatitis

Chronic anemia

1/11/2020

Hypoglycemia- d50 given initially 26-> >60, added D5 to IVF

Watch lytes closely

-if no sz activity in EEG, will start pofeeding, keep NPO for now except for meds

-passed bedside swallow per RN

Acute metabolic encephalopathy

Possible seizure activity?

Alcoholic hepatitis

Coagulopathy

History of alcohol abuse

-reported patient arrived to court on 01/07/2020 intoxicated and was placed in jail following court appearance

-found face down in jail cell, unwitnessed around 0700 am day of admit, no loss of bowel or bladder function reported

-per chart review, patient seen at Henry Ford for alcohol abuse and alcoholic hepatitis in September of 2019

-patient unable to articulate how much alcohol he currently uses/when his last drink was consumed, still confused although awake and alert

-vital signs unremarkable, lactic acid normal, WBC count normal

-alk-phos trending down, albumin 2.6, AST 499, ALT 92, total bilirubin 4.7, likley 2/2 etoh

-ammonia level 51 on admission

-INR was 2.1, PTT 19.8 upon admission

-electrolytes , k,phos, mag low, will repalce with IV k and po kphos, mag, recheck in am

-nutrition consult

-acetaminophen and salicylate levels unremarkable, urine toxicology screen unremarkable

-UA revealing a few urine white blood cells and large urine blood, urine culture obtained, no antimicrobial coverage at this time

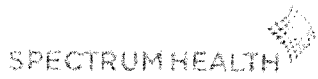
-CXR negative for acute cardiopulmonary disease

-CT Head (1/10): No acute intracranial findings, mild global volume loss, slightly greater than expected for age

-CK ordered, trending up, Cont ivf, prob 2/2 to fail plus ? sz

On CEEG, will consukt neuro

-received 2 L fluid bolus, thiamine, folic acid and Ativan 1 mg IV in ED



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Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging**

**Imaging**

**CT Head Without IV Contrast (Final result)**

Electronically signed by: **Kristi E Artz, MD on 01/10/20 0800**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Kristi E Artz, MD 01/10/20 0800

Ordering provider: Kristi E Artz, MD

Authorized by: Kristi E Artz, MD

Ordering mode: Standard

Frequency: Now Once 01/10/20 0800 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Indications of use: Altered level of consciousness (LOC), unexplained

Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 8:00 AM

**Questionnaire**

Question	Answer
Rule Out/Verify/Other Pertinent History:	bleed
What are the patient's sedation requirements?	No Sedation
Initiate Rad Pre Procedure Protocol?	Yes
Initiate CT Contrast Protocol?	Yes
Where performed?	Department
Perform 3D imaging if indicated?	Yes

**Screening Form**

**General Information**

Patient Name: Abraham, Gregory Anthony  
Date of Birth: 5/22/1963  
Legal Sex: Male

MRN: 18702148  
Home Phone: 313-903-0379

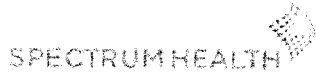
Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT HEAD WITHOUT IV CONTRAST	Kristi E Artz, MD 616-486-0385	Kristi E Artz, MD 616-486-0385	1/10/2020 8:25 AM BL CT 01 SHBL IMAG CT

**Screening Form Questions**

No questions have been answered for this form.

**Begin Exam Questions**

	Answer	Comment
Correct Patient?		
Correct Exam?		
Correct Order?		
Correct Part?		
Correct Reason?		
Verified Labs?		
Verified Contrast Allergies?		
Verified Steroid Prep?		
Patient given reason for imaging today?		
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	



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Abraham, Gregory Anthony  
MRN: 18702148, DOB [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

**CT Head Without IV Contrast**

Resulted: 01/10/20 0835, Result status: Final result

Ordering provider: Kristi E Artz, MD 01/10/20 0800

Order status: Completed

Resulted by: Angela S Gonda, MD

Filed by: Edi, Rad Results In 01/10/20 0842

Performed: 01/10/20 0819 - 01/10/20 0823

Accession number: 3934808

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

EXAMINATION: CT Head without Contrast

EXAM DATE: 1/10/2020 8:23 AM

TECHNIQUE: Standard protocol axial CT images were obtained from the skull base to the vertex without contrast.

INDICATION: Altered level of consciousness (LOC), unexplained.

COMPARISON: None

HAND DOMINANCE: Left

ENCOUNTER: Not applicable

**FINDINGS:**

1. There is no intracranial mass, midline shift, extraaxial fluid collection or hemorrhage.
2. There appears to be mild overall global volume loss, somewhat more than expected for age, with associated prominence of the ventricles and CSF spaces.
3. There are no suspicious area of altered attenuation.
4. There is no fracture. Few tiny foci of gas near the sella centrally, likely related to recent venous access.
5. The visualized aspects of the orbits, paranasal sinuses, and mastoid air cells are normal.

3-D imaging at an independent workstation: Not performed.

**Impression:**

1. No acute intracranial findings.
2. Mild global volume loss, slightly greater than expected for age.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
211000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lako Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**CT Head Without IV Contrast**

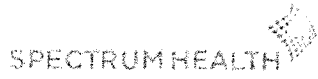
Resulted: 01/10/20 0814, Result status: In process

Ordering provider: Kristi E Artz, MD 01/10/20 0800

Order status: Completed

Resulted by: Angela S Gonda, MD

Filed by: Nancy L Carterrodriguez, RTR 01/10/20 0823



BLODGETT HOSPITAL Abraham, Gregory Anthony  
 1840 Wealthy St SE MRN: 18702148, DOB: [REDACTED] Sex: M  
 Grand Rapids MI 49506-2921 Acct #: 99105392490  
 Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Performed: 01/10/20 0819 - 01/10/20 0823 Accession number: 3934808  
 Resulting lab: EXTERNAL LAB

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Angela S Gonda, MD on 1/10/20 at 0835 EST

**DR Chest 2 Views Frontal And Lateral (Final result)**

Electronically signed by: **Kristi E Artz, MD on 01/10/20 0800** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Kristi E Artz, MD 01/10/20 0800 Ordering provider: Kristi E Artz, MD  
 Authorized by: Kristi E Artz, MD Ordering mode: Standard  
 Frequency: Now Once 01/10/20 0800 - 1 occurrence Class: Hospital Performed  
 Quantity: 1 Lab status: Final result  
 Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 8:00 AM

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	altered mental status
Rule Out/Verify/Other Pertinent History:	infiltrate
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes

**Begin Exam Questions**

Question	Answer	Comment
Correct Patient?	Yes	
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Patient given reason for imaging today?	Unable to obtain patient hx	
Pain?		
Where?		
Duration?		
Injury?		
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	

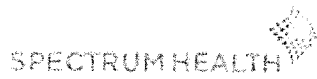
**End Exam Questions**

Question	Answer	Comment
Was the study completed on a DR or CR machine?	DR	

**DR Chest 2 Views Frontal And Lateral**

Resulted: 01/10/20 0848, Result status: Final result  
 Ordering provider: Kristi E Artz, MD 01/10/20 0800 Order status: Completed  
 Resulted by: Angela S Gonda, MD Filed by: Edt, Rad Results In 01/10/20 0850





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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Tanya Hioe, DO  
Performed: 01/10/20 0825 - 01/10/20 0831 Accession number: 3934859  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES  
Narrative:  
EXAMINATION: Frontal and Lateral View Chest  
EXAM DATE: 1/10/2020 8:31 AM

TECHNIQUE: AP frontal and lateral views

INDICATION: altered mental status,  
COMPARISON: None

**FINDINGS:**

The mediastinal contour appears prominent likely secondary to moderate patient rotation to the right, particularly in the absence of chest pain or suspicion for aortic pathology. The heart is not enlarged and the pulmonary vasculature appears within normal limits.

Increased opacities in the inferior and posterior lungs seen on the lateral view are likely due to atelectasis and low lung volumes as these are not appreciated on the AP view. No pneumothorax or pleural effusion.

**Impression:**

Low lung volumes without convincing focal infiltrate or edema.

Prominent mediastinal contours is likely secondary to patient rotation, discussed above.

I have personally viewed the images, discussed the findings with Tanya Hioe, DO, reviewed the interpretation, and agree.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

**DR Chest 2 Views Frontal And Lateral**

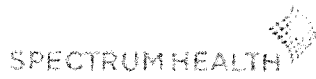
Resulted: 01/10/20 0825, Result status: In process

Ordering provider: Kristi E Artz, MD 01/10/20 0800  
Resulted by:  
Angela S Gorda, MD  
Tanya Hioe, DO  
Performed: 01/10/20 0825 - 01/10/20 0831  
Resulting lab: EXTERNAL LAB

Order status: Completed  
Filed by: Amanda K Lahay, RTR 01/10/20 0825

Accession number: 3934859





BLODGETT HOSPITAL  
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Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

Signed

Electronically signed by Angela S Gonda, MD on 1/10/20 at 0848 EST

DR Chest Single View (Final result)

Electronically signed by: Kristi E Artz, MD on 01/10/20 0859

Status: Completed

This order may be acted on in another encounter.

Ordering user: Kristi E Artz, MD 01/10/20 0859

Ordering provider: Kristi E Artz, MD

Authorized by: Kristi E Artz, MD

Ordering mode: Standard

Frequency: Now Once 01/10/20 0859 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 8:59 AM

Questionnaire

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	single PA chest, repeat for better positioning
Rule Out/Verify/Other Pertinent History:	mediastinal evaluation, enlarged on first view but likely due to positioning
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes

Begin Exam Questions

Question	Answer	Comment
Correct Patient?	Yes	
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Patient given reason for imaging today?	recheck chest, compare to last image	
Pain?	No	
Where?		
Duration?		
Injury?	No	
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		
Which is your dominant hand?	Left	

End Exam Questions

Question	Answer	Comment
Was the study completed on a DR or CR machine?	DR	

DR Chest Single View

Resulted: 01/10/20 0959, Result status: Final result

Ordering provider: Kristi E Artz, MD 01/10/20 0859

Order status: Completed

Resulted by: Robert D Deguzman, DO

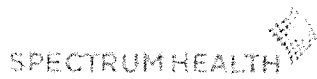
Filed by: Edi, Rad Results In 01/10/20 1002

Performed: 01/10/20 0930 - 01/10/20 0934

Accession number: 3935271

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED], Sex: M  
 Acct #: 99105392490  
 Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

EXAMINATION: Chest 1 view  
 EXAM DATE: 1/10/2020 9:34 AM

CLINICAL HISTORY PROVIDED: single PA chest, repeat for better positioning.  
 ICD 10 REQUIRED INFORMATION FROM ANOTHER SOURCE: No other pertinent information available.

TECHNIQUE: Portable AP upright chest 0937 hours.

COMPARISON: 1/10/2020 and 0831 hours.

ENCOUNTER: Initial  
 EXAM QUALITY: Satisfactory.

**FINDINGS**

**INSPIRATION AND POSITION:**

- \* Inspiration: Satisfactory
- \* Rotation: There is still some rotation to the right.

**CARDIAC SILHOUETTE AND MEDIASTINUM:**

- \* Normal size and appearance when taking into account patient rotation.

**LUNGS:**

- \* There is no pneumothorax, pneumonia, edema or pleural effusion.

**SKELETAL:**

- \* Ribs: Those that are visible appear intact.
- \* Clavicles and scapula: intact where visible.

**LINES/CATHETERS:**

- \* None.

**OTHER FINDINGS:**

- \* None.

**IMPRESSION**

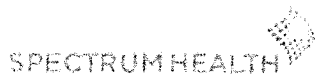
- \* No evidence of acute or new chest pathology.

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
211000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

DR Chest Single View

Resulted: 01/10/20 0934, Result status: In process



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Ordering provider: Kristi E Artz, MD 01/10/20 0859      Order status: Completed  
Resulted by: Robert D Deguzman, DO      Filed by: Michelle L Rodriguez, RTR 01/10/20 0934  
Performed: 01/10/20 0930 - 01/10/20 0934      Accession number: 3935271  
Resulting lab: EXTERNAL LAB

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Robert D Deguzman, DO on 1/10/20 at 0959 EST

**US Right Upper Quadrant (Discontinued)**

Electronically signed by: Joshua A Thomas, PA-C on 01/10/20 1127      Status: Discontinued  
Ordering user: Joshua A Thomas, PA-C 01/10/20 1127      Ordering provider: Joshua A Thomas, PA-C  
Authorized by: Joshua A Thomas, PA-C      Ordering mode: Standard  
Frequency: Routine Once 01/10/20 1330 - 1 occurrence      Class: Hospital Performed  
Quantity: 1      Instance released by: Rosalie Flores, RN (auto-released)  
1/10/2020 1:29 PM  
Discontinued by: Nicole L Worrall, RDMS, RVT 01/10/20 1333 [Per Protocol]

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	Acute alcoholic hepatitis, elevated total bilirubin of 6.8
Rule Out/Verify/Other Pertinent History:	Suspected history of cirrhosis
What are the patient's sedation requirements?	No Sedation
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes
Initiate Ultrasound Protocol	Yes

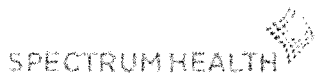
**US Right Upper Quadrant With Doppler (Final result)**

Electronically signed by: Nicole L Worrall, RDMS, RVT on 01/10/20 1329      Status: Completed  
This order may be acted on in another encounter.  
Ordering user: Nicole L Worrall, RDMS, RVT 01/10/20 1329      Ordering provider: Kartik H Patel, MD  
Authorized by: Kartik H Patel, MD      Ordering mode: Per protocol: no cosign required  
Frequency: Routine Once 01/10/20 1330 - 1 occurrence      Class: Hospital Performed  
Quantity: 1      Lab status: Final result  
Instance released by: Nicole L Worrall, RDMS, RVT 1/10/2020 1:33 PM

**Questionnaire**

Question	Answer
Reason(s) for Exam/Signs and Symptoms:	Acute alcoholic hepatitis, elevated total bilirubin of 6.8
Rule Out/Verify/Other Pertinent History:	Suspected history of cirrhosis
What are the patient's sedation requirements?	No Sedation
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes
Initiate Ultrasound Protocol	Yes

Radiology / Imaging - ORD Level Scan - Scan on 1/10/2020 5:33 PM by Jason L Ashley-Oswalt, RTR: US WORKSHEET (below)



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Imaging (continued)



ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT  
(CONTINUED)

Abraham, Gregory A  
DOB: 5-22-65  
MRN: 18702148

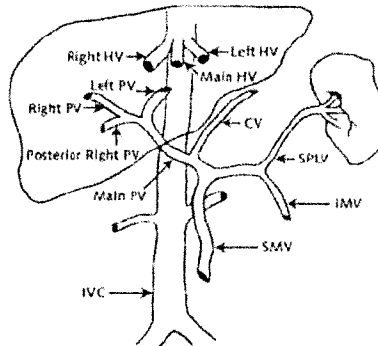
LIVER DOPPLER

HISTORY

- |                                                      |                                                   |                                                  |                                                                   |
|------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> INFO             | <input checked="" type="checkbox"/> Drugs/Alcohol | <input checked="" type="checkbox"/> Hypertension | <input type="checkbox"/> Hepatitis                                |
| <input type="checkbox"/> Prior exam                  | <input type="checkbox"/> Fever                    | <input type="checkbox"/> Cholesterol medications | <input type="checkbox"/> Allergies                                |
| <input type="checkbox"/> Pain, specify               | <input type="checkbox"/> History of cancer        | <input type="checkbox"/> Nausea/Vomiting         | <input type="checkbox"/> Diarrhea                                 |
| <input type="checkbox"/> Surgeries                   | <input type="checkbox"/> Weight loss              | <input type="checkbox"/> Cirrhosis               | <input checked="" type="checkbox"/> Abnormal liver function tests |
| <input type="checkbox"/> Diabetes, Type: [ ] [ ] [ ] | <input type="checkbox"/> Positive Murphy's Sign   |                                                  |                                                                   |

TECHNOLOGIST DOPPLER FINDINGS (Direction of flow)

- |          |                                            |                                   |           |
|----------|--------------------------------------------|-----------------------------------|-----------|
| HA:      | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| aPSV     | 164 cm/sec                                 | EDV                               | 57 cm/sec |
| HV: Main | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| Right    | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| Left     | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| SPLV:    | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| SMV:     | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| PV: Main | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| PSV      | 167 cm/sec                                 | EH                                | 2.1-3     |
| Right    | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| Left     | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |
| IVC:     | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |           |



Document thrombus on image

Liver 21.3 cm, coarse nodular, spleen 11.3 cm  
Right kidney 11.8 x 5.9 x 5.9 cm, Pancreas 12.1 cm  
Gallbladder 5.0 x 9.0 cm, Common bile duct (mm) 4-5

TECHNOLOGIST COMMENTS

- hepatic phlebopathy, presence of resistive  
- small amount of ascites  
- hepatopedal portal flow, patent hep veins/art

CHARGES:  Doppler complete  Doppler limited

TIME \_\_\_\_\_ DATE 1-10-20 Technologist signature J. Ashlop, DWA/lf

MSY: [REDACTED] [REDACTED]  
REV: [REDACTED] [REDACTED]  
REV: [REDACTED] [REDACTED]  
REV: [REDACTED] [REDACTED]  
REV: [REDACTED] [REDACTED]



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Imaging (continued)

**SPECTRUM HEALTH**

**Record**  
**ABDOMINAL ULTRASOUND/  
LIVER DOPPLER - ADULT**

**ABDOMINAL ULTRASOUND**

**HISTORY**

Nothing by mouth	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hours	_____
Pain/Murphy's sign	<input type="checkbox"/>	<input type="checkbox"/>	Location/Specify	_____
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Food intolerance(s)	<input type="checkbox"/>	<input type="checkbox"/>	List type(s) of food	_____
Cirrhosis/Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Type: 1 2	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Describe	_____
Cholesterol medicine	<input type="checkbox"/>	<input type="checkbox"/>	Type	_____
Other diseases	<input type="checkbox"/>	<input type="checkbox"/>	Describe	_____
Personal history of cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Abdominal surgeries	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Prior exam	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Additional information	_____			

**TECHNOLOGIST FINDINGS**

	SEEN <input type="checkbox"/>	NOT WELL SEEN <input type="checkbox"/>	
Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm
Biliary ducts	<input type="checkbox"/>	<input type="checkbox"/>	_____ mm
Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm
Right Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm X _____ cm
Left Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm X _____ cm
Aorta	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Proximal	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Middle	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Distal	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Right Iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Left Iliac Artery	<input type="checkbox"/>	<input type="checkbox"/>	_____ cm X _____ cm
Tenderness with examination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inferior vena cava	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doppler	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not ordered
Murphy's sign	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	

**TECHNOLOGIST COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

**CHARGES:**  Doppler complete  Doppler limited

**TIME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **Technologist signature** \_\_\_\_\_

DO NOT MARK BELOW THIS LINE

DO NOT MAKE SHOW THIS PAGE

**OVER →**

© 2019 Spectrum Health  
X07965 4 2019 - Front

**US Right Upper Quadrant With Doppler**

Resulted: 01/10/20 1904, Result status: Final result

Ordering provider: Karlik H Patel, MD 01/10/20 1329  
Resulted by: Kerry J Larson, MD  
Performed: 01/10/20 1657 - 01/10/20 1734  
Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES  
Narrative:  
EXAMINATION: Right Upper Quadrant Abdomen Ultrasound  
EXAM DATE: 1/10/2020 5:34 PM

Order status: Completed  
Filed by: Edi, Rad Results In 01/10/20 1907  
Accession number: 3938299



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

TECHNIQUE: Ultrasound imaging of the right upper quadrant

INDICATION: Acute alcoholic hepatitis, elevated total bilirubin of 6.8.  
COMPARISON: None

FINDINGS:

Liver: Visualized portions of liver parenchyma are echogenic with acoustic attenuation. This limits evaluation for hepatic masses. Liver echotexture appears diffusely coarsened with a nodular hepatic margin. The liver measures 21.3 cm in length.

Gallbladder: Gallbladder is almost completely filled with sludge. No gallbladder wall thickening, gallstones, para cholecystic fluid. No sonographic Murphy sign.

Common Bile Duct: The common duct measures 5 mm. There is no intrahepatic or extrahepatic bile duct dilatation.

Pancreas: Not well seen due to overlying shadowing.

Right Kidney: There is no hydronephrosis. The size and echogenicity of the kidney is normal.

Spleen: The spleen is normal in size and echogenicity.

Other Findings: Small amount of ascites

Vascular imaging: Complete duplex Doppler imaging of the liver was performed to assess for portal hypertension or vein thrombosis. The hepatic arterial waveform is normal with a normal peak systolic velocity. There is antegrade blood flow with color Doppler imaging in the hepatic and portal veins. Normal Spectral waveforms are present in the hepatic and portal veins. Main portal vein measures up to 15 mm.

Impression:

Suspect a mixture of diffuse fatty infiltration and diffuse hepatocellular disease. There is hepatomegaly. Mild dilation of the main portal vein. This can indicate portal hypertension. Otherwise, Normal-appearing Doppler examination of the liver.

Gallbladder sludge.

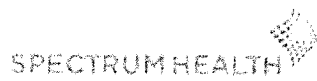
Small amount of ascites

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Present

US Right Upper Quadrant With Doppler

Resulted: 01/10/20 1657. Result status: In process



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Ordering provider: Kartik H Patel, MD 01/10/20 1329  
Resulted by: Kerry J Larson, MD  
Performed: 01/10/20 1657 - 01/10/20 1734  
Resulting lab: EXTERNAL LAB

Order status: Completed  
Filed by: Jason L Ashley-Oswalt, RTR 01/10/20 1657  
Accession number: 3938299

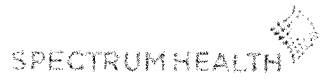
**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**Signed**

Electronically signed by Kerry J Larson, MD on 1/10/20 at 1904 EST





BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Imaging (continued)

Neurology

EEG (Discontinued)

Electronically signed by: **Joshua A Thomas, PA-C on 01/10/20 1127** Status: **Discontinued**  
 Ordering user: Joshua A Thomas, PA-C 01/10/20 1127 Ordering provider: Kartik H Patel, MD  
 Authorized by: Kartik H Patel, MD Ordering mode: Standard  
 Additional signing events  
 Electronically signed by Joshua A Thomas, PA-C 01/13/20 0706, for Discontinuing in Per protocol: COSIGN required mode.  
 Communicator - Courtney L Smith Comment-Modified order to change frequency so it will repopulate correctly for billing purposes  
 Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20 Class: Hospital Performed  
 1330 - 24 hours  
 Quantity: 1 Instance released by: Rosalie Flores, RN (auto-released)  
 1/10/2020 1:20 PM  
 Discontinued by: Courtney L Smith 01/10/20 2112

Questionnaire

Question	Answer
EEG Type	Continucus w/Video

EEG (Edited Result - FINAL)

Electronically signed by: **Joshua A Thomas, PA-C on 01/13/20 0706** Status: **Completed**  
 Mode: Ordering in Per protocol: COSIGN required mode Communicated by: Courtney L Smith  
 Comment: Modified order to change frequency so it will repopulate correctly for billing purposes  
 This order may be acted on in another encounter.  
 Ordering user: Courtney L Smith 01/10/20 2112 Ordering provider: Joshua A Thomas, PA-C  
 Authorized by: Joshua A Thomas, PA-C Ordering mode: Per protocol: COSIGN required  
 Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20 Class: Hospital Performed  
 2113 - Until Specified  
 Quantity: 1 Lab status: Edited Result - FINAL  
 Instance released by: Courtney L Smith (auto-released) 1/10/2020 9:12 PM

Questionnaire

Question	Answer
EEG Type	Continucus w/Video

EEG

Resulted: 01/12/20 1429, Result status: Edited Result - FINAL

Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112 Order status: Completed  
 Filed by: Shan E Abbas, MD 01/12/20 1441 Performed: 01/11/20 0021 - 01/11/20 0021  
 Accession number: 3939075 Resulting lab: EXTERNAL LAB  
 Narrative  
 Shan E Abbas, MD 1/12/2020 2:41 PM  
 Continuous EEG with Video Report

Date(s) Of Service: 1/11/2020, 1730 - 1/12/2020, 1429

CLINICAL HISTORY

The patient is a 56 y.o. male with alcohol withdrawal and altered mental status who is being evaluated for seizure(s).

MEDICATIONS

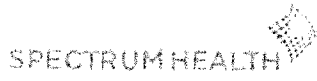
The patient is on no antiepileptic medications.

TECHNICAL SUMMARY

This digital, 21-channel video-EEG was performed utilizing the International 10-20 electrode placement system, with additional placement of T1 / T2 electrodes, infraorbital leads and an EKG channel. Multiple montages were used for review.

EEG DESCRIPTION

Background: This recording was obtained during wakefulness.



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

drowsiness and sleep. At the patient's most-alert state, a medium-voltage, 8-9 Hz posterior dominant rhythm was appreciated. This was symmetric, synchronous, well-modulated, well sustained, and reactive to eye opening and eye closure. Background activity comprised of 8 to 12 Hz waveforms with low-voltage, fast activity seen frontocentrally. Drowsiness was characterized by an increase in background theta activity with attenuation of the posterior dominant rhythm. Stage II sleep was recorded; sleep spindles and other sleep structures were normal in morphology and distribution.

Activation Procedures: Intermittent photic stimulation was not performed. Hyperventilation was not performed.

Sporadic Epileptiform Discharges: No epileptiform activity was seen during this recording session.

Rhythmic/Periodic Patterns: No abnormal rhythmic or periodic patterns were noted seen during this recording session.

Ictal Discharges / Seizures: There were no clinical or electrographic seizures noted during this recording session.

Patient Events: No patient events were reported during this recording session.

EKG: The EKG channel revealed normal sinus rhythm. A sampled review showed intermittent tachycardia.

**EEG DIAGNOSIS**

This is a normal continuous EEG with video during wakefulness, drowsiness and sleep.

**CLINICAL INTERPRETATION**

This is a normal continuous EEG with video. No focal or lateralized anomalies were appreciated. No interictal epileptiform abnormalities were recorded. No clinical or electrographic seizures were recorded.

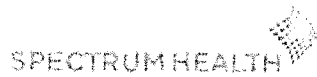
Shan E Abbas, MD  
Attending Epileptologist

Diagnosis Code(s): R56.9 Seizure(s), Alcohol withdrawal and R41.82 Altered mental status, unspecified

Procedures Performed	Chargeables
VEEG EA 12-26HR INTMT MNTR [NEU97]	

Testing Performed By				
Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

EEG	Resulted: 01/12/20 1300, Result status: Final result!
Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112	Order status: Completed
Filed by: Shan E Abbas, MD 01/12/20 1357	Performed: 01/11/20 0021 - 01/11/20 0021
Accession number: 3939075	Resulting lab: EXTERNAL LAB
Narrative:	
Shan E Abbas, MD 1/12/2020 1:57 PM	



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Continuous EEG with Video Report

Date(s) Of Service: 1/11/2020, 1730 - 1/12/2020, 1300

**CLINICAL HISTORY**

The patient is a 56 y.o. male with alcohol withdrawal and altered mental status who is being evaluated for seizure(s).

**MEDICATIONS**

The patient is on no antiepileptic medications.

**TECHNICAL SUMMARY**

This digital, 21-channel video-EEG was performed utilizing the International 10-20 electrode placement system, with additional placement of T1 / T2 electrodes, infrorbital leads and an EKG channel. Multiple montages were used for review.

**EEG DESCRIPTION**

Background: This recording was obtained during wakefulness, drowsiness and sleep. At the patient's most-alert state, a medium-voltage, 8-9 Hz posterior dominant rhythm was appreciated. This was symmetric, synchronous, well-modulated, well sustained, and reactive to eye opening and eye closure. Background activity comprised of 8 to 12 Hz waveforms with low-voltage, fast activity seen frontocentrally. Drowsiness was characterized by an increase in background theta activity with attenuation of the posterior dominant rhythm. Stage II sleep was recorded; sleep spindles and other sleep structures were normal in morphology and distribution.

Activation Procedures: Intermittent photic stimulation was not performed. Hyperventilation was not performed.

Sporadic Epileptiform Discharges: No epileptiform activity was seen during this recording session.

Rhythmic/Periodic Patterns: No abnormal rhythmic or periodic patterns were noted seen during this recording session.

Ictal Discharges / Seizures: There were no clinical or electrographic seizures noted during this recording session.

Patient Events: No patient events were reported during this recording session.

EKG: The EKG channel revealed normal sinus rhythm. A sampled review showed intermittent tachycardia.

**EEG DIAGNOSIS**

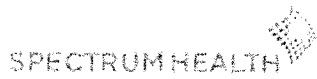
This is a normal continuous EEG with video during wakefulness, drowsiness and sleep.

**CLINICAL INTERPRETATION**

This is a normal continuous EEG with video. No focal or lateralized anomalies were appreciated. No interictal epileptiform abnormalities were recorded. No clinical or electrographic seizures were recorded.

Shan E Abbas, MD  
Attending Epileptologist

Diagnosis Code(s): R56.9 Seizure(s), Alcohol withdrawal and



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

R41.82 Altered mental status, unspecified

**Procedures Performed**

**Chargeables**

VEEG EA 12-26HR INTMT MNTR [NEU97]

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**EEG**

Resulted: 01/11/20 0021, Result status: In process

Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112  
Filed by: User Batch Generic 01/11/20 0021  
Accession number: 3939075

Order status: Completed  
Performed: 01/11/20 0021 - 01/11/20 0021  
Resulting lab: EXTERNAL LAB

**Procedures Performed**

**Chargeables**

VEEG EA 12-26HR INTMT MNTR [NEU97]

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**EEG (Edited Result - FINAL)**

Electronically signed by: Joshua A Thomas, PA-C on 01/13/20 0706

Status: Completed

Mode: Ordering in Per protocol: COSIGN required mode

Communicated by: Courtney L Smith

Comment: Modified order to change frequency so it will repopulate correctly for billing purposes

Ordering user: Courtney L Smith 01/10/20 2112

Ordering provider: Joshua A Thomas, PA-C

Authorized by: Joshua A Thomas, PA-C

Ordering mode: Per protocol: COSIGN required

Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20 2113 - Until Specified

Class: Hospital Performed

Quantity: 1

Lab status: Edited Result - FINAL

Instance released by: Courtney L Smith (auto-released) 1/10/2020 9:12 PM

**Questionnaire**

**Question**

**Answer**

EEG Type

Continous w/Video

Resulted: 01/11/20 1730, Result status: Edited

Result - FINAL

**EEG**

Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112

Order status: Completed

Filed by: Shan E Abbas, MD 01/11/20 2232

Resulting lab: EXTERNAL LAB

Narrative:

Shan E Abbas, MD 1/11/2020 10:32 PM

Continuous EEG with Video Report

Date(s) Of Service: 1/11/2020, 0015 - 1730

**CLINICAL HISTORY**

The patient is a 56 y.o. male with alcohol withdrawal and altered mental status who is being evaluated for seizure(s).

**MEDICATIONS**

The patient is on no antiepileptic medications.

**TECHNICAL SUMMARY**

This digital, 21-channel video-EEG was performed utilizing the International 10-20 electrode placement system, with additional



BLODGETT HOSPITAL  
 1840 Wealthy St SE  
 Grand Rapids MI 49506-2921

Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
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 Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

placement of T1 / T2 electrodes, infracrbital leads and an EKG channel. Multiple montages were used for review.

**EEG DESCRIPTION**

Background: This recording was obtained during wakefulness, drowsiness and sleep. At the patient's most-alert state, a medium-voltage, 8-9 Hz posterior dominant rhythm was appreciated. This was symmetric, synchronous, well-modulated, well sustained, and reactive to eye opening and eye closure. Background activity comprised of 8 to 12 Hz waveforms with low-voltage, fast activity seen frontocentrally. Drowsiness was characterized by an increase in background theta activity with attenuation of the posterior dominant rhythm. Stage II sleep was recorded; sleep spindles and other sleep structures were normal in morphology and distribution.

Activation Procedures: Intermittent photic stimulation did not evoke a posterior driving response. Hyperventilation was not performed.

Sporadic Epileptiform Discharges: No epileptiform activity was seen during this recording session.

Rhythmic/Periodic Patterns: No abnormal rhythmic or periodic patterns were noted seen during this recording session.

Ictal Discharges / Seizures: There were no clinical or electrographic seizures noted during this recording session.

Patient Events: No patient events were reported during this recording session.

EKG: The EKG channel revealed normal sinus rhythm. A sampled review showed intermittent tachycardia.

**EEG DIAGNOSIS**

This is a normal continuous EEG with video during wakefulness, drowsiness and sleep.

**CLINICAL INTERPRETATION**

This is a normal continuous EEG with video. No focal or lateralized anomalies were appreciated. No interictal epileptiform abnormalities were recorded. No clinical or electrographic seizures were recorded.

Shan E Abbas, MD  
 Attending Epileptologist

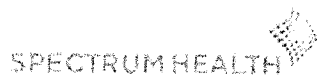
Diagnosis Code(s): R56.9 Seizure(s), Alcohol withdrawal and R41.82 Altered mental status, unspecified

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

EEG

Resulted: 01/11/20 1400, Result status: Edited Result - FINAL



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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112      Order status: Completed  
Filed by: Shan E Abbas, MD 01/11/20 1413      Resulting lab: EXTERNAL LAB  
Narrative:  
Shan E Abbas, MD 1/11/2020 2:13 PM  
Continuous EEG with Video Report

Date(s) Of Service: 1/11/2020, 0015 - 1400

**CLINICAL HISTORY**

The patient is a 56 y.o. male with alcohol withdrawal and altered mental status who is being evaluated for seizure(s).

**MEDICATIONS**

The patient is on no antiepileptic medications.

**TECHNICAL SUMMARY**

This digital, 21-channel video-EEG was performed utilizing the International 10-20 electrode placement system, with additional placement of T1 / T2 electrodes, infracribital leads and an EKG channel. Multiple montages were used for review.

**EEG DESCRIPTION**

Background: This recording was obtained during wakefulness, drowsiness and sleep. At the patient's most-alert state, a medium-voltage, 8-9 Hz posterior dominant rhythm was appreciated.

This was symmetric, synchronous, well-modulated, well sustained, and reactive to eye opening and eye closure. Background activity comprised of 8 to 12 Hz waveforms with low-voltage, fast activity seen frontocentrally. Drowsiness was characterized by an increase in background theta activity with attenuation of the posterior dominant rhythm. Stage II sleep was recorded; sleep spindles and other sleep structures were normal in morphology and distribution.

Activation Procedures: Intermittent photic stimulation did not evoke a posterior driving response. Hyperventilation was not performed.

Sporadic Epileptiform Discharges: No epileptiform activity was seen during this recording session.

Rhythmic/Periodic Patterns: No abnormal rhythmic or periodic patterns were noted seen during this recording session.

Ictal Discharges / Seizures: There were no clinical or electrographic seizures noted during this recording session.

Patient Events: No patient events were reported during this recording session.

EKG: The EKG channel revealed normal sinus rhythm. A sampled review showed intermittent tachycardia.

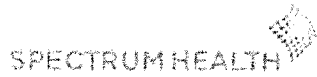
**EEG DIAGNOSIS**

This is a normal continuous EEG with video during wakefulness, drowsiness and sleep.

**CLINICAL INTERPRETATION**

This is a normal continuous EEG with video. No focal or lateralized anomalies were appreciated. No interictal epileptiform abnormalities were recorded. No clinical or electrographic seizures were recorded.





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 Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Shan E Abbas, MD  
 Attending Epileptologist

Diagnosis Code(s): R56.9 Seizure(s), Alcohol withdrawal and  
 R41.82 Altered mental status, unspecified

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**EEG** Resulted: 01/11/20 1400, Result status: Final result

Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112  
 Filed by: Shan E Abbas, MD 01/11/20 1412  
 Order status: Completed  
 Resulting lab: EXTERNAL LAB

Narrative:  
 Shan E Abbas, MD 1/11/2020 2:12 PM  
 Continuous EEG with Video Report

Date(s) Of Service: 1/11/2020, 0015 - 1400

**CLINICAL HISTORY**

The patient is a 56 y.o. male with alcohol withdrawal who is being evaluated for seizure(s).

**MEDICATIONS**

The patient is on no antiepileptic medications.

**TECHNICAL SUMMARY**

This digital, 21-channel video-EEG was performed utilizing the international 10-20 electrode placement system, with additional placement of T1 / T2 electrodes, infraorbital leads and an EKG channel. Multiple montages were used for review.

**EEG DESCRIPTION**

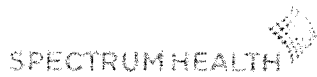
Background: This recording was obtained during wakefulness, drowsiness and sleep. At the patient's most-alert state, a medium-voltage, 8-9 Hz posterior dominant rhythm was appreciated. This was symmetric, synchronous, well-modulated, well sustained, and reactive to eye opening and eye closure. Background activity comprised of 8 to 12 Hz waveforms with low-voltage, fast activity seen frontocentrally. Drowsiness was characterized by an increase in background theta activity with attenuation of the posterior dominant rhythm. Stage II sleep was recorded; sleep spindles and other sleep structures were normal in morphology and distribution.

Activation Procedures: Intermittent photic stimulation did not evoke a posterior driving response. Hyperventilation was not performed.

Sporadic Epileptiform Discharges: No epileptiform activity was seen during this recording session.

Rhythmic/Periodic Patterns: No abnormal rhythmic or periodic patterns were noted seen during this recording session.





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 Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

Ictal Discharges / Seizures: There were no clinical or electrographic seizures noted during this recording session.

Patient Events: No patient events were reported during this recording session.

EKG: The EKG channel revealed normal sinus rhythm. A sampled review showed intermittent tachycardia.

**EEG DIAGNOSIS**

This is a normal continuous EEG with video during wakefulness, drowsiness and sleep.

**CLINICAL INTERPRETATION**

This is a normal continuous EEG with video. No focal or lateralized anomalies were appreciated. No interictal epileptiform abnormalities were recorded. No clinical or electrographic seizures were recorded.

Shan E Abbas, MD  
 Attending Epileptologist

Diagnosis Code(s): R56.9 Seizure(s) and Alcohol withdrawal

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

**EEG (Discontinued)**

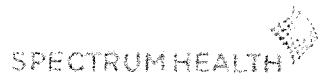
Electronically signed by: **Joshua A Thomas, PA-C on 01/13/20 0706** Status: **Discontinued**  
 Mode: Ordering in Per protocol: COSIGN required mode Communicated by: Courtney L Smith  
 Comment: Modified order to change frequency so it will repopulate correctly for billing purposes  
 Ordering user: Courtney L Smith 01/10/20 2112 Ordering provider: Joshua A Thomas, PA-C  
 Authorized by: Joshua A Thomas, PA-C Ordering mode: Per protocol: COSIGN required  
 Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20 Class: Hospital Performed  
 2113 - Until Specified  
 Quantity: 1 Instance released by: Courtney L Smith (auto-released)  
 1/12/2020 12:30 AM  
 Discontinued by: Michelle M Manalac, MD 01/12/20 1423

**Questionnaire**

Question	Answer
EEG Type	Continuous w/Video

**EEG (In process)**

Electronically signed by: **Joshua A Thomas, PA-C on 01/13/20 0706** Status: **Active**  
 Mode: Ordering in Per protocol: COSIGN required mode Communicated by: Courtney L Smith  
 Comment: Modified order to change frequency so it will repopulate correctly for billing purposes  
 This order may be acted on in another encounter.  
 Ordering user: Courtney L Smith 01/10/20 2112 Ordering provider: Joshua A Thomas, PA-C  
 Authorized by: Joshua A Thomas, PA-C Ordering mode: Per protocol: COSIGN required  
 Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20 Class: Hospital Performed  
 2113 - Until Specified  
 Quantity: 1 Lab status: In process  
 Instance released by: Courtney L Smith (auto-released) 1/11/2020 12:30 AM



BLODGETT HOSPITAL  
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 Acct #: 99105392490  
 Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Imaging (continued)**

**Questionnaire**

Question	Answer
EEG Type	Continuous w/Video

EEG	Resulted: 01/12/20 0527, Result status: In process
Ordering provider: Joshua A Thomas, PA-C 01/11/20 0030	Order status: Sent
Filed by: User Batch Generic 01/12/20 0527	Performed: 01/12/20 0527 - 01/12/20 0528
Accession number: 3940616	Resulting lab: EXTERNAL LAB

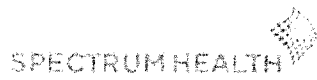
**Procedures Performed**

**Chargeables**

VEEG EA 12-26HR INTMT MNTR [NEU97]

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present



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Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

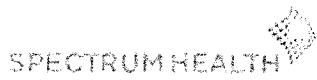
**Procedures**

**OT Eval and Treat (Discontinued)**

Electronically signed by: **Jessica D Smith, MD on 01/15/20 1057** Status: **Discontinued**  
Ordering user: Jessica D Smith, MD 01/15/20 1057 Ordering provider: Jessica D Smith, MD  
Authorized by: Jessica D Smith, MD Ordering mode: Standard  
Frequency: Routine Until Discontinued 01/15/20 1058 - 1 occurrence Class: Hospital Performed  
Quantity: 1 Instance released by: Jessica D Smith, MD (auto-released)  
1/15/2020 10:57 AM  
Discontinued by: Automatic Discharge Provider 01/16/20 1816 [Patient Discharge]

**PT Eval and Treat (Completed)**

Electronically signed by: **Jessica D Smith, MD on 01/15/20 1057** Status: **Completed**  
Ordering user: Jessica D Smith, MD 01/15/20 1057 Ordering provider: Jessica D Smith, MD  
Authorized by: Jessica D Smith, MD Ordering mode: Standard  
Frequency: Routine Until Discontinued 01/15/20 1058 - 1 occurrence Class: Hospital Performed  
Quantity: 1 Instance released by: Jessica D Smith, MD (auto-released)  
1/15/2020 10:57 AM



BLODGETT HOSPITAL  
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Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Cardiology Procedures

Electrocardiogram, Complete (Final result)

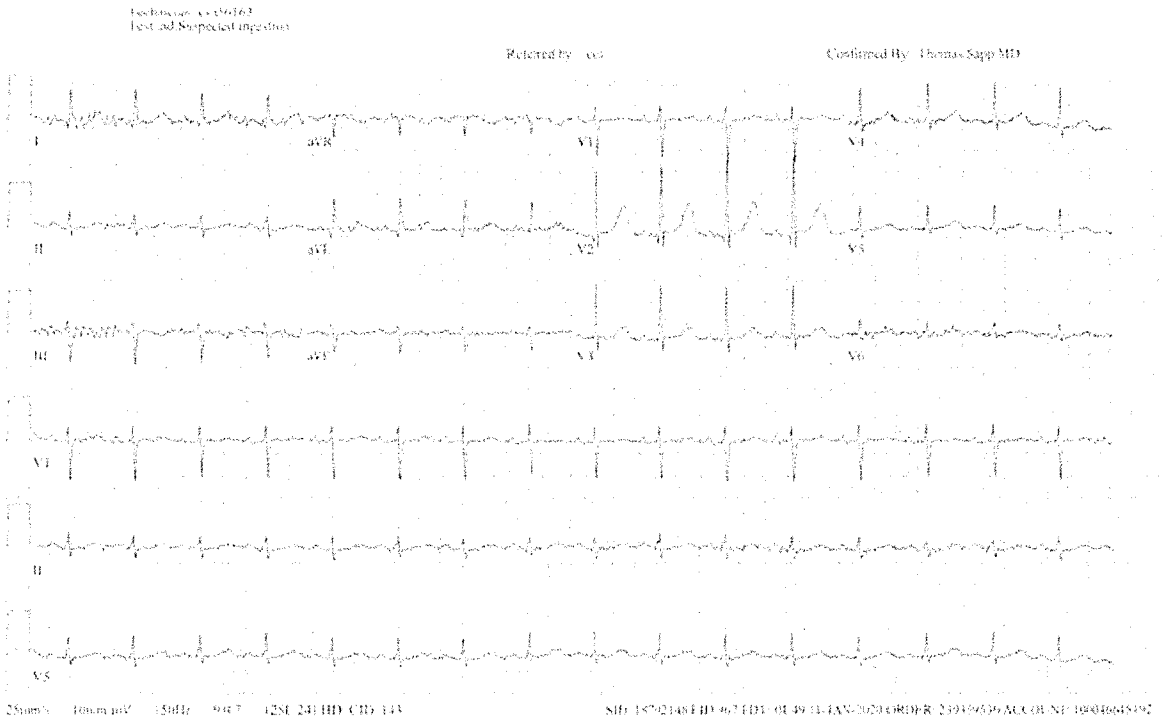
Electronically signed by: **Kristi E Artz, MD on 01/10/20 0759** Status: **Completed**  
 Ordering user: Kristi E Artz, MD 01/10/20 0759  
 Ordering provider: Kristi E Artz, MD  
 Authorized by: Kristi E Artz, MD  
 Ordering mode: Standard  
 Frequency: STAT Once 01/10/20 0759 - 1 occurrence  
 Class: Hospital Performed  
 Quantity: 1  
 Lab status: Final result  
 Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 7:59 AM

Questionnaire

Question	Answer
Reason for Exam:	Suspected ingestion

ECG - ORD Level Scan - Scan on 1/10/2020 8:00 AM by Kristi E Artz, MD: EKG13 ELECTROCARDIOGRAM, COMPLETE MUSE (below)

ABRAHAM, GREGORY	118702148	10 JAN 2020 08:08:27	SPECTRUM HEALTH HOSPITAL BLDET - ROUTINE RECORD
23-MAY-1963 (76 yo)	Heart rate 69 BPM	Normal sinus rhythm	
Male	PR interval 186 ms	Prolonged QT	
	QRS duration 90 ms	Abnormal ECG	
Room 19	QT/QTc 384/42 ms	No previous ECGs available	
Test 212	P-R-T axes	42 -26 -0	Confirmed by Supt MD, Thomas Sapp MD



Specimen Information

ID	Type	Source	Collected By
MUSE227821010 0046645192	---	---	01/10/20 0808

Electrocardiogram, Complete

Resulted: 01/11/20 0449, Result status: Final result

Ordering provider: Kristi E Artz, MD 01/10/20 0759 Order status: Completed



BLODGETT HOSPITAL  
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Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED] Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Cardiology Procedures (continued)**

Resulted by: Thomas F Sapp, MD  
Collected by: 01/10/20 0808  
Lab Technician: EVA56163  
Narrative:

Filed by: Edi, Incoming Card Results 01/12/20 2150  
Resulting lab: SPECTRUM HEALTH CARDIOLOGY

Ventricular Rate 99 BPM  
Atrial Rate 99 BPM  
P-R Interval 166 ms  
QRS Duration 70 ms  
Q-T Interval 384 ms  
QTC Calculation(Bazett) 492 ms  
Calculated P Axis 42 degrees  
Calculated R Axis -20 degrees  
Calculated T Axis 0 degrees  
Diagnosis Normal sinus rhythm  
Prolonged QT  
Abnormal ECG  
No previous ECGs available  
Confirmed by Sapp MD, Thomas (967) on 1/11/2020 4:49:49 AM

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
27 - Xcelera	SPECTRUM HEALTH CARDIOLOGY	Unknown	Unknown	02/20/13 0809 - Present

Resulted: 01/10/20 0806, Result status: Preliminary result

**Electrocardiogram, Complete**

Ordering provider: Kristi E Artz, MD 01/10/20 0759  
Resulted by: Thomas F Sapp, MD  
Collected by: 01/10/20 0808  
Lab Technician: EVA56163  
Narrative:

Order status: Completed  
Filed by: Edi, Incoming Card Results 01/10/20 0807  
Resulting lab: SPECTRUM HEALTH CARDIOLOGY

Ventricular Rate 99 BPM  
Atrial Rate 99 BPM  
P-R Interval 166 ms  
QRS Duration 70 ms  
Q-T Interval 384 ms  
QTC Calculation(Bazett) 492 ms  
Calculated P Axis 42 degrees  
Calculated R Axis -20 degrees  
Calculated T Axis 0 degrees  
Diagnosis Normal sinus rhythm  
Prolonged QT  
Abnormal ECG  
No previous ECGs available

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
27 - Xcelera	SPECTRUM HEALTH CARDIOLOGY	Unknown	Unknown	02/20/13 0809 - Present

**Signed**

Electronically signed by Thomas F Sapp, MD on 1/11/20 at 0449 EST

**TELEMETRY STRIP (Final result)**



BLODGETT HOSPITAL  
1840 Wealthy St SE  
Grand Rapids MI 49506-2921

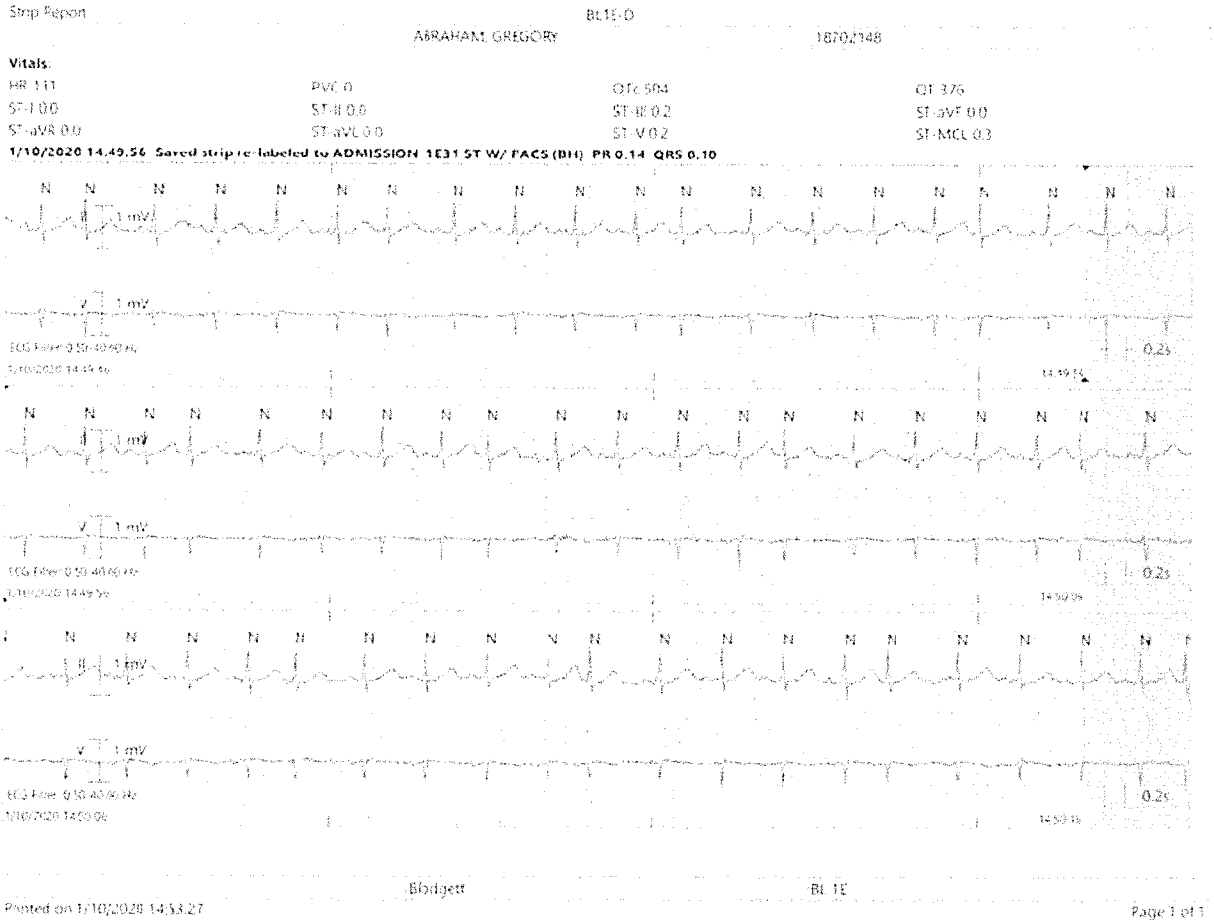
Abraham, Gregory Anthony  
MRN: 18702148, DOB: [REDACTED], Sex: M  
Acct #: 99105392490  
Adm: 1/10/2020, D/C: 1/16/2020

**01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)**

**Cardiology Procedures (continued)**

Electronically signed by: **Edi, Incoming Onbase Documents on 01/10/20 1453** Status: **Completed**  
 Ordering user: **Edi, Incoming Onbase Documents 01/10/20 1453** Ordering provider: **None Physician, MD**  
 Authorized by: **None Physician, MD** Ordering mode: **Standard**  
 Frequency: **-** Quantity: **1**  
 Lab status: **Final result**

Telemetry Strip - ORD Level Scan - Scan on 1/10/2020 2:53 PM by None Physician, MD: **ADMISSION PHILIPS (below)**



**Specimen Information**

ID	Type	Source	Collected By
20200110145327.721908	—	—	01/10/20 1449

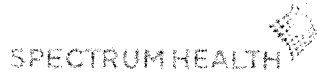
**TELEMETRY STRIP**

Resulted: 01/10/20 1453, Result status: Final result

Ordering provider: **None Physician, MD 01/10/20 1453** Order status: **Completed**  
 Filed by: **Edi, Incoming Onbase Documents 01/10/20 1455** Collected by: **01/10/20 1449**  
 Resupplying lab: **PHILIPS**

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Cardiology Procedures (continued)

149 - Philips PHILIPS Unknown Unknown 10/03/17 1633 - Present

TELEMETRY STRIP (Final result)

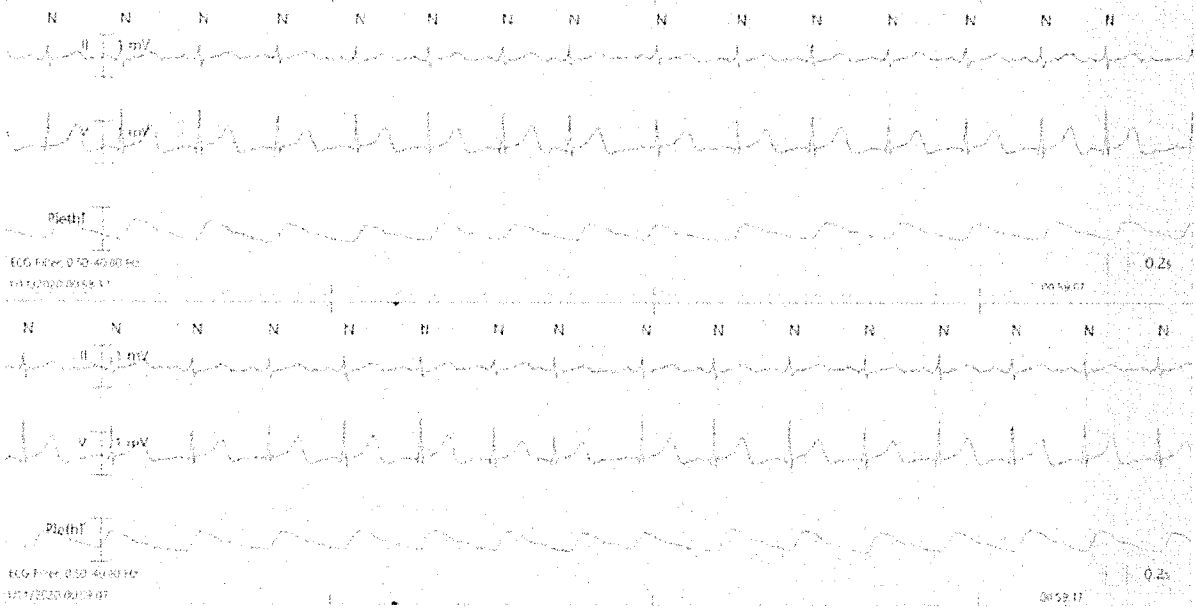
Electronically signed by: **Edi, Incoming Onbase Documents on 01/11/20 0102** Status: **Completed**  
Ordering user: **Edi, Incoming Onbase Documents 01/11/20 0102** Ordering provider: **None Physician, MD**  
Authorized by: **None Physician, MD** Ordering mode: **Standard**  
Frequency: **-** Quantity: **1**  
Lab status: **Final result**

Telemetry Strip - ORD Level Scan - Scan on 1/11/2020 1:02 AM by None Physician, MD: ADMISSION PHILIPS (below)

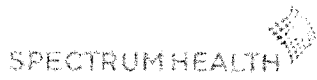
Strip Report ABRAHAM, GREGORY BL1E 1 18702148

Vitals:  
HR 85 PVC 0 QTC 473 ΔQTC -31  
QT 400 SpO<sub>2</sub> 98 ST-T 0.2 ST-R 0.1  
ST-II 0.1 ST-aVF 0.0 ST-aVR -0.1 ST-aVL 0.7  
ST-V 0.5 ST-MCL 0.4

1/11/2020 00:59:11 Saved strip re-labeled to ADMISSION 1E31 NSR (RH) PR 0.15 QRS 0.10





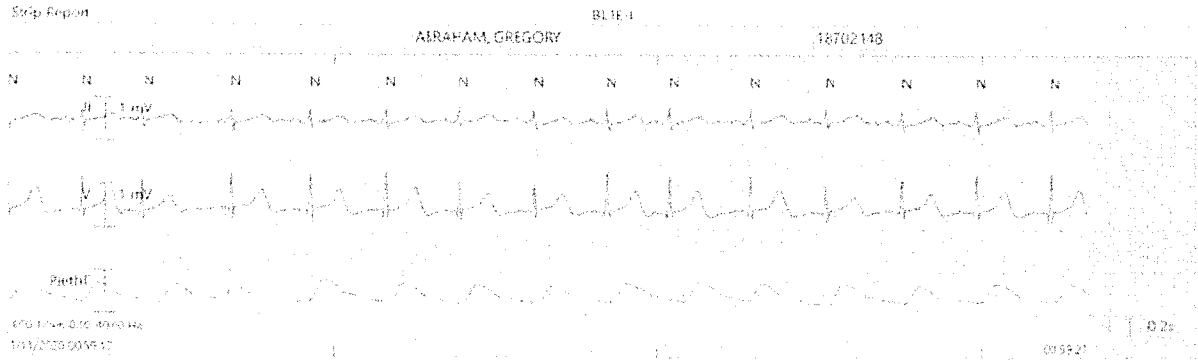


BLODGETT HOSPITAL  
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Abraham, Gregory Anthony  
 MRN: 18702148, DOB: [REDACTED] Sex: M  
 Acct #: 99105392490  
 Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Cardiology Procedures (continued)



Printed on 1/11/2020 01:02:09

Blodgett

Bl 1E

Page 2 of 2

Specimen Information

ID	Type	Source	Collected By
20200111010209.026301	—	—	01/11/20 0059

TELEMETRY STRIP

Resulted: 01/11/20 0102, Result status: Final result

Ordering provider: None Physician, MD 01/11/20 0102

Order status: Completed

Filed by: Edi, Incoming Onbase Documents 01/11/20 0106

Collected by: 01/11/20 0059

Resulting lab: PHILIPS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
149 - Philips	PHILIPS	Unknown	Unknown	10/03/17 1633 - Present

# **EXHIBIT 8**

## CERTIFICATION OF MEDICAL/BILLING RECORDS

The copies for which this certification is made are true and complete reproductions of the original, microfilmed or electronic health records that were kept in the regular course of business of Spectrum Health System and it was in the regular course of business to make said records.

These medical/billing records were made at the time of the condition and/or occurrences reported therein or within a reasonable time thereafter and accurately reflect the condition and/or occurrence.

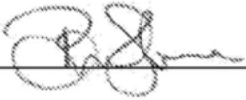
I certify that the foregoing statements made by me are true to the best of my knowledge.

Patient Name: Gregory Abraham

DOB: [REDACTED]

Total Pages: 31

Certified by: Brooke Stevens

Signature: 

Title: ROI Specialist

Date Signed: August 21, 2020

Your request is being processed by MRO on behalf of the following facility:



  
**SPECTRUM HEALTH**  
**Corporate Billing Office**  
**PO Box 2127**  
**Grand Rapids, MI 49501-2127**  
**833-261-4563**

Account Summary

Bill Date 08/21/2020  
 Hospital Account Number 99105392490  
 Total Charges \$29,744.77  
 Account Balance \$0.00

Abraham, Gregory Anthony

Itemized Charges						
Svc Date	CPT® Code	Rev Code	NDC	Description	Qty	Amount
01/10/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00
01/10/20	25005806	0250	533230184 10	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL	1	24.30
01/10/20	25005814	0250	009046007 51	LORAZEPAM 0.5 MG TABS	2	6.38
01/10/20	25005814	0250	009045492 51	MULTIVITAMIN WITH MINERAL TABS	1	6.18
01/10/20	96360	0260	none	HC ED IV HYDRATION INFUSION INITIAL HOUR	1	224.98
01/10/20	27005642	0271	none	SLEEVE SCD KNEE UP TO 21	1	64.50
01/10/20	27005688	0272	none	WIRES LEAD TELEMETRY LONG CAB	1	66.56
01/10/20	85610	0300	none	HC PROTIME	1	26.09
01/10/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/10/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
01/10/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/10/20	80076	0300	none	HC HEPATIC FUNCTION PANEL	1	22.91
01/10/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/10/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/10/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/10/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
01/10/20	83605	0301	none	HC LACTIC ACID	1	38.06
01/10/20	80329	0301	none	HC ACETAMINOPHEN LEVEL	1	72.25
01/10/20	80329	0301	none	HC SALICYLATES LEVEL	1	25.69
01/10/20	80307	0301	none	HC DRUG SCREEN CLASS A	1	107.94
01/10/20	82550	0301	none	HC CREATINE KINASE CPK TOTAL	1	23.76



**SPECTRUM HEALTH**  
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01/10/20	80307	0301	none	HC DRUG SCR ACID GC	1	161.54
01/10/20	80307	0301	none	HC DRUG SCR ALKALINE GC	1	161.54
01/10/20	80320	0301	none	HC VOLATILE SCREEN	1	75.91
01/10/20	85730	0305	none	HC PTT	1	26.09
01/10/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45
01/10/20	85007	0305	none	HC BLOOD SMEAR MANUAL DIFFERENTIAL	1	19.58
01/10/20	87086	0306	none	HC CULTURE URINE	1	29.78
01/10/20	87077	0306	none	HC ID CULT AEROB EA ISOLATE	1	40.34
01/10/20	87186	0306	none	HC MIC TEST	1	31.25
01/10/20	81001	0307	none	HC URINALYSIS AUTOMATED W MICROSCOPY	1	11.40
01/10/20	71045	0324	none	HC XRAY CHEST SINGLE VIEW	1	162.93
01/10/20	71046	0324	none	HC XRAY CHEST 2 VIEWS	1	179.23
01/10/20	70450	0351	none	HC CT HEAD OR BRAIN WO CONTRAST	1	488.03
01/10/20	76705	0402	none	HC US ABDOMEN LIMITED	1	351.62
01/10/20	99285	0450	none	HC ED VISIT CATEGORY 5	1	1,558.55
01/10/20	J3411	0636	633230013	THIAMINE 100 MG/ML SOLN 2 ML VIAL	1	30.51
01/10/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	109.91
01/10/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9% BOLUS 0.9 % SOLN	1	109.91
01/10/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9% BOLUS 0.9 % SOLN	1	109.91
01/10/20	J2060	0636	006416044	LORAZEPAM 2 MG/ML SOLN	1	23.59
01/10/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	109.91
01/10/20	J3475	0636	004096729	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	182.56
01/10/20	J3480	0636	003380705	POTASSIUM CHLORIDE 20 MEQ/100ML SOLN	10	154.68
01/10/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9 % SOLN	1	109.91
01/10/20	93005	0730	none	HC EKG COMPUTER	1	47.24
01/10/20	93975	0921	none	HC US ABD RETRO ART/VEN DOP COMPLETE	1	520.46
01/11/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00
01/11/20	25005806	0250	763293301	DEXTROSE 50 % SOLN	1	109.91
01/11/20	25005806	0250	763293301	DEXTROSE 50 % SOLN	1	109.91

  
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			01			
01/11/20	25005814	0250	009045492	MULTIVITAMIN WITH	1	6.18
			61	MINERAL TABS		
01/11/20	25005806	0250	763293301	DEXTROSE 50 % SOLN	1	109.91
			01			
01/11/20	25005806	0250	633230184	FOLIC ACID 5 MG/ML SOLN	1	24.30
			10	10 ML VIAL		
01/11/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/11/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/11/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/11/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/11/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/11/20	80053	0300	none	HC COMPREHENSIVE	1	57.14
				METABOLIC PANEL		
01/11/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/11/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/11/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/11/20	82550	0301	none	HC CREATINE KINASE CPK	1	23.76
				TOTAL		
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	82550	0301	none	HC CREATINE KINASE CPK	1	23.76
				TOTAL		
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	85027	0305	none	HC CBC PLATELET NO	1	24.45
				DIFFERENTIAL		
01/11/20	51798	0402	none	HC URINE CAPACITY	1	158.87
				MEASURE BY US		
01/11/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9 %	1	109.91
			04	SOLN		
01/11/20	J3475	0636	445670420	MAGNESIUM SULFATE 2	4	177.62
			24	GM/50ML SOLN		
01/11/20	J3480	0636	003380705	POTASSIUM CHLORIDE 20	10	154.68
			48	MEQ/100ML SOLN		
01/11/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 100	1	109.91
			18	ML FLEX CONT		
01/11/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91
			04	SODIUM CHLORIDE 0.9% 5-		
				0.9 % SOLN		



  
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01/11/20	J3411	0636	633230013	THIAMINE 100 MG/ML SOLN	1	30.51
			02	2 ML VIAL		
01/11/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 50 ML	1	109.91
			11	FLEX CONT		
01/11/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91
			04	SODIUM CHLORIDE 0.9% 5-0.9 % SOLN		
01/11/20	95700	0740	none	HC VEEG CONT REC	1	766.88
				W/VIDEO BY TECH MIN 8 CHANNELS		
01/11/20	95715	0740	none	HC VEEG BY TECH EA INCR	1	1,471.36
				12-26 HR INTERMITTENT MNTR		
01/12/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00
01/12/20	25005814	0250	009045492	MULTIVITAMIN WITH	1	6.18
			61	MINERAL TABS		
01/12/20	25005806	0250	633230184	FOLIC ACID 5 MG/ML SOLN	1	24.30
			10	10 ML VIAL		
01/12/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/12/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/12/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/12/20	25005814	0250	502680524	MELATONIN 3 MG TABS	1	3.98
			11			
01/12/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/12/20	80053	0300	none	HC COMPREHENSIVE	1	57.14
				METABOLIC PANEL		
01/12/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/12/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/12/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/12/20	82550	0301	none	HC CREATINE KINASE CPK	1	23.76
				TOTAL		
01/12/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/12/20	84443	0301	none	HC TSH	1	67.93
01/12/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/12/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/12/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/12/20	82607	0301	none	HC VITAMIN B12 LEVEL	1	54.23
01/12/20	82746	0301	none	HC FOLATE LEVEL	1	52.31
01/12/20	97530	0421	none	HC PT THERAPEUTIC	2	189.74
				FUNCTIONAL ACTIVITY		
01/12/20	97161	0424	none	HC PT LOW COMPLEX	1	241.97
				EVALUATION		
01/12/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91
			04	SODIUM CHLORIDE 0.9% 5-0.9 % SOLN		



  
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**Grand Rapids, MI 49501-2127**  
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01/12/20	J3411	0636	633230013	THIAMINE 100 MG/ML SOLN	1	30.51
			02	2 ML VIAL		
01/12/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 50 ML	1	109.91
			11	FLEX CONT		
01/12/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 100	1	109.91
			18	ML FLEX CONT		
01/12/20	J3480	0636	003380705	POTASSIUM CHLORIDE 20	10	154.68
			48	MEQ/100ML SOLN		
01/12/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91
			04	SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN		
01/12/20	J3480	0636	003380705	POTASSIUM CHLORIDE 20	10	154.68
			48	MEQ/100ML SOLN		
01/12/20	J3475	0636	004096729	MAGNESIUM SULFATE 2	4	182.56
			24	GM/50ML SOLN		
01/12/20	J3475	0636	445670420	MAGNESIUM SULFATE 2	4	177.62
			24	GM/50ML SOLN		
01/12/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91
			04	SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN		
01/12/20	95715	0740	none	HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	1	1,471.36
01/13/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00
01/13/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/13/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/13/20	25005814	0250	002455319	POTASSIUM CHLORIDE SA	2	8.92
			89	20 MEQ TBCR		
01/13/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/13/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/13/20	25005814	0250	743000010	GLYCERIN-	1	44.77
			67	HYPROMELLOSE-PEG 400 0.2-0.2-1 % SOLN 15 ML BOTTLE		
01/13/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/13/20	85610	0300	none	HC PROTOME	1	26.09
01/13/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
01/13/20	82550	0301	none	HC CREATINE KINASE CPK TOTAL	1	23.76
01/13/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/13/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/13/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91
			04	SODIUM CHLORIDE 0.9% 5-		



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01/13/20	J7042	0636	003380089 04	0.9 % SOLN DEXTROSE 5% AND SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN	2	109.91
01/13/20	J7042	0636	003380089 04	DEXTROSE 5% AND SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN	2	109.91
01/14/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00
01/14/20	25005814	0250	004861111 01	POTASSIUM PHOSPHATE (MONOBASIC) 500 MG TABS	1	3.98
01/14/20	25005814	0250	002455319 89	POTASSIUM CHLORIDE SA 20 MEQ TBCR	2	8.92
01/14/20	25005806	0250	004097295 11	POTASSIUM PHOSPHATES 45 MMOLE/15ML SOLN 15 ML VIAL	1	52.69
01/14/20	25005814	0250	707101014 01	PHYTONADIONE 5 MG TABS	1	95.89
01/14/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
01/14/20	25005814	0250	002455319 89	POTASSIUM CHLORIDE SA 20 MEQ TBCR	2	8.92
01/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/14/20	80048	0300	none	HC BASIC METABOLIC PANEL	1	42.24
01/14/20	80076	0300	none	HC HEPATIC FUNCTION PANEL	1	22.91
01/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/14/20	85610	0300	none	HC PROTINE	1	26.09
01/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/14/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
01/14/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/14/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/14/20	82550	0301	none	HC CREATINE KINASE CPK TOTAL	1	23.76
01/14/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/14/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/14/20	J7042	0636	003380089 04	DEXTROSE 5% AND SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN	2	109.91
01/14/20	J3475	0636	445670420 24	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62
01/14/20	J3475	0636	445670420 24	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62
01/14/20	J7050	0636	003380049 02	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	109.91
01/14/20	J3480	0636	003380705 48	POTASSIUM CHLORIDE 20 MEQ/100ML SOLN	10	154.68



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01/14/20	J3480	0636	003380705 48	POTASSIUM CHLORIDE 20 MEQ/100ML SOLN	10	154.68
01/14/20	J7120	0636	003380117 04	LACTATED RINGERS SOLN 1,000 ML FLEX CONT	1	109.91
01/15/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00
01/15/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
01/15/20	25005814	0250	707101014 01	PHYTONADIONE 5 MG TABS	1	95.89
01/15/20	25005806	0250	004097295 01	POTASSIUM PHOSPHATES 45 MMOLE/15ML SOLN 15 ML VIAL	1	52.69
01/15/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/15/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
01/15/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/15/20	85610	0300	none	HC PROTOME	1	26.09
01/15/20	80074	0300	none	HC ACUTE HEPATITIS PANEL	1	129.67
01/15/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/15/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/15/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/15/20	82550	0301	none	HC CREATINE KINASE CPK TOTAL	1	23.76
01/15/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/15/20	J7120	0636	003380117 04	LACTATED RINGERS SOLN 1,000 ML FLEX CONT	1	109.91
01/15/20	J7050	0636	003380049 02	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	109.91
01/15/20	J3475	0636	445670420 24	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62
01/15/20	J7120	0636	003380117 04	LACTATED RINGERS SOLN 1,000 ML FLEX CONT	1	109.91
01/15/20	J7120	0636	003380117 04	LACTATED RINGERS SOLN 1,000 ML FLEX CONT	1	109.91
01/16/20	25005814	0250	707101014 01	PHYTONADIONE 5 MG TABS	1	95.89
01/16/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
01/16/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/16/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
01/16/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/16/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/16/20	97535	0431	none	HC OT ADL/SELFCARE/HMETRN PER UNIT	2	265.44
01/16/20	97166	0434	none	HC OT MOD COMPLEX	1	305.24

**SPECTRUM HEALTH**   
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**Grand Rapids, MI 49501-2127**  
**833-261-4563**

<b>Total Charges</b>	EVALUATION	<b>29,744.77</b>
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Payments

<u>Type</u>	<u>Date</u>	<u>Amount</u>
BCBS-INSURANCE PAYMENT	02/05/20	0.00
BCBS-INSURANCE PAYMENT	02/27/20	0.00
BCBS-INSURANCE PAYMENT	02/27/20	-29,229.29
<b>Total Payments</b>		<b>-29,229.29</b>

Adjustments

  
**SPECTRUM HEALTH**  
**Corporate Billing Office**  
**PO Box 2127**  
**Grand Rapids, MI 49501-2127**  
**833-261-4563**

Account Summary

Bill Date 08/21/2020  
 Hospital Account Number 99105609860  
 Total Charges \$50,753.00  
 Account Balance \$0.00

Abraham, Gregory Anthony

Itemized Charges						
Svc Date	CPT® Code	Rev Code	NDC	Description	Qty	Amount
02/06/20	20105515	0201	none	HC ICU ROOM	1	4,758.00
02/06/20	25005806	0250	004097517	DEXTROSE 50 % SOLN	1	109.91
			16			
02/06/20	25005814	0250	505800412	ACETAMINOPHEN 500 MG	2	3.98
			02	TABS		
02/06/20	25005814	0250	001214577	LACTULOSE 20 GM/30ML	1	8.59
			30	SOLN		
02/06/20	96365	0260	none	HC ED IV INFUSION	1	401.33
				THERAPY UP TO 1 HR		
02/06/20	C1729	0272	none	TRAY THOROCENTESIS	1	297.11
				DISPOSABLE		
02/06/20	C1729	0272	none	TRAY THOROCENTESIS	1	297.11
				DISPOSABLE		
02/06/20	84132	0300	none	HC POC POTASSIUM	1	33.46
02/06/20	84295	0300	none	HC POC SODIUM	1	17.13
02/06/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/06/20	85610	0300	none	HC PROTIME	1	26.09
02/06/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/06/20	80053	0300	none	HC COMPREHENSIVE	1	57.14
				METABOLIC PANEL		
02/06/20	89051	0300	none	HC CELL CT W DIFF FLUID	1	19.96
02/06/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/06/20	82947	0301	none	HC POC GLUCOSE	1	28.27
02/06/20	82565	0301	none	HC POC CREATININE	1	37.61
02/06/20	82330	0301	none	HC POC IONIZED CALCIUM	1	48.48
02/06/20	82803	0301	none	HC POC PH PCO2 PO2	1	96.23
02/06/20	82947	0301	none	HC POC GLUCOSE	1	28.27
02/06/20	83690	0301	none	HC LIPASE	1	24.71
02/06/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
02/06/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10





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02/06/20	82947	0301	none	HC POC GLUCOSE	1	28.27
02/06/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/06/20	83986	0301	none	HC PH OTHER THAN BLOOD	1	12.36
02/06/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
02/06/20	82945	0301	none	HC GLUCOSE BODY FLUID	1	18.71
02/06/20	83615	0301	none	HC LDH	1	21.87
02/06/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/06/20	85014	0305	none	HC HEMATOCRIT	1	16.96
02/06/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45
02/06/20	85007	0305	none	HC BLOOD SMEAR MANUAL DIFFERENTIAL	1	19.58
02/06/20	85730	0305	none	HC PTT	1	26.09
02/06/20	87040	0306	none	HC CULTURE BLOOD	1	37.12
02/06/20	87070	0306	none	HC CULTURE AEROBIC	1	31.78
02/06/20	87040	0306	none	HC CULTURE BLOOD	1	37.12
02/06/20	87205	0306	none	HC GRAM STAIN	1	15.21
02/06/20	71046	0324	none	HC XRAY CHEST 2 VIEWS	1	199.15
02/06/20	74177	0350	none	HC CT ABD/PELVIS WITH CONTRAST	1	1,527.13
02/06/20	70450	0351	none	HC CT HEAD OR BRAIN WO CONSTRAS	1	488.03
02/06/20	76942	0402	none	HC GUIDE NEEDLE PLACE S&I	1	561.58
02/06/20	99285	0450	none	HC ED VISIT CATEGORY 5	1	1,731.70
02/06/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9% BOLUS 0.9 % SOLN	1	109.91
02/06/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9% BOLUS 0.9 % SOLN	1	109.91
02/06/20	J2543	0636	002068861 01	PIPERACILLIN- TAZOBACTAM 3-0.375 GM/50ML SOLN	3	184.51
02/06/20	Q9967	0636	002701316 95	IOPAMIDOL PER 1 ML	125	59.36
02/06/20	J7050	0636	003380049 38	SODIUM CHLORIDE 0.9% FOR CT INJECTOR 0.9 % SOLN	1	109.91
02/06/20	J3475	0636	445670420 24	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62
02/06/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9% BOLUS 0.9 % SOLN	1	109.91
02/06/20	93005	0730	none	HC EKG COMPUTER	1	47.24
02/06/20	96375	0940	none	HC ED IV PUSH EACH ADDTL NEW SUBSTANCE	1	174.10
02/07/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00
02/07/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.32



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02/07/20	25005806	0250	378640905	THIAMINE 100 MG TABS	1	6.22
			99			
02/07/20	25005814	0250	680840813	PANTOPRAZOLE 40 MG	1	6.63
			11	TBEC		
02/07/20	25005814	0250	773330715	PRENATAL VITAMIN 27-0.8	1	6.50
			25	MG TABS		
02/07/20	25005814	0250	707101014	PHYTONADIONE 5 MG TABS	1	95.89
			01			
02/07/20	25005814	0250	004060552	OXYCODONE 5 MG TABS	1	7.01
			23			
02/07/20	27005688	0272	none	WIRES LEAD TELEMETRY	1	66.56
				LONG CAB		
02/07/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/07/20	85610	0300	none	HC PROTOME	1	26.09
02/07/20	80053	0300	none	HC COMPREHENSIVE	1	57.14
				METABOLIC PANEL		
02/07/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/07/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/07/20	82330	0301	none	HC IONIZED CALCIUM	1	48.48
02/07/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
02/07/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
02/07/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
02/07/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/07/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/07/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/07/20	85027	0305	none	HC CBC PLATELET NO	1	24.45
				DIFFERENTIAL		
02/07/20	81001	0307	none	HC URINALYSIS	1	11.40
				AUTOMATED W		
				MICROSCOPY		
02/07/20	J3010	0636	174780030	FENTANYL 100 MCG/2ML	1	23.98
			02	SOLN		
02/07/20	P9047	0636	442060251	ALBUMIN HUMAN 25 %	2	236.36
			91	SOLN		
02/07/20	J3010	0636	174780030	FENTANYL 100 MCG/2ML	1	23.98
			02	SOLN		
02/07/20	J1644	0636	633230262	HEPARIN (PORCINE) 5000	5	27.20
			01	UNIT/ML SOLN		
02/07/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/07/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		
02/07/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/07/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		





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02/07/20	J3010	0636	174780030	FENTANYL 100 MCG/2ML	1	23.98
			02	SOLN		
02/07/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/07/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		
02/07/20	J1644	0636	633230262	HEPARIN (PORCINE) 5000	5	27.20
			01	UNIT/ML SOLN		
02/08/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00
				ROOM		
02/08/20	25005814	0250	009045492	MULTIVITAMIN WITH	1	6.18
			61	MINERAL TABS		
02/08/20	25005806	0250	378640905	THIAMINE 100 MG TABS	1	6.22
			99			
02/08/20	25005814	0250	009046474	PANTOPRAZOLE 40 MG	1	6.65
			61	TBEC		
02/08/20	25005814	0250	001211154	LACTULOSE 20 GM/30ML	1	7.32
			30	SOLN		
02/08/20	25005814	0250	004060552	OXYCODONE 5 MG TABS	1	7.01
			23			
02/08/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/08/20	85610	0300	none	HC PROTOME	1	26.09
02/08/20	80053	0300	none	HC COMPREHENSIVE	1	57.14
				METABOLIC PANEL		
02/08/20	85027	0305	none	HC CBC PLATELET NO	1	24.45
				DIFFERENTIAL		
02/08/20	85007	0305	none	HC BLOOD SMEAR MANUAL	1	19.58
				DIFFERENTIAL		
02/08/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/08/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		
02/08/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9 %	1	109.91
			04	SOLN		
02/08/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/08/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		
02/08/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/08/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		
02/08/20	J1644	0636	633230262	HEPARIN (PORCINE) 5000	5	27.20
			01	UNIT/ML SOLN		



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02/08/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9 % SOLN	1	109.91
02/08/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/08/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/08/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/09/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00
02/09/20	25005814	0250	004060552 23	OXYCODONE 5 MG TABS	1	7.01
02/09/20	25005806	0250	378640905 99	THIAMINE 100 MG TABS	1	6.22
02/09/20	25005814	0250	009046474 61	PANTOPRAZOLE 40 MG TBEC	1	6.65
02/09/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
02/09/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.32
02/09/20	25005814	0250	707101014 01	PHYTONADIONE 5 MG TABS	1	95.89
02/09/20	25005814	0250	004060552 23	OXYCODONE 5 MG TABS	1	7.01
02/09/20	27005642	0271	none	PACK DIAG RADIOLOGY BTW	1	49.12
02/09/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/09/20	85610	0300	none	HC PROTOME	1	26.09
02/09/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
02/09/20	85025	0305	none	HC CBC AUTO COMPLETE DIFFERENTIAL	1	31.28
02/09/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/09/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/09/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/09/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/09/20	J2543	0636	674570522 00	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	68.41
02/09/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91



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02/09/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/09/20	J1940	0636	004096102 18	FUROSEMIDE 10 MG/ML SOLN	2	25.17
02/09/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/09/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/09/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/09/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/09/20	49083	0761	none	HC ABD PARACENTESIS WITH IMAGING	1	2,047.39
02/10/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00
02/10/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.32
02/10/20	25005814	0250	009046474 61	PANTOPRAZOLE 40 MG TBEC	1	6.65
02/10/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
02/10/20	25005806	0250	378640905 99	THIAMINE 100 MG TABS	1	6.22
02/10/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.32
02/10/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/10/20	85610	0300	none	HC PROTIME	1	26.09
02/10/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
02/10/20	85025	0305	none	HC CBC AUTO COMPLETE DIFFERENTIAL	1	31.28
02/10/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/10/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/10/20	P9047	0636	685165216 02	ALBUMIN HUMAN 25 % SOLN	2	278.01
02/10/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/10/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/10/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20



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02/10/20	J2543	0636	674570522 00	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	68.41
02/10/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/10/20	J1644	0636	674570374 12	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	31.34
02/10/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/10/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/11/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00
02/11/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
02/11/20	25005814	0250	637390544 10	SPIRONOLACTONE 25 MG TABS	1	6.60
02/11/20	25005806	0250	378640905 99	THIAMINE 100 MG TABS	1	6.22
02/11/20	25005814	0250	680840813 11	PANTOPRAZOLE 40 MG TBEC	1	6.63
02/11/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.32
02/11/20	25005814	0250	695430379 01	POTASSIUM CHLORIDE 20 MEQ PACK	2	12.51
02/11/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.53
02/11/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/11/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
02/11/20	J2543	0636	674570522 00	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	68.41
02/11/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/11/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/11/20	J2543	0636	674570522 00	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	68.41
02/11/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/11/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/11/20	J2543	0636	674570522 00	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	68.41





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02/11/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/11/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/12/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00
02/12/20	25005814	0250	637390544 10	SPIRONOLACTONE 25 MG TABS	1	6.60
02/12/20	25005814	0250	009046474 61	PANTOPRAZOLE 40 MG TBEC	1	6.65
02/12/20	25005806	0250	378640905 99	THIAMINE 100 MG TABS	1	6.22
02/12/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
02/12/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.53
02/12/20	25005814	0250	637390544 10	SPIRONOLACTONE 25 MG TABS	1	6.60
02/12/20	25005814	0250	707101014 01	PHYTONADIONE 5 MG TABS	1	95.89
02/12/20	25005806	0250	004094276 01	LIDOCAINE 1 % SOLN	1	24.38
02/12/20	25005814	0250	503830779 16	LACTULOSE 10GM/15ML SOLN 473 ML BOTTLE	1	19.16
02/12/20	25005806	0250	002642101 00	STERILE WATER (BOTTLE) SOLN 1,000 ML PLAS CONT	1	109.91
02/12/20	25005814	0250	004060552 23	OXYCODONE 5 MG TABS	1	7.06
02/12/20	25005814	0250	656490303 03	RIFAXIMIN 550 MG TABS	1	135.89
02/12/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.53
02/12/20	27005642	0271	none	PACK DIAG RADIOLOGY BTW	1	49.12
02/12/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/12/20	85610	0300	none	HC PROTOME	1	26.09
02/12/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
02/12/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
02/12/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
02/12/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
02/12/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45
02/12/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/12/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91



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02/12/20	J2543	0636	674570522 00	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	68.41
02/12/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/12/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/12/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/12/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/12/20	P9047	0636	442060251 91	ALBUMIN HUMAN 25 % SOLN	2	236.36
02/12/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/12/20	P9047	0636	685165216 02	ALBUMIN HUMAN 25 % SOLN	6	788.45
02/12/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/12/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/12/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/12/20	49083	0761	none	HC ABD PARACENTESIS WITH IMAGING	1	2,047.39
02/13/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00
02/13/20	25005814	0250	656490303 03	RIFAXIMIN 550 MG TABS	1	135.89
02/13/20	25005814	0250	503830779 16	LACTULOSE 10GM/15ML SOLN 473 ML BOTTLE	1	19.16
02/13/20	25005806	0250	002642101 00	STERILE WATER (BOTTLE) SOLN 1,000 ML PLAS CONT	1	109.91
02/13/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.53
02/13/20	25005814	0250	503830779 16	LACTULOSE 10GM/15ML SOLN 473 ML BOTTLE	1	19.16
02/13/20	25005806	0250	002642101 00	STERILE WATER (BOTTLE) SOLN 1,000 ML PLAS CONT	1	109.91
02/13/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/13/20	85610	0300	none	HC PROTIME	1	26.09
02/13/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
02/13/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/13/20	80048	0300	none	HC BASIC METABOLIC PANEL	1	42.24



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02/13/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/13/20	80048	0300	none	HC BASIC METABOLIC PANEL	1	42.24
02/13/20	83516	0301	none	HC IMMUNOASSAY NONANTIBODY	1	54.06
02/13/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
02/13/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
02/13/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
02/13/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/13/20	82390	0301	none	HC CERULOPLASMIN	1	38.06
02/13/20	82784	0301	none	HC IGG IGM OR IGA EA	1	33.33
02/13/20	82784	0301	none	HC IGG IGM OR IGA EA	1	33.33
02/13/20	82784	0301	none	HC IGG IGM OR IGA EA	1	33.33
02/13/20	82103	0301	none	HC ALPHA ANTITRYPSIN	1	48.48
02/13/20	83540	0301	none	HC IRON	1	22.82
02/13/20	83550	0301	none	HC IRON BINDING CAPACITY	1	31.36
02/13/20	82728	0301	none	HC FERRITIN	1	48.48
02/13/20	82105	0301	none	HC AFP TUMOR MARKER	1	59.88
02/13/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
02/13/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/13/20	86256	0302	none	HC MITOCHONDRIAL ANTIBODY TITER	1	31.11
02/13/20	86255	0302	none	HC SMOOTH MUSCLE ANTIBODY	1	28.92
02/13/20	86038	0302	none	HC ANA SCREEN	1	57.87
02/13/20	86376	0302	none	HC LIVKID MICRO AB MAYO	1	24.28
02/13/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45
02/13/20	85008	0305	none	HC BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	1	19.58
02/13/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45
02/13/20	87040	0306	none	HC CULTURE BLOOD	1	37.12
02/13/20	87040	0306	none	HC CULTURE BLOOD	1	37.12
02/13/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/13/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/13/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/13/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/13/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91





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02/13/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/13/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/13/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9% BOLUS 0.9 % SOLN	1	109.91
02/13/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9 % SOLN	1	109.91
02/13/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/13/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/13/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/13/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9% BOLUS 0.9 % SOLN	1	109.91
02/13/20	J3370	0636	004096509 01	VANCOMYCIN HCL 5 G SOLR 1 EACH VIAL	3	38.73
02/13/20	J7050	0636	003380049 02	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	2	109.91
02/13/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/14/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00
02/14/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.53
02/14/20	25005814	0250	656490303 03	RIFAXIMIN 550 MG TABS	1	135.89
02/14/20	25005806	0250	378640905 99	THIAMINE 100 MG TABS	1	6.22
02/14/20	25005814	0250	009046474 61	PANTOPRAZOLE 40 MG TBEC	1	6.65
02/14/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18
02/14/20	25005814	0250	707101014 01	PHYTONADIONE 5 MG TABS	2	185.73
02/14/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.53
02/14/20	25005806	0250	703240326 03	SODIUM BICARBONATE- DEXTROSE 150 MEQ/L SOLN	1	241.51
02/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/14/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
02/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00



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02/14/20	85610	0300	none	HC PROTOME	1	26.09
02/14/20	82805	0301	none	HC PH PCO2 PO2 MEA O2	1	101.77
02/14/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
02/14/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/14/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
02/14/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
02/14/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/14/20	84300	0301	none	HC SODIUM URINE	1	17.13
02/14/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45
02/14/20	87506	0306	none	HC LAB ENTERIC PATH PCR VERIGENE	1	197.62
02/14/20	87324	0306	none	HC C DIFF TOXIN SCREEN	1	34.95
02/14/20	87493	0306	none	HC C DIFF AMPLIFIED PROBE TECH	1	95.60
02/14/20	87328	0306	none	HC O AND P SCR CRYPTOSPORIDIUM EIA	1	34.95
02/14/20	87329	0306	none	HC O AND P SCR GIARDIA EIA	1	34.95
02/14/20	74176	0350	none	HC CT ABD/PELVIS WO CONTRAST	1	963.09
02/14/20	76705	0402	none	HC US ABDOMEN LIMITED	1	351.62
02/14/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9 % SOLN	1	109.91
02/14/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/14/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/14/20	P9047	0636	685165216 02	ALBUMIN HUMAN 25 % SOLN	6	788.45
02/14/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/14/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/14/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91
02/14/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9 % SOLN	1	109.91
02/14/20	J2248	0636	004693211 10	MICAFUNGIN 100 MG SOLR 1 EACH VIAL	100	238.09
02/14/20	J7050	0636	003380553 18	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	109.91
02/14/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/14/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91

  
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**Grand Rapids, MI 49501-2127**  
**833-261-4563**

Date	Invoice #	Ref #	ICD-9	ICD-10	Description	QTY	Rate
02/14/20	J2270	0636	30	ML	MORPHINE 1 MG/ML IN NS	10	179.74
			36		100MG/100ML SOLN		
02/14/20	93975	0921	none		HC US ABD RETRO ART/VEN	1	520.46
					DOP COMPLETE		
02/15/20	20105518	0206	none		HC GR INTERMEDIATE	1	2,053.00
					ROOM		
02/15/20	25005806	0250	001439681		GLYCOPYRROLATE 0.4	1	30.12
			25		MG/2ML SOLN		
02/15/20	25005814	0250	000543532		LORAZEPAM 2 MG/ML CONC	1	6.87
			44				
<b>Total Charges</b>							<b>50,753.00</b>

<u>Type</u>	<u>Date</u>	<u>Amount</u>
BCBS-INSURANCE PAYMENT	02/27/20	0.00
BCBS-INSURANCE PAYMENT	03/26/20	0.00
BCBS-INSURANCE PAYMENT	03/26/20	-48,796.17
<b>Total Payments</b>		<b>-48,796.17</b>

Adjustments

**SHSA SPECTRUM HEALTH  
PO Box 120153  
Grand Rapids, MI 49528-  
0103  
(844) 879-6180**

Printed: 8/21/2020  
Account: 101888316-JAIL,KENT COUNTY

████████████████████  
████████████████████  
US

Detail for patient: ABRAHAM,GREGORY ANTHONY							
Service Date	Code	Description	Diagnoses	Billing Provider	Department	Charge Amt	Pay/Adj Amt
1/10/20	99221	INITIAL HOSPITAL CARE/DAY	F10.231, G93.41, K70.10	Ryan J Marin, MD	SHMG PSYCH INPATIENT BW	205.00	
1/10/20	99223	INITIAL HOSPITAL CARE/DAY	R41.82, G93.41, K70.10, D68.9,F10.21,Y90.9,E87.2	Kartik H Patel, MD	SHMG HOSPITALIST 100	391.00	
1/10/20	99221	INITIAL HOSPITAL CARE/DAY	F10.231, G93.41, K70.10	Ryan J Marin, MD	SHMG PSYCH INPATIENT BW	205.00	
1/10/20	99223	INITIAL HOSPITAL CARE/DAY	R41.82, G93.41, K70.10, D68.9,F10.21,Y90.9,E87.2	Kartik H Patel, MD	SHMG HOSPITALIST 100	391.00	
1/10/20	99221	INITIAL HOSPITAL CARE/DAY	F10.231, G93.41, K70.10	Ryan J Marin, MD	SHMG PSYCH INPATIENT BW	205.00	
		INSURANCE PAYMENT-BCBS					0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					95.86
		INSURANCE PAYMENT-MEDICAID					57.05
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					52.09
1/10/20	99223	INITIAL HOSPITAL CARE/DAY	R41.82, G93.41, K70.10, D68.9,F10.21,Y90.9,E87.2	Kartik H Patel, MD	SHMG HOSPITALIST 100	391.00	
		INSURANCE PAYMENT-BCBS					0.00
		INSURANCE PAYMENT-BCBS					158.78

		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				173.49
		BCBS WITHHOLD ADJUSTMENT-BCBS				15.23
		INSURANCE PAYMENT- MEDICAID				0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID				43.50
1/11/20	99233	SBSQ HOSPITAL CARE/DAY	R41.82, E87.2,F1 0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00
1/11/20	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	R41.82, R56.9	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00
1/11/20	99233	SBSQ HOSPITAL CARE/DAY	R41.82, E87.2,F1 0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00
1/11/20	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	R41.82, R56.9	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00
1/11/20	99233	SBSQ HOSPITAL CARE/DAY	R41.82, E87.2,F1 0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00
		INSURANCE PAYMENT- BCBS				0.00
		INSURANCE PAYMENT- BCBS				0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				93.19
		INSURANCE PAYMENT- MEDICAID				58.24
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID				53.57
1/11/20	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	R41.82, R56.9	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00
		INSURANCE PAYMENT- BCBS				229.60
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				97.47
		INSURANCE PAYMENT- MEDICAID				0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID				84.93



1/12/20	99233	SBSQ HOSPITAL CARE/DAY	R41.82, E87.2,F1 0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00
1/12/20	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	R56.9,R 41.82	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00
1/12/20	99233	SBSQ HOSPITAL CARE/DAY	R41.82, E87.2,F1 0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00
1/12/20	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	R56.9,R 41.82	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00
1/12/20	99233	SBSQ HOSPITAL CARE/DAY	R41.82, E87.2,F1 0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00
		INSURANCE PAYMENT-BCBS				0.00
		INSURANCE PAYMENT-BCBS				0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				93.19
		INSURANCE PAYMENT-MEDICAID				58.24
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID				53.57
1/12/20	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	R56.9,R 41.82	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00
		INSURANCE PAYMENT-BCBS				229.60
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				97.47
		INSURANCE PAYMENT-MEDICAID				0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID				84.93
1/13/20	99232	SBSQ HOSPITAL CARE/DAY	R41.82, G93.41, K70.10,F 10.20,D6 8.9,R18. 8,E87.2	Michelle M Manalac, MD	SHMG HOSPITALIST 100	144.00
1/13/20	99232	SBSQ HOSPITAL CARE/DAY	F10.10,K 70.10	Kristin C Kenny, PA-C	SHMG PSYCH 2750 ICCB	144.00
1/13/20	99232	SBSQ HOSPITAL CARE/DAY	R41.82, G93.41,	Michelle M Manalac, MD	SHMG HOSPITALIST	144.00

			K70.10,F 10.20,D6 8.9,R18. 8,E87.2		100	
1/13/20	99232	SBSQ HOSPITAL CARE/DAY	F10.10,K 70.10	David R Franzblau, MD	SHMG PSYCH 2750 ICCB	144.00
1/13/20	99232	SBSQ HOSPITAL CARE/DAY	R41.82, G93.41, K70.10,F 10.20,D6 8.9,R18. 8,E87.2	Michelle M Manalac, MD	SHMG HOSPITALIST 100	144.00
		INSURANCE PAYMENT- BCBS				0.00
		INSURANCE PAYMENT- BCBS				0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				65.77
		INSURANCE PAYMENT- MEDICAID CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID				40.41
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID				37.82
1/13/20	99232	SBSQ HOSPITAL CARE/DAY	F10.10,K 70.10	David R Franzblau, MD	SHMG PSYCH 2750 ICCB	144.00
		INSURANCE PAYMENT- BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				53.20
		INSURANCE PAYMENT- BCBS BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				77.50
		INSURANCE PAYMENT- BCBS BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				72.76
		INSURANCE PAYMENT- BCBS BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				5.47
		INSURANCE PAYMENT- BCBS BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				65.77
1/14/20	99233	SBSQ HOSPITAL CARE/DAY	G93.41, R41.82, K70.10,F 10.20,D6 8.9,R18. 8,E87.2	Jessica D Smith, MD	SHMG HOSPITALIST 100	205.00
1/14/20	99232	SBSQ HOSPITAL CARE/DAY	K70.10	Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00
1/14/20	99233	SBSQ HOSPITAL CARE/DAY	G93.41, R41.82, K70.10,F 10.20,D6 8.9,R18. 8,E87.2	Jessica D Smith, MD	SHMG HOSPITALIST 100	205.00
1/14/20	99232	SBSQ HOSPITAL CARE/DAY	K70.10	Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00
1/14/20	99233	SBSQ HOSPITAL CARE/DAY	G93.41, R41.82, K70.10,F 10.20,D6 8.9,R18. 8,E87.2	Jessica D Smith, MD	SHMG HOSPITALIST 100	205.00



		INSURANCE PAYMENT- BCBS					0.00
		INSURANCE PAYMENT- BCBS					81.62
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					93.19
		BCBS WITHHOLD ADJUSTMENT-BCBS					7.83
		INSURANCE PAYMENT- MEDICAID					0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					22.36
1/14/20	99232	SBSQ HOSPITAL CARE/DAY	K70.10	Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00	
		INSURANCE PAYMENT- BCBS					66.50
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					77.50
		INSURANCE PAYMENT- BCBS					0.00
1/15/20	99232	SBSQ HOSPITAL CARE/DAY	E51.2,F1 0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83 .39	Jessica D Smith, MD	SHMG HOSPITALIST 100	144.00	
1/15/20	99232	SBSQ HOSPITAL CARE/DAY	K70.10	Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00	
1/15/20	99232	SBSQ HOSPITAL CARE/DAY	E51.2,F1 0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83 .39	Jessica D Smith, MD	SHMG HOSPITALIST 100	144.00	
1/15/20	99232	SBSQ HOSPITAL CARE/DAY	K70.10	Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00	
1/15/20	99232	SBSQ HOSPITAL CARE/DAY	E51.2,F1 0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83 .39	Jessica D Smith, MD	SHMG HOSPITALIST 100	144.00	
		INSURANCE PAYMENT- BCBS					0.00
		INSURANCE PAYMENT- BCBS					57.11
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					65.77
		BCBS WITHHOLD					5.47

		ADJUSTMENT-BCBS INSURANCE PAYMENT- MEDICAID					0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					15.65
1/15/20	99232	SBSQ HOSPITAL CARE/DAY	K70.10	Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00	
		INSURANCE PAYMENT- BCBS					66.50
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					77.50
		INSURANCE PAYMENT- BCBS					0.00
1/16/20	99239	HOSPITAL DISCHARGE DAY	R41.82, E51.2,F1 0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83 .39	Jessica D Smith, MD	SHMG HOSPITALIST 100	217.00	
1/16/20	99239	HOSPITAL DISCHARGE DAY	R41.82, E51.2,F1 0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83 .39	Jessica D Smith, MD	SHMG HOSPITALIST 100	217.00	
1/16/20	99239	HOSPITAL DISCHARGE DAY	R41.82, E51.2,F1 0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83 .39	Jessica D Smith, MD	SHMG HOSPITALIST 100	217.00	
		INSURANCE PAYMENT- BCBS					0.00
		INSURANCE PAYMENT- BCBS					117.53
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					56.00
		BCBS WITHHOLD ADJUSTMENT-BCBS					11.27
		INSURANCE PAYMENT- MEDICAID					0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					32.20
2/7/20	99291	Critical Care Management	A41.9,K6 5.0,K52. 9,R65.20 ,K72.90, R18.8,K	Wael K Berjaoui, MD	SHMG HOSPITALIST ICU 1840	566.00	

2/7/20	99291	Critical Care Management	44.9,K21 .0,E87.2 A41.9,K6 5.0,K52. 9,R65.20 ,K72.90, R18.8,K 44.9,K21 .0,E87.2	Wael K Berjaoui, MD	SHMG HOSPITALIST ICU 1840	566.00	
		INSURANCE PAYMENT- BCBS					311.35
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					23.44
							231.21
2/8/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,R 65.21,E8 7.2,E87. 1,K70.11 ,F10.21, K72.90,K 74.60,Z8 6.61,K65 .2,K52.9	Stefano M Crescentini, MD	SHMG HOSPITALIST 100	205.00	
		INSURANCE PAYMENT- BCBS					103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					7.83
							93.19
2/9/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,R 65.21,K6 5.2,K70. 31,E87.2 ,E87.1,K 72.90,F1 0.11	Stefano M Crescentini, MD	SHMG HOSPITALIST 100	205.00	
		INSURANCE PAYMENT- BCBS					103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					7.83
							93.19
2/10/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,R 65.21,K7 0.31,K72 .90,E87. 2,F10.11	Stefano M Crescentini, MD	SHMG HOSPITALIST 100	205.00	
		INSURANCE PAYMENT- BCBS					103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					7.83
							93.19
2/11/20	99232	SBSQ HOSPITAL CARE/DAY	K72.90,K 74.60,R6 5.21,E87 .2,K70.3	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	144.00	

			0,Z86.61 ,Z48.89, K70.31,F 10.21				
2/11/20	99232	SBSQ HOSPITAL CARE/DAY	K72.90,K 74.60,R6 5.21,E87 .2,K70.3 0,Z86.61 ,Z48.89, K70.31,F 10.21	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	144.00	
		INSURANCE PAYMENT- BCBS					72.76
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					5.47
							65.77
2/12/20	99221	INITIAL HOSPITAL CARE/DAY	K70.31,K 72.90,K6 5.2	Thomas H Rupp, MD	SHMG ENDO GASTRO BW	205.00	
2/12/20	99233	SBSQ HOSPITAL CARE/DAY	K72.90,K 52.9,K20 .9,I95.9, E87.2,K7 0.30,Z86 .61,E72. 20,R18.8 ,R79.89, Z86.59	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	205.00	
2/12/20	99221	INITIAL HOSPITAL CARE/DAY	K70.31,K 72.90,K6 5.2	Thomas H Rupp, MD	SHMG ENDO GASTRO BW	205.00	
		INSURANCE PAYMENT- BCBS					101.50
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					7.64
							95.86
2/12/20	99233	SBSQ HOSPITAL CARE/DAY	K72.90,K 52.9,K20 .9,I95.9, E87.2,K7 0.30,Z86 .61,E72. 20,R18.8 ,R79.89, Z86.59	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	205.00	
		INSURANCE PAYMENT- BCBS					103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					7.83
							93.19
2/13/20	99232	SBSQ HOSPITAL CARE/DAY	K70.30,K 65.2,K72 .90,Z83. 79	Thomas H Rupp, MD	SHMG ENDO GASTRO BW	144.00	
2/13/20	99232	SBSQ HOSPITAL CARE/DAY	K70.30,K	Thomas H	SHMG ENDO	144.00	

			65.2,K72 .90,Z83. 79	Rupp, MD	GASTRO BW		
		INSURANCE PAYMENT- BCBS					72.76
		BCBS WITHHOLD ADJUSTMENT-BCBS					5.47
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					65.77
2/13/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,K7 0.30,R65 .21,K52. 9,R18.8, K72.90,Z 86.61,E7 2.20,R79 .1,D72.8 29,Z83.7 9,N17.9, F10.21	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	205.00	
		INSURANCE PAYMENT- BCBS					103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS					7.83
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					93.19
2/14/20	99232	SBSQ HOSPITAL CARE/DAY	K70.9,K6 5.2,K72. 90,D72.8 29,Z83.7 9	Sarah C Roy, A-GNP	SHMG ENDO GASTRO BW	144.00	
2/14/20	99222	INITIAL HOSPITAL CARE/DAY	D72.829, E87.2,K7 0.31,F10 .10,K52. 9,K82.9	Brian K Petroelje, MD	SHMG INFECT DISEASE 230	277.00	
		INSURANCE PAYMENT- BCBS					147.30
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					129.70
2/14/20	99232	SBSQ HOSPITAL CARE/DAY	K70.9,K6 5.2,K72. 90,D72.8 29,Z83.7 9	Sarah C Roy, A-GNP	SHMG ENDO GASTRO BW	144.00	
		INSURANCE PAYMENT- BCBS					66.50
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					77.50
2/14/20	99024	POST-OP FOLLOW-UP VISIT	A41.9,R 65.21	Amy L Banks- Venegoni, MD	SHMG GEN SURG 1900	0.00	
2/14/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,K7 0.30,R65 .21,K52. 9,R18.8, K72.90,Z 86.61,E7 2.20,R79	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	205.00	

			.1,D72.8 29,Z83.7 9,N17.9, F10.21,R 34,R68.0 ,Z51.5				
		INSURANCE PAYMENT- BCBS					103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS					7.83
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					93.19
2/15/20	99232	SBSQ HOSPITAL CARE/DAY	K72.90,K 63.1,E87 .2,K70.3 1,Z86.61 ,E72.20, R79.1,D 72.829,Z 83.79,N1 7.9,R34, T68.XXX A,Z86.59	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	144.00	
		INSURANCE PAYMENT- BCBS					72.76
		BCBS WITHHOLD ADJUSTMENT-BCBS					5.47
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					65.77
2/16/20	99232	SBSQ HOSPITAL CARE/DAY	A41.9,R 65.21,R1 8.8,K52. 9,G93.40 ,E87.2,Z 51.5	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	144.00	
		INSURANCE PAYMENT- BCBS					72.76
		BCBS WITHHOLD ADJUSTMENT-BCBS					5.47
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					65.77
<b>Totals:</b>						<b>13322.00</b>	<b>6100.70</b>



**EXHIBIT 9 – Calculation of Damages**