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	\blacksquare
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.

P	art 1: Identify the C	laim					
1.	Who is the current creditor?	Name of the current credit Other names the creditor	tor (the person or e used with the debto	entity to be paid for this class	aim)		
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?					
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Marc S Berlin - Fe	iger Law P.C		Where should pay different)	yments to the creditor be	sent? (if
	(FROF) 2002(g)	Number Street Southfield City Contact phone (248) 3: Contact email m.berlin	MI State 55-5555	48075 ZIP Code	Number Street City Contact phone Contact email	State	ZIP Code
		Uniform claim identifier for	r electronic paymer	nts in chapter 13 (if you u	se one):		
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numbe	er on court claims	s 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 th	ne earlier filing?				

Proof of Claim

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).
3.	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
Э.	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
0	. Is this claim based on a lease?	☑ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
1	. Is this claim subject to a right of setoff?	☑ No □ Yes. Identify the property:

Official Form 410 Proof of Claim page 2

12. Is all or part of the claim entitled to priority under	I No				
11 U.S.C. § 507(a)?	Yes. Che	ck one:			Amount entitled to priori
A claim may be partly priority and partly nonpriority. For example,		estic support obligations (including S.C. § 507(a)(1)(A) or (a)(1)(B).	g alimony and child suppor	t) under	\$
in some categories, the law limits the amount entitled to priority.	Up to person	\$3,350* of deposits toward purchal, family, or household use. 11	nase, lease, or rental of pro U.S.C. § 507(a)(7).	pperty or services for	\$
епшес со рнопку.	bankri	es, salaries, or commissions (up to uptcy petition is filed or the debto S.C. § 507(a)(4).	o \$15,150*) earned within r's business ends, whicher	180 days before the ver is earlier.	\$
	☐ Taxes	s or penalties owed to governmen	ntal units. 11 U.S.C. § 507(a)(8).	\$
	☐ Contri	ibutions to an employee benefit p	lan. 11 U.S.C. § 507(a)(5).		\$
	Other.	. Specify subsection of 11 U.S.C.	§ 507(a)() that applies.		\$
	* Amounts	s are subject to adjustment on 4/01/25	5 and every 3 years after that t	or cases begun on or aft	er the date of adjustment.
Part 3: Sign Below					
The person completing	Check the app	propriete hov:			
this proof of claim must	☐ I am the c	•			
sign and date it. FRBP 9011(b).		creditor. creditor's attorney or authorized a	gent.		
If you file this claim electronically, FRBP		rustee, or the debtor, or their auth	-	Rule 3004.	
5005(a)(2) authorizes courts	☐ I am a gu	arantor, surety, endorser, or othe	r codebtor. Bankruptcy Ru	le 3005.	
to establish local rules specifying what a signature is.		hat an authorized signature on thi claim, the creditor gave the debto			
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5		ed the information in this <i>Proof of</i>	, ,		
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	r penalty of perjury that the forego	oing is true and correct.		
3571.	Executed on d	late 08/11/2023			
	1.7	MINI 7 DD 7 1111			
	Ker	met Koam			
	Signature				
	Print the name	e of the person who is complet	ting and signing this clai	m:	
	Name	Kenneth R Beams First name	Middle name	Last name	
	Title	Attorney for the credito	r		
	Company	Kenneth R. Beams, PL	LC		
		Identify the corporate servicer as	the company if the authorized	d agent is a servicer.	
	Address	32400 Telegraph Road	, Suite 103		
		Number Street	B. 41	40005	
		Bingham Farms City	Mi Sta		
			010		

Email kennethbeams@gmail.com

248-396-3987

Contact phone

EXHIBIT 1

Case 23-90086 Date: 07/17/2023 Page 2 of 5

Claim 161-1 Part 2 Filed 08/11/23 Desc Exhibit Case Expense Summary (Original STI)

Fieger, Fieger, Kenney & Harrington P.C.

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

0 to 999 Employee Range:

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

Civil Rights - 1983

Date	Em	Amount	Description
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 DLIENT 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

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Page: 2

Fieger, Fieger, Kenney & Harrington P.C.

Date	Em	Amount	Description
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 08/26/2020	MS MS	2.00 65.00	DOCUMENT REPRODUCTION - FOIA RESPONSE
	MS	101.10	estate publication Howard T. Linden, P.C. records Minute Man Services, Inc. inv# 163661C Spectrum
mm/dd/yyyy 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
11111, dd, yyyy	1417	1.00	DOCCIMENT NET NODOCTION INCINIONIN INVINO LETTER

Page: 3

Fieger, Fieger, Kenney & Harrington P.C.

Date	Em	Amount	Description
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 SpectrumHealthIBlogettHosp
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

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Claim 161-1 Part 2 Filed 08/11/23 Desc Exhibit Case Expense Summary (Original STI)

Fieger, Fieger, Kenney & Harrington P.C.

Date	Em	Amount	Description
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

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		ω
3/23/2020	Correspondence prepared to client from Geoffrey Fieger, Esq. regarding retention of representation		
3/23/2020	Prepared contract for legal representation		'n
3/23/2020	Send contract for legal representation to client to be signed		<u>.</u>
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		'n
4/7/2020	Review of return receipt green card from Kent County Jail		<u>.</u>
4/20/2020	Correspondence prepared to August Abraham with affidavit of heir-at-law prepared		ω
4/28/2020	Review transfer memo and file		'n
4/28/2020	Correspondence prepared to client advising of Heather Abreu's department from firm and transfer to Marc Berlin		. <u>.</u>
5/1/2020	Review hard copy of file regarding status; telephone call to client to discuss same		.6

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

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

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

<u>.</u>	Receipt and review of invoice for review of records from expert Jeremy Graham M.D. and approval of same	12/15/2020
. _.	Receipt and review of expert Jeremy Graham M.D.'s observation and notes after review of records	12/15/2020
.s	Preparation of summary and notes from telephone conversation with expert Michael McMunn CRNA after review of records	12/3/2020
.6	Conduct telephone conference with expert Michael McMunn CRNA to discuss case and his opinion of same.	12/3/2020
<u>.</u>	Receipt and review of decedent's obituary with Harry Will Funeral Homes	12/3/2020
<u>.</u>	Correspondence prepared to expert Jeremy Graham M.D. with records to review	12/1/2020
·ω	Receipt and review of expert Jeremy Graham M.D.'s curriculum vitae & W-9	12/1/2020
·	Receipt and review of invoice for expert retainer from Jeremy Graham M.D.	12/1/2020
.1	Correspondence prepared to expert Michael McMunn with records to review and signed retainer agreement	10/12/2020
-7	Receipt and review of invoice for radiology records and films from Henry Ford Health System	9/28/2020
.3	Preparation of review of records and creation of timeline from Kent County Correctional Facility and Kent County Sheriff Department records	9/20/2020
2.0	Receipt and review of employment records and files from City of Livonia (232 pages)	9/15/2020

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

1	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	7/27/2022
<u>.</u>	Correspondence prepared to client with copies of filed complaint with affidavit of meritorious defense and jury demand	7/8/2022
.2	Receipt and review of true copies/filed copies of Plaintiff's complaint with affidavit of meritorious defense, jury demand and summons	7/8/2022
.2	Receipt and review of fully executed affidavit of meritorious defense by expert Jeremy Graham M.D.	7/5/2022
ώ	Preparation of summons issued to Defendants Corizon Health Inc. and Daniel Carrel D.O.	7/1/2022
1.0	Preparation of complaint with jury demand	7/1/2022
		6/29/2022
	Receipt and review of updated Letters of Authority issued by the Livingston County Probate Court	6/29/2022
	Correspondence prepared with affidavit of meritorious defense to expert Jeremy Graham M.D. for review and signature	6/28/2022
.4		6/28/2022
<u>:</u> _	Receipt and review of invoice for updated billing records from Spectrum Health System and approval of same	1/7/2023

.2	Receipt and review of the Court's detailed scheduling order including deadlines for trial.	11/3/2022
.4	Receipt and review of Defendant Daniel Carrel D.O.'s affidavit of meritorious defense.	10/28/2022
<u>-</u>	Correspondence prepared to Judge Quist with Plaintiff's proposed pretrial scheduling order and explanation of needed additional discovery time.	10/24/2022
ω.	Preparation of pretrial scheduling order	10/24/2022
	Receipt and review of the Court's notice for scheduling conference	10/6/2022
.4	Receipt and review of Defendants answer to complaint, further answers, reservation of rights, reliance on Plaintiff's jury demand, and affirmative defenses.	9/26/2022
·	Receipt and review of photograph from client showing decedent with his family	8/19/2022
ü	Receipt and review of completed information from client regarding witness information, estate heir information, and treaters.	8/19/2022
.2	Correspondence prepared to client with authorizations to be signed on behalf of Defendants	8/1/2022
i2	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.	7/27/2022
<u>.</u> 7	Correspondence prepared to client requesting potential witness information, estate heir information, and medical treaters	7/27/2022

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.	٠.
12/27/2022	Receipt and review of correspondence from ADR Clerk directed to Robert Riley, Esq. regarding appointment as facilitator.	<u>.</u>
1/19/2023	Correspondence prepared to Robert Riley requesting facilitation be scheduled including a proposed stipulation naming facilitator and caption	<u>.</u>
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.	٠.
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.	į2
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.	S

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

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

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

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

ATTORNEY FEE & BILLING SUMMARY

Estate of Gregory Abraham Fieger Fieger Kenney & Harrington P.C.

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

TOTAL HOURS:
Per Signed Contract:
TOTAL AMOUNT:

48.9 \$600.00 per hour \$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- 0 6 0 6 0 -NH

٧.

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

HON.

GEORGE JAY QUIST

Defendants.

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

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 He received aggressive IV fluids multivitamin. 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. O₂ sat currently 93% on room air. O₂ 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+, 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:

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;
- 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;
 - 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,

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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

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Southfield, Michigan 48075

(248) 355-5555

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. <u>Daniel Carrel, D.O.</u> 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;
- 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. <u>Corizon Health</u> 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. <u>Daniel Carrel, D.O.</u> 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;
 - Properly treat Decedent's decompensated liver cirrhosis;
 - 3. Properly treat Decedent's Wernicke Encephalopathy;
 - 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;
 - Perform a Maddrey score;
 - 7. Admit Decedent to the hospital for treatment no later than February 4, 2020;
 - 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;

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- 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. <u>Corizon Health</u> 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

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- A. <u>Daniel Carrel, D.O.</u> 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. <u>Corizon Health</u>: In order to achieve compliance with the applicable standard of care, Corizon Health, should have:

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- 1. Provided Decedent proper medical care based on his known medical history;
- 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

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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.

NO MA LAT

EREMY D. GRAHAM, D.Ø., M.A., F.A.C.P.

Subscribed and sworn to before me this 30 day of June, 2022

Notary Public

Spokane County, Washington

My Commission Expires: Jun 19th 2025

Notary Public
State of WASHINGTON
KAYLEE HAVEN
COMM. NO. 21024687
MY COMMISSION EXPIRES
JULY 19, 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 AR Lisa Posthumus Lyons Kent County Clerk/Register, MI



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

STATE FILE NUMBER 211598

1	I, DECEDENTS NAME (First, Middle, Lon) Gregory Anthony Abraham			2.DAT	TE OF BIRTH	3. SEX Male	4. DATE OF DEATH	The second	y 16, 2020
	S. NAME AT BIRTH OR OTHER NAME USER Gregory A. Abraham	FOR PERSONAL	BUSINESS	6	L AGE- Last Birthday (Years) 56	66, UNDER 1		6c. UNDER	MINUTES
	7a LOCATION OF DEATH Spectrum Health Blodgett Hospita 8a CURRENT RESIDENCE - STATE 81	49506 LCOUNTY	180.		VILLAGE OR TOWNS		Kent	OF DEATH	
	Michigan Be ZIP CODE 9. BIRTH PL	Livingston	- 10 6337	owell	AL SECURITY NUMB		EDENT'S EDUCATIO	N	
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>	15. USUAL OCCUPATION Police Officer 19. FATHER'S NAME (First, Middle, Land) Gary Anthony Abraham	16 KIND OF BUI Municipal	SINESS OR	[2)	17. MARITAL S Divor 5. MOTHERS NAME B andra Kay Jakov	EFORE FIRST	MARRIED (FIRM)		
>	21a INFORMANTS NAME Andrea Abraham	Former wife	100	CEDENT	21c MAILING ADDR	RESS			
7	22. METHOD OF DISPOSITION Cremation 24. SIGNATURE OF MORTUARY SCIENCE Tracy L. Spiess	23ª PLACE OF D Southern Mis LICENSEE	chigan Cr 25. LICENS		Services 1. 26, NAME AND Harry J. Wil	ADDRESS OF	FUNERAL FACILITY Iomes Livonia, 3		Six Mile
		CENSE NUMBER 301100194	0254 1 29. MEDIO CONTA		Time Febr	DEATH 31.	IF HOSPITAL	Militar	y Time
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	PART II. OTHER SIGNIFICANT CONDITION given in Part I Alcoholic Cirrhosis	NS contributing to de	ath but not re	sulting in the		CONT	TOBACCO USE RIBUTE TO DEATH? Yes Probably No Unknown	I Proper	request within past y rend at their of death request, the progress of Californ's death
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exact copy of the original document on file in the office of the County Clerk

Lisa Posthumus Lyons LISA POSTHUMUS LYONS KENT COUNTY CLERK/REGISTER



FEB 24 2020

DATED: __





EXHIBIT 6

Approved, SCAO			HE CODE.
STATE OF MICHIGAN PROBATE COURT COUNTY OF LIVINGSTON	LETTERS OF AU		JIS CODE: 20-19344-DE
Estate of GREGORY ANTHONY	ABRAHAM a/k/a GREGORY A	ARRAHAM	
•		UPI OTI IVINI	
TO: Name and address			Telephone no.
ANDREA ABRAHAM			313):903-0378
4157 SONATA DR. HOWELL, MI 48843			•
You have been appointed and qualific perform all acts authorized by law to Your authority is limited in the following You have no authority over the acceptance of appointment. Other restrictions or limitations	unless exceptions are specified be owing way: e estate's real estate or ownership	elow. Date	
☑ These letters expire: 05/26/2024	,		
Date			
06/20/2023		Kathe Wenzel	
date	Regi	Ister Kathe Wenzel	
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Do not write below this line - For court use only

EXHIBIT 7

REQ-163661-A

THE ENCLOSED SUBPOENA/LETTER OF REQUEST **INSTRUCTIONS** DOES NOT REQUIRE YOUR PERSONAL APPEARANCE. It does require that all records specified in the subpoena/letter of TO WITNESS: request be submitted to us by one of the methods listed below: Mail: Secure Email: (248) 585-5822 MINUTE MAN SERVICES, INC. *Please only fax invoices and No Record 3905 ROCHESTER ROAD REQ@MM.SERVICES Statements. ROYAL OAK, MI 48073 Faxes are unreliable and the quality is poor. 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. ***IF THE TOTAL COST TO COPY THE DOCUMENTS EXCEEDS \$100.00 OR THE DOCUMENTS ARE ON FILMPO NOT BEGIN COPYING UNTIL YOU HAVE PROVIDED US WITH A QUOTATION AND APPROVAL TO PROCEED IS GIVEN. WITHOUT PRIOR APPROVAL, PAYMENT IS NOT GUARANTEED. 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, *** PLEASE SIGN & DATE WHERE APPROPRIATE BELOW, AND RETURN WITH REQUESTED RECORDS no later than the due date listed on subpoena/letter of request. If additional assistance is needed, please call (248) 585-6300. RECORDS RE: **GREGORY ANTHONY ABRAHAM CERTIFICATION** In response to the subpoena/letter of request issued, I hereby certify that the records OF RECORD: submitted are the only records in my/our possession or control pertaining to the above individual. XX Date 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: RECORDS RE: **GREGORY ANTHONY ABRAHAM** NO RECORD I hereby certify that after a thorough and diligent search, no records pertaining to the STATEMENT: above individual can be located. .. XX Date 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)

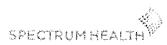
REQ-163661-A



Abraham, Gregory Anthony
MRN: 18702148, DOB: Sex: M

	Patient		
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Date/time of death: 2/16/2020 0254 Preliminary cause of death. Septic shock	(HCC)		
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Diagnosis: Colitis, acute	Noted on: 02/13/2020	Chronic: No	
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Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M

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Alcoholic hepatitis				Provider
Decompensated hepatic cirrhosis (HCC	2/13/2020			Provider
Hepatic encephalopathy (HCC)	2/7/2020			Provider
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Procedure HX HERNIA SURGERY IR PARACENTESIS WITH IMAGE GUIDANCE IR PARACENTESIS WITH IMAGE GUIDANCE amily History as of 2/16/2020 Family History as of 2/16/2020 Father Relationship: Father Name: — S Mother. — Linked with: — Comm Mother Relationship: Mother Name: — S — Mother: — Linked with: —	talus: Alive Age: — nont: — Idatus: Alive Age: — Comment: —	2/9/2020 — 2/12/2020 — Genetic Sex: Male	Gender Identity: Male Gender Identity: Fel	Provider Provider Provider Father: —
Procedure HX HERNIA SURGERY IR PARACENTESIS WITH IMAGE GUIDANCE IR PARACENTESIS WITH IMAGE GUIDANCE amily History as of 2/16/2020 Family History as of 2/16/2020 Father Relationship: Father Name: — S Mother: — Linked with: — Comm Mother Relationship: Mother Name: — S — Mother: — Linked with: —	tatus: Alive Age: — nont: — Status: Alive Age: — Comment: — atus: — Age: — nent: —	2/9/2020 — 2/12/2020 — Genetic Sex: Male	Gender Identity: Male Gender Identity: Fel	Provider Provider Provider Father: —

Printed on 8/26/20 10:57 AM Page 2



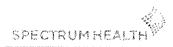
Abraham, Gregory Anthony MRN: 18702148, DOB: _____, Sex: M

Patient (continued)

stance & Sexuality History a	as of 2/16/2020					
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Types Chew	Comments	Stat Curr	us ent User	Date	Property and the second of the relative Paris Color Color	urce ovider
Alcohol Use as of 2/16/2020						
Alcohol Use	Drinks/Week	Alcohol/We	, describeration conservations are the second reserva-	Comments	en espela i menegene e pelastrar artista de alema per acembria. L	Source
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Drug Use as of 2/16/2020						
Drug Use	Types	Frequency	name Procession engine time et con tendes en en participa en participa en	Comments	contraction developed in the contraction of the con	Source
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ioeconomic History as of 2/1	ydynamia, ny shipidaly austrakonson ni ni saan York ni ni angolijan yosaniyadang nahonaqib. Angolija yo ny benyayadaji		and the definite form and the state of the s	egisterior (Spin) Web Jack Heb	000 Com-24th com-res con Cells (not financial et control	er en
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Socioeconomic as of 2/16/20 Marital Spouse Stalus Name	Number of Years Children Education		Language English	Non- Hispanic (tortation Needs	White or Caucasian, Not Hispanic	tation Needs
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Page 3



Abraham, Gregory Anthony MRN: 18702148, DOB , Sex: M

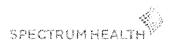
Patient (continued)

rrent Medications	
furosemide (LASIX) 40 MG tablet	generates on a new teach of the second contract of the endough of the selection contract of the second contract of
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 TA	BS
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 HCI (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

Page 4



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

Visit date: 2/14/2020

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

pointment Information	on			
CT ABDOMEN AND 2/14/2020 3:00 PM	PELVIS WITHOUT IV CONTRAST	Comp	pleted	ganglagen, ver year enge Grossen, Selvin Albert
Time	Provider	Department		Lengti
3:00 PM	BL CT 01	SHBL IMAG CT	akti (soo sektor daka (gili si simboli dak kasan nakk kasanka jalan Kasanka daka daka kala (gili si kan (si	30 mir
Referral Provider: Enc Form Number:	VUTLA, BALAJI 32936600	Amval Time;	2:42 PM	
History	4/2000 0 00 DU		B. I	er e
	4/2020 2:08 PM		L Dobias, RTR	E
	4/2020 2:42 PM	By: Kimberly	B Twiss, RTR	E
EOD Status: 2/1	8/2020 11:03 PM	By: Backgrou	und, Cadence	£



When?

Which is your dominant hand?

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB:

MRN: 18702148, DOE Acct #: 99105609860 , Sex: M

Visit date: 2/14/2020

02/14/2020 - Appoir	tment in Spectrum He	ealth Hospitals Blodgett (CT (continued)	
ing				
naging	ne flav 2.01 (Meruha, merudendendendenge yeng etgisal daru Jarrahaya birakaraka Jarrahaya kara	trans dig dilanstrustranska, skieptranskt villgenssfant av skiantydenski 12 kpullkatskyt stansket tydep gaan van diadell I II.	Baylak karlaman, Siri, gaga Riyyi qafarlir orbor ilingayahan miyu ilindining mot Siri yalang marishin makababan ili ah-alia	
CT ABDOMEN AND PELVIS WITHO	ramantia jirtu nan usanu intibusjyy saanipuu upus. Pri sanus dan uupitustaa ya manusaa ya muu ya mar ya mar ya	reconnections for continuous approximation and control participations of the control description of the control control and the control contro	ann an heir stein ann an the ann an the ann an an ann an ann an an an an an an	
 Electronically signed by: Balaji Vutta This order may be acted on in another 		57	Status: Comple	
Ordering user: Balaji Vutla, MD, MPH		Ordering provider: Balaji Vulla	MD MPH	
Authorized by: Balaji Vutla, MD, MPH		Ordering mode: Standard	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Frequency: Routine Once 02/14/20 1	357 - 1 occurrence	Class: Hospital Performed		
Quantity: 1		Lab status: Final result		
Indications comment: Abdominal dist	ention, worsening		utla, MD, MPH (auto-released)	
leukocytosis Questionnaire		2/14/2020 1:57 PM		
Question	the line was the of the collection of the stability of the line can be stable, and the collection of t	nder on the control of the control o	rodusen och det politikalist i den sten kredisch och entruder (bod silve omborde doch silve ett blisten och borde etter	
Rule Out/Verify/Other Pertinent F	remove que demengra, lem nema anua, emanere y laquima admiço que maneremo, ser emagração repuisoras que El 1985 desta desta de	Answer Abdominal infectious etiologi	g. Das Jagunus kapsaganja valg, psakanja nagvashqapsa Anda saprijana sipungkunida dendina vida historismo i 12 Lik	
What are the patient's sedation re		No Sedation	Y	
Initiate Rad Pre Procedure Proto		Yes		
Initiate CT Contrast Protocol?	501:	Yes		
Do you want PO contrast adminis	tered prior to CT imaging?	No		
Do you want to contrast adminis	nord prior to or imaging:	140		
Screening Form	термициот стого порти вреду тогоријањито гојина бист је проседини имерија и потрађен гојина и гој анградија гоји и го	gruppy pgan samm genijkanglood nga ngipalihangpanii mala an qaali gagi nakmakkangku heliyaalibakka (1997) akkeesees (di	- krakisin hedilaksiston – konsee Eykosiss voork tekknoben klanopkonkhoisis in ost sekt sekt ookt viide een on konstrukt	
General Information	on desembly films included as information to houghly accounts the Basel operational specific the confirmation indicates	ментира мертина бълга <mark>били ме</mark> нтина пост	ala manakan sakasak kan manakaka kalama ngi kada mekala kalan mana maga nga kan mata kan saka kan saka mana ma	
Patient Name: Abraham, G	regory Anthony	MRN: 18702148		
Date of Birth: 5/22/1963		Hame Phone: 313-903-0379		
Legal Sex: Male				
Depodue	Oudanian Duardan			
Procedure CT ABDOMEN AND	Ordering Provider Balaji Vutla, MD, MPH	Authorizing Provider Balaji Vutla, MD, MPH	Appointment Information 2/14/2020 3:00 PM	
PELVIS WITHOUT IV	^t 616-391-3139	616-391-3139	BL CT 01	
CONTRAST	©(616)479-5626	©(616)479-5626	SHBL IMAG CT	
	,			
Screening Form Questions	internacional de la composición de la c	resis globardia, free resis na segrante provincia en demandra como carrocardo de describaro de segranda de como	gar opak separatus liga serre separatus um men hine salatus paratus kara proparatus kara terretus et esta et e	
No questions have been ar	swered for this form.			
Danie Carre Occasión				
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Correct Patient?	Answer Yes	Comin	RCFIL gyg otrochydyddia segondaethig, yberthe gymlidia, o'r gylengaglygo, agong melladir o'r daellaid ei gynddi.	
Correct Exam?	Yes	And the second s		
Correct Order?	Yes			
Correct Part?	Yes			
Correct Reason?	Yes			
Verified Captract Allergian?	N/A N/A			
Verified Contrast Allergies?	N/A		And the second s	
Verified Steroid Prep?				
Patient given reason for imagir	iu roday r			
Pain?				
Where?				
Duration?				
Injury? What?				
When?	na atrum			
Any relevant images outside S Health?	pocu am			
Where?				
AAHOLOI				

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Left



Abraham, Gregory Anthony

Comment

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

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

Visit date: 2/14/2020

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

Imaging (continued)

End Exam Questions

Answer

Select type of deviation (definition of

Did you deviate from the order?

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

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

Resulted by: Michael J Votruba, MD

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

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.

Order status: Completed

Accession number: 4078958

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

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.

Hepatchiliary: 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.

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Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

, Sex: M

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.
- The decum 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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		Butterworth Campus	
			100 Michigan Grand	
			Rapids, MĬ	
			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	



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sext M

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 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

Order status: Completed

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 - Piesent

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)

Codi	1114	-u	1 8 2 8 8 1	ZXI Y

Account	Information
ACCOUNT)III

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

Admission Information

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

$(x_1, y_2, \dots, y_{n-2}) = (x_1, y_2, \dots, y_{n-2}) + (x_1, y_2, \dots, y_{n-$	$(a_1, a_2, a_3, a_4, a_4, a_4, a_5, a_5, a_6, a_7, a_8, a_8, a_8, a_8, a_8, a_8, a_8, a_8$	معالمة المراد والمقال المقال المقال ومواجعه والمناس والمستحدث والمتاوي والمتاوي والمتاريخ والمستحد والمستحد والمتارك	raid or humalistical and produced and ordered and record or the contract of th	entition in the print which is have been a second transfer and the second of the secon
Code	Description		Comments	
فالها فالمار بالمنظم المالية والمحافظ والمعاق والمؤسل وأناؤها والمراب المرياء	خي خلاف خان دارند منظومين والمستعود والمعالية أوان شعفا للقل للمساحلون فيوسطك برياس بالمراسطة	المراب المقيد المراب والقريمة بها المعارب المراب في بمعارضة بالمراب والمراب المستول المراب المستول المراب ا	- Colomic States - St	الطامعة فالمخالف المؤار بالزاج بالإستان فالسياسة الماكي كالمد الموسطين المراد المولى بيهمية بهير بالهيار بالهيا
K72.90	Hepatic failure, unspe	cified without coma (HCC)		

Final Diagnoses (ICD-10-CM)

Code	Description	POA	СС	HAC	Affects DRG
A41.9 [Principal]	Sepsis, unspecified organism (HCC)	Yes	No	Control and the control of the contr	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 MRN: 18702148, DOB:

Acct #: 99105609860

, Sex: M

Visit date: 2/14/2020

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

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
110	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	No	No
		from		
		POA reporting		
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 oliquia	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 Cavty, Percutaneous Approach	02/09/2020	Manish K Varma, MD	yyphonysgyri i merkine i rasteritassis yangis visit i John Signarky visit Maydyerini vi Ses Visi
0W9G3ZZ	Drainage of Peritoneal Cavty, 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	- Carlo Carl	and the state of t	11,045.76
Description: S	EPTICEMIA OR SEVERE SEF	SIS W/O MV >96 HO	URS W MCC					
871	MS-DRG V37 (FY 2020)		1.8663		10			11,045.76
Description: S	EPTICEMIA OR SEVERE SEF	SIS W/O MV >96 HO	URS W MCC					
871	MS-DRG V37 (FY 2020)	HAC Dx Included	1.8663	018	10			11,045.76
Description; S	EPTICEMIA OR SEVERE SEF	SIS W/O MV >96 HO	URS W MCC					
720	APR-DRG V37 (FY		1.7194	018	10	4	4	
	2020)							
Description: S	EPTICEMIA & DISSEMINATE	DINFECTIONS						
720	APR-DRG V37 (FY	Admission DRG	0.9133	018	10	3	3	
	2020)							
Description: S	EPTICEMIA & DISSEMINATE	DINFECTIONS						
720	APR-DRG V37 (FY	PPC DRG	1.7194	018	10	4	4	
	2020)							
Description: S	EPTICEMIA & DISSEMINATE	DINFECTIONS						
720	APR-DRG V37 (FY	PPC Admit DRG	1.8663	018	10			
	2020)		•					

Description: SEPTICEMIA & DISSEMINATED INFECTIONS

Printed on 8/26/20 10:57 AM Page 10



EOD Status:

2/18/2020 11:03 PM

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony

Background, Cadence

MRN: 18702148, DOB: Acct #: 99105609860 Visit date: 2/14/2020 , Sex: M

ES

ppointment Informatio	on			
US LIVER INCLUDIA 2/14/2020 4:00 AM	IG DUCTS WITH DOPPLER	Comp	leted	
Time	Provider	Department		Leng
4:00 AM	BL US 01	SHBL IMAG US	ingto meter mentingan tulmen dautnya orungi disintelapan piliti ngan njeronamen ingi ilinggi dampilitan dalah diser dhem muru 19	60 m
Referral Provider; Enc Form Number:	HOFFNER, BRENDA J 32920707	Arrival Time:	3:35 AM	
	32920707			
History Made On: 2/14	4/2020 3:00 AM	By: Nicole M o	pore RTR	
	4/2020 3:35 AM		oore, RTR	

By:



Questionnaire Question

Where performed?

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony

Sex: M

Status: Completed

MRN: 18702148, DOB: Acct #: 99105609860 Visit date: 2/14/2020

Ordering provider: Brenda J Hoffner, FNP

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

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

Reason(s) for Exam/Signs and Symptoms:

What are the patient's sedation requirements?

Rule Out/Verify/Other Pertinent History:

instance released by: Brenda J Hoffner, FNP (auto-released) 2/14/2020 2:51 AM

Answer

decompensated cirrhosis with recurrent large volume ascites

r/o portal vein thrombosis

Ordering mode: Standard

Class: Hospital Performed

Lab status: Final result

No Sedation Department

Yes

Initiate Rad Pre Procedure Protocol? 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)



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

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

Imaging (continued) Abraham, Evegory A. ABDOMINAL ULTRASOUND/ JULY DC LIVER DOPPLER - ADULT (CONTINUED) 18702 148 HISTORY abutton, UT 2/4/20 Drugs/Alcohol Hepatitis Hypertension X Prior ext 1/10/20 Fever Cholesteral medicines [] Attergles I Pain, specify History of tancer 1 Nausea/Vomiting El Orandea Weight loss A Circles is Fostive Murphy's Sign UNU WHUGE TWE L. Surgeries Abnormal liver function tests Orabetes, Type: []1 []2 dinewic TECHNOLOGIST DOPPLER FINDINGS (Direction of fow) XNormal C Apportrat HA SPSV AD Com/sec EDV I com/sec Main HV ClAbrormat HV: X Normal Main E. Abnormal Norma Right Discomal Lett C'Abrormat Right X Mormai [Abnormat millin. ZWA: LOFINGY JACTURAL 13 Abcormal XINGIMAL PSVZH CITYSEE Li Abrormal PV: Main npv I2mmi Vi Normal C. Absormal Rela た William **W**Normal Lett [[Absormat Document thrombus on image *** Abroraul in 15.7 cm unth reingrictisticon 10. leur unth Parcreas MOLATIN OBSURA LYDWILL Common bife duct (miri) DMM Galbladder Wall 4.4mm), Studge filled TECHNOLOGIST COMMENTS
Afficial Martizal Status, patrint wild not so mixing about
all ing wars, whatie to tolow unununus. Laide amuse of the
Thiughout abouter. Reconstruct umb un (+ tig) terceation. Coppler limited CHARGES: (XDoppler complete Milloar DATE 214120 Fechnologist signature ___ TIME 1 (perts per Hauste X07965 (9/15) - Each

Page 13

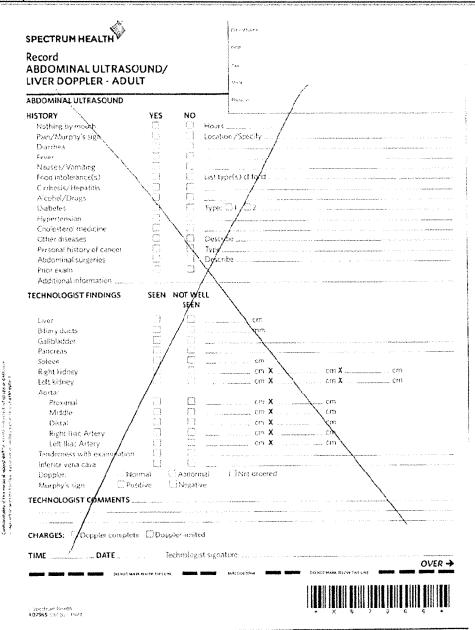


Abraham, Gregory Anthony
MRN: 18702148, DOB: _____, Sex: M

Acet #: 99105609860

Visit date: 2/14/2020
02/14/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)



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

Order status: Completed

Performed: 02/14/20 0335 - 02/14/20 0413

Filed by: Edi, Rad Results In 02/14/20 0800

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

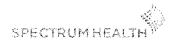
Accession number: 4076068

Namative:

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

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

Printed on 8/26/20 10:57 AM Page 14



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

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 studge is seen in the gallbladder. No gallstone is seen. Diffuse mild gallbladder walf 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 studge 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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		Butterworth Campus	
			100 Michigan Grand	
			Rapids, Ml	
			Kelsey Campus 418	
			Washington Lakeview,	
			MI	
			Lake Drive Campus	
			4069 Lake Dr Grand	
			Rapids, MI	
			Reed City Campus 300	
			N Patterson Reed City,	
			MI	



BLODGETT HOSPITAL 1840 Wealthy St SE

Grand Rapids MI 49506-2921

Abraham, Gregory Anthony

MRN: 18702148, DOB: J Acct #: 99105609860

, Sex: M

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

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

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

Order status: Completed

Filed by: Nicole Moore, RTR 02/14/20 0335

Accession number: 4076068

Testing Performed By

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

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)

Cod	ing	Su	mr	nar	٧

Combined from HAR **Hospital Account** Primary Payor Affiliated Recurring Accounts BCBS [2] 99105609860 -None None

ABRAHAM, GREGORY

ANTHONY

Admission Information

Means of Arrival:

Arrival Date/Time: 02/06/2020 0335 Admission Type:

Emergency Ambulance Admit Date/Time: Point of Origin: Primary Service:

02/06/2020 1725 **Emergency Room** General Medicine

IP Adm. Date/Time: Admit Category:

Secondary Service:

Unit

Comments

Transfer Saurce: Admit Provider:

Jason R Biehl, MD

Service Area: Attending Provider:

Balaji Vutla, MD, MPH

Referring Provider:

Brenda J Hoffner. **FNP**

02/06/2020 2315

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)

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

Final Diagnoses (ICD-10-CM)

					Affects
Code	e	Description	POA	CC	HAC 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.	G	Portal hypertension (HCC)	No	CC	No
N17.	9	Acute kidney failure, unspecified (HCC)	No	CC	No

Printed on 8/26/20 10:57 AM

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BLODGETT HOSPITAL

1840 Wealthy St SE Grand Rapids MI 49506-2921

Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

Visit date: 2/14/2020

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

Summary (con	tinued)							
A09	Infectious gastroenteriti	is and colitis, unspecifie	ed		Yes	CC	and the second second	No
E87.1	Hypo-esmolality and hy	/ponatremia			Yes	CC		No
E87.2	Acidosis				No	CC		No
D68.9	Coaquiation defect, uns	specified (HCC)			No	CC		No
E51.2	Wernicke's encephalop	athy			Yes	CC		No
E72.20	Disorder of urea cycle i	netabolism, unspecified	H(HCC)		No	CC		No
Z51.5	Encounter for palliative				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 liv	er with ascites (HCC)			Yes	No		No
K81.9	Cholecystitis, unspecific				No	No		No
110	Essential (primary) hyp				Yes	No		No
F10.20	Alcohol dependence, u				Yes	No		No
F17.210	Nicotine dependence, o		ed .		Yes	No		No
Z65.1	Imprisonment and othe				Exempt	No		No
	mphosimioni and data	T West out all of the			from POA	140		
E40.40	Dunk same of the state of	t t			reporting			\$1 a
F43.10	Post-traumatic stress d		141.		Yes	No		No
K21.0	Gastro-esophageal refl				Yes	No		No
K44.9	Diaphragmatic hernia v				Yes	No.		No
K72.90	Hepatic failure, unspec	ified without coma (HC)	J)		Yes	No		No
R34 R68.0	Anuria and ofiguria Hypothermia, not assoc				No No	No No		No No
Procedures (IC	:D-10-PCS)							
Code	Description	tradiques petipos (petit espeti i defluidados que transcriptorana tra sela tradito petipos pelapos que transcr Procesarios	Date	en internasionales de la constitución de la constit	Performi	ng Provi	der	Px Event
0W9G3ZZ	Drainage of Peritoneal Approach	Cavity, Percutaneous	02/09	/2020	Manish K	Varma,	MD	en ingularisety fiz negazitte integer denomensum z enter
0W9G3ZZ	Drainage of Peritoneal Approach	Drainage of Peritoneal Cavity, Percutaneous 02/12/2020		Michael F Knox, MD				
G Information	e and comment when a support of the comment of the	н функция ууу унууч таман дайн дайн үний тирандайн түү түүдөө түүүү түүү түүү түү	eller (1871 - legisland 1873), have jadenster i japen ha	en ingger gen myddinaeg alleg i'n i'r		e digent grade garage against the co	andre on the contract of the c	agen sig sagges and major synthesis an eighteen district of the
DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reim
871 [Billing]	MS-DRG V37 (FY 2020) Analyzed DRG	1.8663	018	10			11,045.7
	TICEMIA OR SEVERE SE	· ·		;				44.045.5
871	MS-DRG V37 (FY 2020		1.8663		10			11,045.7
	TICEMIA OR SEVERE SE							44.045
871	MS-DRG V37 (FY 2020		1.8663	018	10			11,045.7
	TICEMIA OR SEVERE SE	PSIS W/O MV >96 HO						
720	APR-DRG V37 (FY 2020)		1.7194	018	10	4	4	
The corporation of the	PTICEMIA & DISSEMINATE						*	
	APR-DRG V37 (FY	Admission DRG	0.9133	018	10	3	3	
720	2020)							
720 Description: SEF	2020) PTICEMIA & DISSEMINATE							
720 Description: SEF 720	2020) PTICEMIA & DISSEMINATE APR-DRG V37 (FY 2020)	PPC DRG	1.7194	018	10	4	4	
720 Description: SEF 720	2020) PTICEMIA & DISSEMINATE APR-DRG V37 (FY	PPC DRG	1.7194	018	10	4	4	

Page 17 Printed on 8/26/20 10:57 AM

Description: SEPTICEMIA & DISSEMINATED INFECTIONS



Add Asran Rsc: 2/12/2020 1:48 PM

EOD Status: 2/16/2020 11:03 PM

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Acct #: 99105609860

Abraham, Gregory Anthony

MRN: 18702148, DOB:

Meghan L Fegan, RN

Background, Cadence

, Sex: M

ES

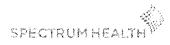
ES

Visit date: 2/12/2020

IR PARACENTESIS WIT 2/12/2020 2:00 PM	HIMAGE GUIDANCE	Comp	* * * *	The representative of the second of the seco
		Comp	leted	
Time	Provider	Department		Lengt
2:00 PM	BLIR 03	SHBL IMAG IR	e viene visite liste lingt traveler (til transier lipe och kviljaket bet i daden stel gates milje bliker lette (til her lette (til til her lette (til til til til til til til til til til	60 m
2:00 PM	Connie J Vos, RN (Rad/Proc RN)	SHBL IMAG IR		60 m
	VUTLA, BALAJI 32881864	Anival Time:	1:43 PM	

By:

Ву:



BLODGETT HOSPITAL 1840 Wealthy St SE MRN: 18702148, DOB: Grand Rapids MI 49506-2921 Acct #: 99105609860

Abraham, Gregory Anthony

, Sex: M

Visit date: 2/12/2020

maging	•		
IR PARACENTESIS WITH IMAGE GUII	DANCE (Final result)	na qiyagʻiqaliyi amiyifaqaana ilmaqiiqaa ooti sabiqiqiinin voqla iilifayinkafi ola 1966adi ila 1864, ilka qiro 1989 filosoo reqa aqabidha.	Çiski yindenkçi ildirilin yindirilikçidir vind inkurşdandırı yaşılaşıyı bil ihiziyili ildə edini MicRaid bizi dövellerin
Electronically signed by: Balaji Vutla, I	n of the first week and a major in American state on the state of the	annananaksia uutu teesia kiliseksi oo een jorooto taroota tees sistemaana eeti kensisi kattoopi ise waksi ee M	Status: Complete
This order may be acted on in another		•	Otatos. Complete
Ordering user: Balaji Vutla, MD, MPH 0		Ordering provides: Balaji Vutla,	MD, MPH
Authorized by: Balaji Vutla, MD, MPH		Ordering mode: Standard	
Frequency: Routine Once 02/12/20 094	11 - 1 occurrence	Class: Hospital Performed	
Quantity: 1 Instance released by: Balaji Vutla, MD,	MPH (auto-released) 2/12	Lab status: Final result	
Questionnaire	ini ii (auto-releaseu) zi iz	72020 3.41 AW	
Question	tipi mirihinggaha sibin yang cababasan sy masyorangaahas gahiyadi Sistemay yangi jora acibangadi agam usangili	au ja sa kunadikalangga ndipenga ndipengan penganggal (penunangankang penganggal pentanggan dipenanggal penganggal An sanggal penganggal penganggal penganggal penganggal penganggal penganggal penganggal penganggal penganggal	agair naoissa shi na dheann na sheann na malainn i seannach seann an an t-an cuid na dheann na seann agus an s
Reason(s) for Exam/Signs and Sym	antoms:	Answer Cirrhosis	a calabas acadessa asa cesar and estada estada a contrato forma acade and canada sum contrato estada a formativa formativa estada esta
Diagnostic or Therapeutic?	promo.	Therapeutic	
Rule Out/Verify/Other Pertinent Hist	tory:	Cirrhosis	
Does the patient have a contrast all		No	
Sleep apnea or other special sedati	on concerns?	No Sedation	
What are the patient's sedation requ	uirements?	No Sedation	
Screening Form	effection relativistic selectivistic confidencials of the homographical and eldinolitics could have been about		tion considerate) para propriata internativa antiqua antiqua de servición para para considerativa internativa, servica
General Information	damendaringgen byer i promoter abbandaringen betaran dam dam ekonologischen bestellt forde i bestellt.	ywy yn naso, ag e y eff ydd nason oc tydnos en saens, clân tyb regenidyn i llân yddisym clânnod âr mhafu'i, ah Arth Afrikala	nig en genaup galinnete (generalmate tomos etember an televisionezistatutus, filmin omtower) etember bezeintet ist in n
Patient Name: Abraham, Gre	gory Anthony	MRN: 18702148	70
Date of Birth: 5/22/1963 Legal Sex. Male		Home Phone: 313-903-031	19
Logar Sex. Wate			
Procedure	Ordering Provider	Authorizing Provider	Appointment Information
IR PARACENTESIS WITH	Balaji Vutla, MD, MPH	Balaji Vutla, MD, MPH	2/12/2020 2:00 PM
IMAGE GUIDANCE	616-391-3139	616-391-3139	BL IR 03
	(616)479-5626	¹⁵ (616)479-5626	SHBL IMAG IR
Screening Form Questions			
No questions have been ansv	wered for this form.	elly, vedicale viges. As some lees, close and are seen relatively and control on the control of the control one	rogio espera su proposo proceso, suppa agente su agent abenció de transculación de acidificación en le sobre 1998 y có e their
	**		
Previous Implant Safety Evalua	ومكون مقعف والمدودة والمدون والمدون الموادر مهود والموادر الموادر والمدورة والموادر المواد والموادرة الموادرة	angrup a gapungan ngapungan ngapungga sum ngapungan ngapungan ngapungan nana kanangan sumunyan sambig ngiti distribution di	na ngayatao jika ngaya nakaniminiminasa na masama na Brahan yan cikaa sa na kanifaniya na masaniminay a kabanim
No previous implant docui	mentation available.		
Form History Hereby to the activation and the second of t	gary punghyarah ganahar mahar maga digegilah lajan jimah yama dan sahmunggu salijima digana kompa hindigi di d 	a pinggangkini da siyingan saka dadi pingan a hari dalah sa kaka dalah da 4 Ambada saka saka saka saka saka sa	Clairs had the relative to the rest to the control of the control
Status Major aliansi maga aliansiya taquaya na yawa ga manadaliya yasanin miya damay isi waqadalaga wuxani.	Haran departuskan kan demokratikan menantur kemanan kan kan kemanan dian dapat dian dapat diankan kelalah masa	User	Time
Created			02/12/2020 09:41 AM EST
		N/A	
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End Exam Questions		N/A	On over three and consistency in the consistency of the beautiful consistency and the consistency in the consistency of the con
autoriante una filiat alternaturi (ett. ett. kall i ett bautif ett mit digt till till att men hat beginnet ett (et hadet ett men ett bl.) ett ett. Allegen och hadet att ett met ett bli formatikken och ett manget i de spære sit hadet ett hadet spære ett best	Answer	N/A Comm	namen er er en
Did the patient have a possible c	المصافحة المادي والمسافق والمصوف المسافية المواجعة المستحد المستحد المسافقة المساور والمسافقة والمسافقة المسافقة المسافق	a quanting the magnetic paper in the policy of the paper in	
Did the patient have a possible creaction?	المصافحة المادي والمسافق والمصوف المسافية الموكية والمستحدث المستحدث والمساوية والمراجع والمساورة	a quanting the magnetic paper in the policy of the paper in	onales de cualcular comission de desarrando de desarrando de desarrando de comissiones de comissiones de comis De ent
Did the patient have a possible c reaction? Medication Lot Number	ontrast	a quanting the magnetic paper in the policy of the paper in	
Did the patient have a possible c reaction? Medication Lot Number Was there a possible extravasati	ontrast	a quanting the magnetic paper in the policy of the paper in	
Did the patient have a possible coreaction? Medication Lot Number Was there a possible extravasationing this exam?	ontrast	a quanting the magnetic paper in the policy of the paper in	ent
Did the patient have a possible or reaction? Medication Lot Number Was there a possible extravasation of this exam? Estimated volume of extravasations.	ontrast	a quanting the magnetic paper in the policy of the paper in	ent
Did the patient have a possible or reaction? Medication Lot Number Was there a possible extravasation of this exam? Estimated volume of extravasation contrast media injection method	ontrast	a quanting the magnetic paper in the policy of the paper in	
Did the patient have a possible or reaction? Medication Lot Number Was there a possible extravasatiduring this exam? Estimated volume of extravasatic Contrast media injection method Contrast Rate	ontrast on on	a quanting the magnetic paper in the policy of the paper in	
Did the patient have a possible or reaction? Medication Lot Number Was there a possible extravasation of this exam? Estimated volume of extravasation contrast media injection method	ontrast on on	a quanting the magnetic paper in the policy of the paper in	
Did the patient have a possible or 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 Therm	ontrast on on al	a quanting the magnetic paper in the policy of the paper in	
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Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

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 Vulla, MD, MPH 02/12/20 0941

Resulted by: Michael F Knox, MD Performed: 02/12/20 1412 - 02/12/20 1424 Order status: Completed Filed by: Edi, Rad Results In 02/12/20 1432

Accession number: 4067277

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Namative:

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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		Butterworth Campus	
			100 Michigan Grand	
			Rapids, MI	
			Kelsey Campus 418	
			Washington Lakeview,	
			МІ	
			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	

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

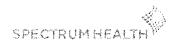
Resulting lab; EXTERNAL LAB

Order status: Completed Filed by: Craig R Myers, RTR 02/12/20 1412

Accession number: 4067277

Testing Performed By

Printed on 8/26/20 10:57 AM Page 20



Abraham, Gregory Anthony MRN: 18702148, DOB: 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

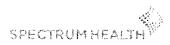


Abraham, Gregory Anthony MRN: 18702148, DOB: ______, Sex: M Acct #: 99105609860

Visit date: 2/12/2020

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

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Seneral 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 associa	ted with the log.	
imeouts		
Connie J Vos, RN at Wed Feb 12	, 2020 1402 EST	and the second s
Timeout Details		
Timeout type: Pre Brief		
Timeout Questions		
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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?	Voc	
Relevant lab results available		
	37 195	
Allergies reviewed? Yes	a lateralisms 40 Van	
Have all team members bee		
Has the anesthesia reviewed		
rido die mannig ami teview	ed 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
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Connie J Vos, RN at Wed Feb 12	, 2020 1404 EST	
Connie J Vos, RN at Wed Feb 12 Timeout Details	, 2020 1404 EST	
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Abraham, Gregory Anthony MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

Visit date: 2/12/2020

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

Case	631468	(continued)
Case	031400	(COMMINGUE)

Verification History			
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Staff	Performed	Verified	
Connie J Vos. RN	Wed Feb 12, 2020 14	104 EST Wed Feb 12.	2020 1404 EST

Clinical Documentation

Case Tracking Events				
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In Room			1358	
Out of Room			1425	
Post Procedure (No			1431	
Procedural Care Cor	nplete		1443	

Event Tracking

No event timings documented

Patient Preparation

None

Additional Items

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



Abraham, Gregory Anthony MRN: 18702148, DOB: , Sex: M

Acct #: 99105609860 Visit date: 2/12/2020

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

Account Information								
Hospital Account	Primary Payor	 Only the healthcain political property. 	Affiliated R	ecurring Acc	ounts	Com	bined	from HAR
99105609860 - ABRAHAM,GREGOF ANTHONY	8CBS [2] RY	an akulon merikan biser nebendi in menebed	None	and an extension of the colorest of the south the colorest	algebra german segar menengah sejar segar peneng	None)	ay a shiphalan a a carbaig-ahayinda araa rahayinda araa Carbaiga ay Carbaiga ahaa ka ba
Admission Information								
Arrival Date/Time	02/06/2020 1343	Admit Da	ale/Time:	02/06/2020	1725	IP Adm. Date/Tir	TH)	02/06/2020 2315
Admission Type:	Emergency	Point of	Origin:	Emergency		Admit Category:		
ideans of Arrival:	Ambulance	Primary	Service:	General Med	dicine	 Secondary Servi 	ce:	
Transfer Source:		Service .	Area:			Unit:		
Admit Provider:	Jason R Biehl, MD	Atlandin	g Provider:	Balaji Vutla, MPH	MD,	Referring Provid	et:	Balaji Vetla, MD, MPH
ischarge Information								
Discharge Date/Tim	e Discharge Disp	osition	Discharge	Destination	Discha	rge Provider	Unit	
02/16/2020 0254	Expired		None		None		Hos	ctrum Health pitals Blodgett rventional Radiolog
Admission Diagnoses /	Reasons for Visit (IC	D-10-CM)	alayan o an alayak Yakin alayan oo yo dhala alaka ahaan	ud negationtagn na Prajagosoni nak nająk negotionych pekk	······································	aliyar yaloo salama ka ahaanka ahaa ka ahaa ahaa ahaa ahaa	lang is state a typic state than	nga na an Nagawang pinag producting Brownian 1980 (Arthologist Pale 1989) (Arthologist Pale 1989)
Code [Description					Comments		
K72.90	lepatic failure, unspec	ified withou	it coma (HC)	C)	and of security or some speed of property and page	and the control of th		And the second s

Code	Description	POA	CC	HAC	Affects DRG
A41.9 [Principal]	man to a paragraphy all in the contraction of the c	Yes	No	g tilg kir getniger øldningsfragthelidere	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
110	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



Abraham, Gregory Anthony

Acct #: 99105609860

MRN: 18702148, DOB: _____, Sex: M

Visit date: 2/12/2020

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

entransport of the second of the second of the	and the contract of the companies of the contract of the contr	And the second of the Co	and the company of the first section and the company of the	the state of the second of the
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 oliquria	No	No	No
R68.0	Hypothermia, not associated with low environmental temperature	No	No	No

ICD Procedures (ICD-10-PCS)

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

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	No. in agric marks and the firming Meller	and the second s	11,045.76
Description: SEP	TICEMIA OR SEVERE SEPS	SIS W/O MV >96 HOU	JRS W MCC	,				
871	MS-DRG V37 (FY 2020)		1.8663		10			11,045.76
Description: SEP	TICEMIA OR SEVERE SEPS	SIS W/O MV >96 HOU	JRS W MCC					
871	MS-DRG V37 (FY 2020)	HAC Dx Included	1.8663	018	10			11,045.76
Description: SEP	TICEMIA OR SEVERE SEPS	SIS W/O MV >96 HOL	JRS W MCC					
720	APR-DRG V37 (FY		1.7194	018	10	4	4	
	2020)							
Description: SEP	TICEMIA & DISSEMINATED	INFECTIONS						
720	APR-DRG V37 (FY	Admission DRG	0.9133	018	10	3	3	
	2020)							
Description: SEP	TICEMIA & DISSEMINATED	INFECTIONS						
720	APR-DRG V37 (FY	PPC DRG	1.7194	018	10	4	4	
	2020)							
Description: SEP	TICEMIA & DISSEMINATED	INFECTIONS						
720	APR-DRG V37 (FY	PPC Admit DRG	1.8663	018	10			
	2020)							
Description: SEP	TICEMIA & DISSEMINATED	INFECTIONS						



EOD Status:

2/13/2020 11:03 PM

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB:

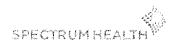
Background, Cadence

Acct #: 99105609860 Visit date: 2/9/2020 , Sex: M

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

pointment Informati	on			
IR PARACENTESIS 2/9/2020 9:30 PM	WITH IMAGE GUIDANCE	Com	pleted	and game to vive i demokratike in settlem, to vive up a to be a served when the other settlement.
Time	Provider	Department		Leng
9:30 PM	BL IR 02	SHBL IMAG IR	it in der verschaften state verschieder verschieder versche der der der der der der der der der de	60 m
Referral Provider:	LOREE, COURTNEY M	Arrival Time:	9:35 PM	
Enc Form Number:	32803913			
History				
Made On: 2/9	/2020_9:01 PM	8v: Jessica	A Yates, RN	Ş-
Checked In: 2/9	/2020_9:35 PM	Bv: Jacob R	Rossman	£

ES



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

, Sex: M

Visit date: 2/9/2020

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

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Electronically signed by: Christine S Mai	As some networks - recommended, recognizations to book constructions are not absent	edichares, un parcessocialiste charapeous como ma perococymical estica bol estrochismo contra 3.4.7	Status: Complete
This order may be acted on in another er		542	Gienda. Oompiete
Ordering user: Christine S Martin, PA-C (Ordering provider: Courtney l	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	5. 6	Lab status: Final result	
Instance released by: Christine S Martin,	PA-C (auto-released) 2/6	6/2020 11:42 PM	
Questionnaire	ويستيك بمراجعة فلأوانة ممسل ووجاء ويتوارك فيواجع بالعوارة وواراته وواجها والمتراجعة والمكافأة والإرزارة	pitas przypiłaczytkocytocholotyczna cytrą cytrumocnopientych cytrum by spitocky cztrotycznientycznientycznienty	- inga saga saga inga kata mata saga saga mata saga naga naga saga saga saga saga sag
Question	The same of the state of the st	Answer	talaunosos mitalanes alas linas francos entre linas entre la la supranada proprieta en el defendo de 1900 de 1
Reason(s) for Exam/Signs and Symp	toms:	ascites	
Diagnostic or Therapeutic?		Therapeutic	
Rule Out/Verify/Other Pertinent Histo		SBP	
Sleep apnea or other special sedation		No Sedation	
What are the patient's sedation requir	rements?	No Sedation	
Screening Form			
General Information	andersteller steller steller det det det de	ониционицион и усторо на рожащиници формальных портобря повыествах и истойнитерновый восточноствовый с свое высод	nic majarka kelanda ja jerisele kula milietaki era jerinda dinitirasi kuta mata tingak di semenda diperenti ti
Patient Name: Abraham, Grego	ory Anthony	MRN: 18702148	aa). Aajingo qi saasaga Agii waqaag asaan Asa Agii qiiqi qiraasaa jot e adagalar saasaqaado iyoo jotkoomay Ami Higo woo d
Date of Birth: 5/22/1963	,,, , , , , , , , , , , , , , , , , ,	Home Phone: 313-903-0	379
Legal Sex: Male			
Procedure	Ordering Provider	Authorizing Provider	Appointment Information
a production described in the contract of the	Courtney M Loree, PA-C	Courtney M Loree, PA-C	ዸቒ፟ጜኯኯኯኯ፟ኯኯ፟ቘፙዄኯኯፘኯኯ፟ቔፙጚኯፙጚኇ፟ቜፙኯኯፙኯዀ፟ቔፙኯዄቔፙኯፙፙዀዀዀፙኯፙፙኯፙፙፙኯፙፙኯፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙ
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			SHBL IMAG IR
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Screening Form Questions	wagood delegge was allow feeting	on war agan samaka ajibun sa da 1984. Walio katinin salinatan di makada sa timban jakha ke dalih sali	
Screening Form Questions No questions have been answer	ered for this form.	en vander vandele in hall forh uit herhuid sekreture heelde her heelde heelde heelde sekretuid.	
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No questions have been answer	ions		
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No questions have been answer	ions	er variati russala ed in a derine a più social socialis en della con invalida i con en can annue.	
No questions have been answer Previous Implant Safety Evaluation No previous implant documents Form History	ions	or variatir variaties at the electricity, which is the above the stable to the electricity and	
No questions have been answer Previous Implant Safety Evaluate No previous implant docume Form History Status	ions		Time 02/06/2020 11:42 PM EST
No questions have been answer Previous Implant Safety Evaluation No previous implant documents Form History	ions	n. «Kon syllapa <mark>nani, kitan tananta, akay kate t</mark> akin ala andan, tan 1882 ann 1864 ahas tahus kentalanda a tah salah tah	Time
No questions have been answer Previous Implant Safety Evaluate No previous implant docume Form History Status Created	ions	n. «Kon syllapa <mark>nani, kitan tananta, akay kate t</mark> akin ala andan, tan 1882 ann 1864 ahas tahus kentalanda a tah salah tah	Time
No questions have been answer Previous Implant Safety Evaluate No previous implant docume Form History Status	ions	n. «Kon syllapa <mark>nani, kitan tananta, akay kate t</mark> akin ala andan, tan 1882 ann 1864 ahas tahus kentalanda a tah salah tah	Time
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Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction?	ions entation available. Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction? Medication Lot Number	ions entation available. Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction? Medication Lot Number Was there a possible extravasation	ions entation available. Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction? Medication Lot Number Was there a possible extravasation during this exam?	entation available. Answer ntrast		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluation No previous Implant document No previous Implant No Implan	entation available. Answer ntrast		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluation No previous implant documents of the Previous Implements of	entation available. Answer ntrast		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluation No previous implant documents of the Previous Implementation of the Previo	Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction? 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	Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction? 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?	Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction? 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 notific	Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluation No previous implant documents Notation Status Created End Exam Questions Did the patient have a possible correaction? 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 notifice Full name of RN notified	Answer		Time 02/06/2020 11:42 PM EST
Previous Implant Safety Evaluate No previous implant docume Form History Status Created End Exam Questions Did the patient have a possible correaction? 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 notific	Answer		Time 02/06/2020 11:42 PM EST ment



BLODGETT HOSPITAL 1840 Wealthy St SE

Grand Rapids MI 49506-2921

Abraham, Gregory Anthony

MRN: 18702148, DOB: I Acct #: 99105609860

, Sex: M

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

Order status: Completed

Accession number: 4054270

Filed by: Edi, Rad Results In 02/09/20 2337

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:

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
2110000013 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

IR PARACENTESIS WITH IMAGE GUIDANCE

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

Ordaring 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

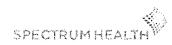
Resulting lab: EXTERNAL LAB

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

Order status: Completed

Testing Performed By

Valid Date Range Lab - Abbreviation Name Director Address



Abraham, Gregory Anthony MRN: 18702148, DOB: ______, Sex: M Acct #: 99105609860

Visit date: 2/9/2020

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

Imaging (continued)

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

Signed

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

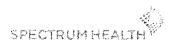


Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M Acct #: 99105609860

Visit date: 2/9/2020

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

gery Information	er en ett ett en	
Seneral Information		
Date: 2/9/2020 Location: SHBL IMAG IR Patient class:	Time: Room: Case classification:	Status: Posted Service
Diagnosis Information		
No post-op diagnosis codes associa	tod with the loa	tersor and was stated a section to the control of t
no post-op diagnosis codes associa	ted with the log.	
îmeouts		
Brett D Oman, RN at Sun Feb 9, 2	2020 2300 EST	
Timeout Details		
Timeout type: Pre Brief	от при на при н	
Timeout Questions		
Correct side? Yes Correct position? Yes Correct procedure? Yes Site marked? Yes H&P note completed? Yes Consents verified? Yes Radiology studies available? Rolevant to results available Allergies reviewed? Yes Have all team members beer	?? Yes	
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History	d the equipment for potential problems? No	
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff	Peformed	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN	Performed Sun Feb 9, 2020 2300 EST	
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff	Performed Sun Feb 9, 2020 2300 EST	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN Brett D Oman, RN at Sun Feb 9, 2	Performed Sun Feb 9, 2020 2300 EST	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN Brett D Oman, RN at Sun Feb 9, 2 Timeout Details Timeout type: Timeout	Performed Sun Feb 9, 2020 2300 EST	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN Brett D Oman, RN at Sun Feb 9, 2 Timeout Details Timeout type: Timeout Timeout Questions Correct patient? Yes	Performed Sun Feb 9, 2020 2300 EST	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN Brett D Oman, RN Brett D Oman, RN at Sun Feb 9, 2 Timeout Details Timeout type: Timeout Timeout Questions Correct patient? Yes Correct site? Yes	Performed Sun Feb 9, 2020 2300 EST	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN Brett D Oman, RN Brett D Oman, RN at Sun Feb 9, 2 Timeout Details Timeout type: Timeout Timeout Questions Correct patient? Yes Correct side? Yes Correct side? Yes	Performed Sun Feb 9, 2020 2300 EST	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN Brett D Oman, RN Brett D Oman, RN at Sun Feb 9, 2 Timeout Details Timeout type: Timeout Timeout Questions Correct patient? Yes Correct side? Yes Correct position? Yes	Performed Sun Feb 9, 2020 2300 EST	Verified
Staff Present Other Brett D Oman, RN Jacob Rossman Manish K Varma, MD Verification History Staff Brett D Oman, RN Brett D Oman, RN Brett D Oman, RN at Sun Feb 9, 2 Timeout Details Timeout type: Timeout Timeout Questions Correct patient? Yes Correct side? Yes Correct side? Yes	Performed Sun Feb 9, 2020 2300 EST	Verified



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

Visit date: 2/9/2020

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

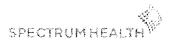
Staff Present		
Staff	CHICH.	ak digent anna an anna an aige agus an ann an ann an ann an ann an ann an a
Manish K Varma, MD	Jacob Ros	
	Brett D On	nan, RN
Verification History		
Staff	Performed	Verified
Brett D Oman, RN	Sun Feb 9, 2020 2300 EST	Sun Feb 9, 2020 2300 EST
il Documentation se Tracking Events		
se Tracking Events		Time In
se Tracking Events Event		Time In Thu Feb 6, 2020 1725
se Tracking Events Event In Facility		
se Tracking Events Event In Facility In Room		Thu Feb 6, 2020 1725
e de la compressión de la compressión en el des compressión en el des compressión de la compressión en el desc La compressión de la compressión en el des compressión en el descripción de la compressión de la compressión de		Thu Feb 6, 2020 1725 Sun Feb 9, 2020 2145

No event timings documented

Patient Preparation

None

Additional Items							
Item Name	Tmp?	Type	Used	Wstd	Chrg?	Inv Location	Latex?
NEEDLE CENTESIS YUEH 19GAX7CM	an i kang a magang pangan sa pangga kana ang kana ang kana ang kana ang kanan ang kanan ang kanan ang kanan an	Needle	1	0	No	SHBL IR SPEC PROC RM2 SPBL2	
PACK DIAG RADIOLOGY BTW		Supply	1	0	Yes	SHBL IR SPEC PROC RM2 SPBL2	



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

, Sex: M

Visit date: 2/9/2020

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

Account Information					at a second
Hospital Account	Primary Payor	Affiliated	Recurring Accounts	Combi	ned from HAR
99105609860 - ABRAHAM,GREGOR` ANTHONY	BCBS [2] Y	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	51
Transfer Source:		Service Area:		Unit.	
Admit Pravider:	Jason R Biehl, MD	Atlanding Provider	: Balaji Vutla, MD, MPH	Referring Provider	: Courtney M Lore PA-C
Discharge Information					
Discharge Date/Time	Discharge Disp	osition Discharg	e Destination Disch	arge Provider	Unit
02/16/2020 0254	Expired	None	None		Spectrum Health Hospitals Blodgett Interventional Radiolo

Admiccion	Diagnocac	Reasons for	Minit	ACD 40 CM
Admission	Diagnoses	i Keasons toi	VISIT	HCD-10-CM1

activities and product of great water transport to the product of	AND A THE PROPERTY OF THE PROP	## Carlot of State (Control of the Control of Control o
Code	Description	Comments
K72.90	Hepatic failure, un	specified without coma (HCC)

Final Diagnoses (ICD-10-CM)

Code	Description	POA	cc	HAC	Affects DRG
A41.9 [Principal]	Sepsis, unspecified organism (HCC)	Yes	No	energya Tur James en	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
110	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	No		No
	•	from			
		POA			
	and the second of the second o	reporting			
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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Abraham, Gregory Anthony MRN: 18702148, DOB: _____, Sex: M Acct #: 99105609860

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 oliquria	No	No	No
R68.0	Hypothermia, not associated with low environmental temperature	No	No	No

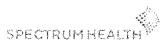
ICD Procedures (ICD-10-PCS)

THE THE TO AN THE					
Code	Description	Date	Performing Provider	Px Event	
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous	02/09/2020	Manish K Varma, MD	and anny for reaching an explanation ablance on provincial contraction	
	Approach				
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous	02/12/2020	Michael F Knox, MD		
	Approach				

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	ani in 180 - marakasa (ili a Malifi i da Andikari	nder i volk mendels finde valen milität. Kundels (nedersel)	11,045.76
Description: SEPT	TICEMIA OR SEVERE SEPS	SIS W/O MV >96 HOU	JRS W MCC					
871	MS-DRG V37 (FY 2020)		1.8663		10			11,045.76
Description: SEP1	TICEMIA OR SEVERE SEPS	SIS W/O MV >96 HOU	JRS W MCC					
871	MS-DRG V37 (FY 2020)	HAC Dx Included	1.8663	018	10			11,045.76
Description: SEPT	FICEMIA OR SEVERE SEPS	SIS W/O MV >96 HOU	JRS W MCC					
720	APR-DRG V37 (FY		1.7194	018	10	4	4	
	2020)							
Description: SEP1	FICEMIA & DISSEMINATED	INFECTIONS						
720	APR-DRG V37 (FY	Admission DRG	0.9133	018	10	3	3	
	2020)							
Description: SEP1	FICEMIA & DISSEMINATED	INFECTIONS						
720	APR-DRG V37 (FY	PPC DRG	1.7194	018	10	4	4	
	2020)							
Description: SEP1	FICEMIA & DISSEMINATED	INFECTIONS						
720	APR-DRG V37 (FY	PPC Admit DRG	1.8663	018	10			
	2020)							

Description: SEPTICEMIA & DISSEMINATED INFECTIONS



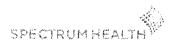
Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

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

02/06/2020 - ason for Visit	ED to Hosp-Adm	ission (Discharge	d) in Spect	rum He	ealth Hospitals	Blo	dgett 1G
Chief Complaint	and the second of the second o	ng nggan ki romby apakama i dan dipa		t mage Make a mart tills også mage av mag at til som for till som förstat. I	engle far opig v Ar bog oppgrag	e a qual escaba a establica e escaba formación e establica de establica de entre entre de la composição de est		a ligger described the residence of the second control of the seco
ABDOMINAL PAII	N (Pt coming from kent cased LOC, baseline A	t county ja .&O x1-2, l	il after staff no BG 62 oral gli	oticed he c/o a ucose en route	abdomiar e.)	Il pain after lunch. I	Pi has	distended abdome
Visit Diagnoses								
Name	returning over 1800 good returning to extraor and in the source transmissional listensistes.	il sebesal al riagina ni tareng myer	Is ED?	enes nesulties d'aetres en result un resultages idea il	nda omstatter valdenmen av eine	n hallen titlet hallen. C. a mit mad pager litterstil der 3 besonliptigt deges lend comstander.	and the second second	innik rollicavan senaru sehi wuksum kulor Waarbin ti Nalio (Kindun kikila)
Septic shock (HCC) (p	rimarv)	rent and a great material payment, the against	Yes	milio e mendikuan lian abunan katalin sesi	s spiritos per ven seitures i cosene	Annal St. Co. and Annal St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	oleonijaje subeselleneo	ekomponingo ur 1904 galaga karin harri ugarralanni indirikala kinagan sihen papin me
SBP (spontaneous bact		· ·	Yes					
Hepatic encephalopathy			Yes				7	
Hospital Problems	,							
Name	alen engler fermendlich er generalen zur erlichte bliebe den entdeuten ein zum ein erwalte sammet der	ericen armineratus epitalistes enfici	Date Noted	- las emilijane glika sami anilje kalimen ligijik kilime salimi glimegan	Date Re	eolved	Pres	ent on Admission
Acute peritonitis (HCC)	office and a contrastition and a simple above address opposition release before the contrast open where a	and the state of t	02/07/2020	namadi yan di Arasa Arasi, ya di ku ngilaga salahin 1 day mayanga da dina asasasa.	and mon.		Yes	aan ja kuru itu aantayuu kanuu risuul misyastaa ritta, ee teliga vahisy selekarista. Has een ulkee
Alcohol abuse			01/10/2020		interve		Yes	
Colitis, acute			02/13/2020				Yes	
Decompensated hepatic	cirrhosis (HCC) with	asciles	02/13/2020				Yes	
End stage liver disease	(HCC)		02/07/2020		-		Yes	
Hepatic encephalopathy	(HCC)		02/07/2020		manage.		Yes	
Lactic acidosis			02/07/2020				Yes	
Severe sepsis (HCC)			02/06/2020		-		Yes	
it Information				afde ille stept in Ohkook Mooto belde un				
Admission Information								
Arrival Date/Time:	02/06/2020 1725	Admit C)ate/Time:	02/06/2020		IP Adm. Date/Tii	ne:	02/06/2020 2315
Admission Type:	Emergency	Point of		Emergency		Admit Category:		
Means of Arrivat:	Ambulance		Service:	General Me		Secondary Servi	ce.	N/A
Transfer Source:		Service	Area:	SHSA SPEC	CIRUM	Unit		Spectrum Health Hospitals Blodgett 1G
Admit Provider:	Jason R Biehl, MD	Attendir	ng Provider:	Nathan C Fi	ritz, DO	Referring Provid	er.	•
Discharge Information							in an	maken ma
Discharge Date/Tim	e Discharge Disp	oosition	Discharge	Destination	Discha	irge Provider	Uni	- Company of the Comp
02/16/2020 0638	Expired	an an ann an Airlean (1905) The Market (1906) Ann an Airlean (1906)	None		Balaji \	/utla, MD, MPH		ctrum Health pitals Blodgett 1G

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Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

Sex: N

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 Filed: 2/6/2020 10:32 PM Service: Emergency Medicine Date of Service: 2/6/2020 5:31 PM Author Type: Physician

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)
- SBP (spontaneous bacterial peritonitis) (HCC)
- Hepatic encephalopathy (HCC).

New Prescriptions

No new medications prescribed this visit.

ED Disposition

ED Disposition C

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 April (Main April (Main)

Thu Feb 06, 2020

1748 Sepsis Code

Estimated Time Zero: 5:48 PM 2/6/2020 Due to BMI </=30, Actual body weight: Data Unavailable was used to calculate 30ml/kg initial

fluid resuscitation, totaling 2055ml.

1940 Pati

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.



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

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

Sex: M

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.

6.0

1942 Lactic acid elevated at 4.7

144-1

ED Course User Index

は 当れき かいる だおん むべ

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)



Abraham, Gregory Anthony

MRN: 18702148, DOB: , 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)

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 loday 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 Allerdies

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 (1) 87/62

02/06/20 2200

BP: Pulse: Resp:

99/61

117 24

96/63 98 22

Temp: SpO2:

TempSrc:

95%

95%

96/61

120

20

98%

99%

Physical Exam

Printed on 8/26/20 10:57 AM

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Abraham, Gregory Anthony MRN: 18702148, DOB:

MRN: 18702148, DOB: _____ Acct #: 99105609860 , Sex: M

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 al-appearance and toxic-appearance.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: Scatter liderals present.

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

Neck:

Musculoskeletal: Neck supple.

Trachea: No tracheal deviation.

Cardiovascular:

Rate and Rhythm: Regular rhythm. Techycardia present.

Heart sounds: No murmur.

Pulmonary:

Comments: Diminished breath sounds at the bases bilaterally

Chest:

Chest wall: No tenderness.

Abdominal:

General: There is restausion.

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:

t abs 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 33.9 Concentration Red Cell Diameter Width 15.1

NRBC Absolute Count 0.00
NRBC Automated 0.0
Platelet 239
Mean Platelet Volume 11.4 (*)
Neutrophil Absolute 9.40 (*)

Count

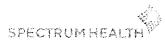
COMPREHENSIVE METABOLIC PANEL - Abnormal

 Sodium Level
 131 (*)

 Potassium Level
 5.2 (*)

 Chloride
 93 (*)

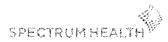
 HCO3
 19 (*)



Abraham, Gregory Anthony MRN: 18702148, DOB: ______, Sex: M Acct #: 99105609860

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

EDProvider Note (continued) PC PC PC PC PC PC PC P	02/00/2020 - LD tO NO	osp-Admission (Discharged) in Spectrum nearth nospitals blodgett 10 (continued)
Blood Urea Nitrogen 9	ED Provider Note (continued)	
Blood Urea Nitrogen 9	Anion Gap	19 (*)
Blood Urea Nitrogen 9 0,70		78
Creatmen		
MDRD eGFR		
CG cCrCl 118 Calcium Level Total 7.5 Prolein Total 7.5 Albumin Level 2.2 (*) Bilirubin Total 7.1 (*) Alkiemin Phrosphatase 191 (*) Alkiemin Phrosphatase 197 (*) Amnotransferase 7.7 (*) Amnotransferase Hemolysis LaGTIC ACID - Abnormat Lacido Acid 17.1 (*) Amnonia Level Hemolysis AMBONIA LVL - Abnormat Profitronibin Time 1.5 (*) INR 1.7 (*) AMMONIA LVL - Abnormat Amnonia Level Hemolysis BAGNESIUM - Abnormat Amnonia Level Hemolysis AGNESIUM - Abnormat Amnonia Level 1.5 (*) DIFFERENTIAL, MANUAL, 8L, OGD - Abnormat Segmented Neutrophits 96 (*) Manual 2 Bardis Manual 2 Lymphocytes Manual 1 (*) Bonocytes Manual 1 (*) Bo		
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Reciprocess		
PROTIME-IMR - Abnormal 1.5 (*) INR 1.7 (*) AMMONIA LVL - Abnormal 2		4.7 (*)
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Bicarbonate 27		

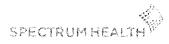


Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

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

02/06/2020 - ED to Ho	sp-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 ME	TER AUTO - Abnormal
Glucose, POC	105 (*)
Narrative:	
Operator: Wurm, Nicole	
LIPASE - Normal	
Lipase Level	40
APTT - Normal	
Activated Partial	23
Thromboplastin Time	
PHOSPHORUS - Normal	
Phosphorus Level	3.5
POCT ISTAT CREA CARTR	IDGE - Normal
Creatinine	0.70
MDRD eGFR	>60.00
Narrative:	
Operator: Wurm, Nicole	
PERIPHERAL BLOOD CULT	TURE
Cult Blood Peripheral	No growth
	to date, less
	than 24
	hours
PERIPHERAL BLOOD CUL	TURE
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	
Specimen Source	Abdomen
Color Body Fluid	Yellow
Clarity Body Fluid	Hazy
Total Nucleated Cell	7,890
Count Body Fluid	540
RBC Count Body Fluid	540
PH BODY FLUID	704
pH Body Fluid	7.34
GLUCOSE BODY FLUID	FA.
Glucose Body Fluid	56
LACTATE DEHYDROGENA	
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 ČHËST 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 hemia, 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



Abraham, Gregory Anthony

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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

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
7:25:05	Chief Complaints Updated	ABDOMINAL PAIN	Nicole A Wurm RN
7:25:05	Trigger for Triage Start		Nicole A Wurm
17:25:05	Triage Started		Nicole A Wurn 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 abdomianl pain after lunch. Pt has distended abdomen. Staff reports decreased LOC. baseline A&O x1-2. BG 62 oral glucose en route.)	
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)

17:30	Vitals Signs	Temperature: 38.2 °C Temp src Oral Pulse: 149 ¹ (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 Locaton: Left arm Patient Position: Lying BP Method: Automatic AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 95 % (Device Time: 17:31:26) Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air Vitals Timer Restart Vitals Timer: Yes	Nicole A Wurm, RN
17:30:45	Assign Physician		Nalhan C Frilz, 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 Spangenberg, R
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 ; Electrocardicgram, Complete	Nicole A Wurm.
17:38:54	Imaging Preliminary Result	Electrocardiogram, Complete	Edi, Incoming Card Results
17:38:54	Complete Electrocardiogram, Complete Completed	Electrocardiogram, Complete	Edi, Incoming Card Results
17:49	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 * [Raf Range: 70 - 99]	Lab, Background User
17:40:32	Orders Placed	POCT GLUCOSE NOVA METER AUTO	Edi, Incoming Poct Results



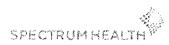
Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

; Sex: M

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

17:44	Sepsis Screening	Sepsis Screening	Nicole A Wurm.
		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)	RN
		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	
17:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 5.8	Background, Analytics
17:46:02	Orders Placed	Vital Signs: Oxygen Therapy	Courtney M Loree, PA-C
17:46:02	Orders Placed	Complete Blood Count w/Differential; Comprehensive Metabolic Panel (CMP); Lipase, Blood Level; Lactic Acid, Blood Level; POCT FSTAT CREA Cartridge; Prothrombin Time (PT with INR)	Nathan C Fritz. DO
17:46:03	Orders Placed	Urinalysis (UA)	Christine S Martin PA-C
17:46:03	Orders Placed	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	
17;46;06	Lab Ordered	URINALYSIS	Nathan C Fritz, DO
17:46:06	XR Ordered	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Nathan C Fritz.
17:46:06	CT Ordered	CT HEAD WITHOUT IV CONTRAST, CT ABDOMEN AND PELVIS WITH IV CONTRAST	Nathan C Fritz, DO
17:47:06	Orders Placed	Peripheral Blood Culture: Peripheral Blood Culture	Nathan C Fritz, DO
17:47:07	Lab Ordered	PERIPHERAL BLOOD CULTURE, PERIPHERAL BLOOD CULTURE	Nathan C Fritz,
17:47:07	Orders Placed	piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride (MINIBAG PLUS) 0.9% 100 mL IVPB	Nathan C Fritz, DO
17:48	Data	Sepsis Timer Start Sepsis Timer: Start (Populated via order specific question 127596 - SH IP SEPSIS TIMER BEGIN.)	Nathan C Fritz, DO
17:48:10	Orders Placed	Continuous Pulse Oximetry : Cardiac Monitoring ; Oxygen Therapy	Christine S Martin
17:48:10	Orders Placed	Vital Signs : Notify Provider - MAP : Intake and Output : Insert and Maintain IV : sodium chloride flush 0.9 $\%$ syringe 3 mL	
17:48:10	Orders Placed	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	Lab Ordered	PERIPHERAL BLOOD CULTURE, PERIPHERAL BLOOD CULTURE	Nathan C Fritz,
17:48:31	Sepsis 0-3 Hour Bundle	Populated via order specific question 127596 - SH IP SEPSIS TIMER BEGIN.	
17:48:31	Orders Placed	START Sepsis Time Zero and Launch Code Sepsis Sidebar	Nathan C Fritz, DO
17:48:36	Orders Completed	START Sepsis Time Zero and Launch Code Sepsis Sidebar	Nathan C Fritz, DO



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

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		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 isosmotic scln (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	Pulse: 145 [†] (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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18:00:28	Orders Acknowledged	New - Vital Signs: Oxygen Therapy; 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); Activated 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; POCT i-STAT CG8+ Cartridge; START Sepsis Time Zero and Launch Code Sepsis Sidebar; sodium chloride 0.9% bolus injection 100 mL	RN
18:03:03	Orders Acknowledged	Discontinued - POCT i-STAT CREA Cartridge : Peripheral Blood Culture : Peripheral Blood Culture	Nicole A Wurm. RN
18:03:03	Orders Discontinued	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	POCT I-STAT CREA Cartridge Discontinued	POCT i-STAT CREA Cartridge	Nicole A Wurm RN
18:03:03	Print Label for Peripheral Blood Culture Discontinued	Peripheral Blood Culture ; Peripheral Blood Culture	Nicole A Wurm RN
18:03:33	Print Label for Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: Blood; Source: Blood, Venous	Nicole A Wurm RN
18:03:33	Print Label for Comprehensive Metabolic Panel (CMP) Completed	Comprehensive Metabolic Panel (CMP) - Type: Blood ; Source: Blood. Venous	Nicole A Wurm RN
18:03:33	Print Label for Lipase, Blood Level Completed	Lipase, Blood Level - Type: Blood : Source: Blood, Venous	Nicole A Wurm RN
18:03:33	Print Label for Magnesium, Blood Level Completed	Magnesium, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurm RN
18:03:33	Print Label for Phosphorus, Blood Level Completed	Phosphorus, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurm RN
18:04	Blood Specimen Collection Status	Specimen Collection Status Blood Specimen Collection: Phlebotomy/lab	Nicole A Wurn RN
18:04:19	Orders Completed	POCT Glucose Nova Meter - Once	Nicole A Wurm
18:04:19	POCT Glucose Nova Meter - Once Completed	POCT Glusose Nova Meter - Once	Nicole A Wurn RN
18:11	Travel Screening	Have you been in contact with someone who was sick? No / Unsure; Have you traveled internationally in the last month? No Travel Locations: Travel history not shown for past encounters	Nicole A Wurm RN



BLODGETT HOSPITAL 1840 Wealthy St SE MRN: 18702148, DOE Grand Rapids MI 49506-2921 Acct #: 99105609860

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MRN: 18702148, DOB: |

, Sex: M

18:12	Interpreter Services	Initial Information Preferred Language: English Interpreter Needed: No	Nicole A Wurn RN
18:12	Retired Pain (Adult)	Pain (Adult) Presence Of Pain: denies	Nicole A Wurn RN
18:12	Quick Triage Complete/Acuity	Acuity/Destination/Quick Triage Complete Patient Acuity: 1 Quick Triage Complete: Quick Triage Complete	Nicole A Wurn RN
18:12	Stroke Screening	Stroke Screening Is the patient presenting with stroke symptoms starting within the last 24 hours?: No	Nícole A Wurn RN
18:12	Assessment	Airway Airway WDL: WDL Breathing Respiratory WDL: WDL Cardiac 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 Wurn RN
18:12:38	Acuity 1 Selected		Nicole A Wurn
18:12:38	Quick Triage Completed		Nicote A Wurn RN
18:12:40	Allergies Reviewed		Nicole A Wurn RN
18:14	Collect Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: Blood; Source: Blood, Venous	Nicole A Wurn RN
18:14	Collect Comprehensive Metabolic Panel (CMP) Completed	Comprehensive Metabolic Panel (CMP) - Type: Blood : Source: Blood, Venous	Nicole A Wurn RN
18:14	Collect Lipase, Blood Level Completed	Lipase, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurn RN
18:14	Collect Magnesium, Blood Level Completed	Magnesium, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurn RN
18:14	Collect Phosphorus, Blood Level Completed	Phosphorus, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurn RN
18:14	Specimens Collected	Complete Blood Count w/Differential - ID: 20037BWH01798 Type: Blood Comprehensive Metabolic Panel (CMP) - ID: 20037BWC03283 Type: Blood Lipase. Blood Level - ID: 20037BWC03283 Type: Blood Magnesium, Blood Level - ID: 20037BWC03283 Type: Blood Phosphorus, Blood Level - ID: 20037BWC03283 Type: Blood Differential, Manual Blood - ID: 20037BWH01798 Type: Blood	Nicole A Wurn RN
18:14:59	Orders Completed	POCT FSTAT CG8+ Cartridge	Nicole A Wurn



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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 ¹ (Device Time: 18:15:25) Heart Rate source: Menitor Respirations: 33 ¹ (Device Time: 18:15:25) BP: 132/80 (Device Time: 18:15:00) MAP (mmHg): 94 (Device Time: 18:15:00) BP Locaton: Left arm Patient Position: Lying BP Method: Automatic AVPU/ME/WS 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 ^ [Ref Range: 7.32 - 7.42] pCO2: 36 mm/Hg * [Ref Range: 38 - 52] pO2: 33 mm/Hg [Ref Range: 24 - 48] Oxygen Saturation: 68 % [Ref Range: 65 - 160] Bicarbonate: 27 mmol/L [Ref Range: 22 - 32] Base Excess: 3.0 mmol/L * [Ref Range: 22 - 32] Sodium: 132 mmol/L * [Ref Range: 134 - 146] Potassium: 5.8 mmol/L * [Ref Range: 3.4 - 5.0] Hematocrit: 55.0 % * [Ref Range: 42.0 - 52.0] Glucose, POC: 86 mg/dL [Ref Range: 1.40 - 18.0] Ionized Calcium: 1.15 mmol/L [Ref Range: 1.12 - 1.40]	Lab, Backgroun User
18:20:24	Orders Placed	POCT iSTAT cg8+ Cartridge Venous	Edi, Incoming Poot 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.
18:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 8.5	RN Background, Analytics



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, Sex: M

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

are Timeline	•	ssion (Discharged) in Spectrum Health Hospitals Blodgett 1	•
18:30	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Nicole A Wurn RN
18:30	Retired Abdominal Pain CPG Interventions	Abdominal Pain CPG Interventions Abdominal Pain Management: NPO status maintained; pain relief monitored; prepared for CT Scan; fluid balance monitored Coping Interventions: anticipatory guidance provided; questions answered; reassurance provided Safety Interventions Safety Precautions/Falls Reduction: fall reduction program maintained; nonskid shoes/slippers when out of bed; law enforcement officer present	Nicole A Wurn
10.30	Retired Abdominal Pain Assessments (Adult)	Abdominal Pain Assessments Abdominal Appearance: rigid; distended Abdominal Palpation: All Quadrants All Quadrants Abdominal Palpation; firm; tender Respiratory WDL Respiratory WDL: WDL Cardiac WDL: .WDL except; rhythm (techycardic) Cardiac WDL: .WDL except; rhythm (techycardic) Cardiac Rhythm: regular Peripheral/Neurovascular WDL Peripheral Neurovascular WDL Peripheral Neurovascular WDL Level of Consciousness: contused Orientation: disoriented to; place; time; situation Retired Cognitive/Neuro/Behavioral WDL: .WDL except Gastrointestinal WDL Gastrointestinal WDL: .WDL except; GI symptoms GI Signs/Symptoms: abdominal fullness; abdominal discomfort Genitourinary WDL Genitourinary WDL Skin WDL 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 Coping Observed Emotional State: calm; cooperative Verbalized Emotional State: acceptance Safety WDL: WDL: WDL Safety WDL: WDL: WDL Safety WDL: WDL: WDL.	Nicole A Wom
18:30	Adult Vitals Simple	Vitals Pulse: 140 ¹ (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) AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 95 % (Device Time: 18:30:24) Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air	Nicole A Wurn
18:30	Custom Formula Data	Other flowsheet entries Average of Mean BP: 97.66 Mean BP (mmHg): 91.33	Nicole A Wurr RN
18:31:20	Orders Placed	dextrose 50 % injection 25 mL	Nathan C Fritz DO



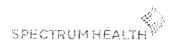
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

18:31:20	Orders	New - dextrose 50 % injection 25 mL	Nicole A Wurn
18:32	Acknowledged Medication Given	dextrose 53 % 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	RN Nicole A Wurn RN
18:32:15	Orders Placed	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
18:32:46	Lab Ordered	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	Specimens Collected	Prothrombin Time (PT with INR) - ID: 20037BWG00503 Type: Blood Activated Partial Thromboplastin Time (APTT) - ID: 20037BWG00503 Type: Blood	Julie A Smydr
18:35	Collect Body Fluid Culture Completed	Body Fluid Culture - Type: Body Fluid ; Source: Abdomen	Nicole A Wurr
18:35	Collect Cell Count w/ Differential, Body Fluid Completed	Cell Count w/ Differential, Body Fluid - Type: Body Fluid; Source: Abdomen	Nicole A Wurr RN
18:35	Collect Glucose, Body Fluid Completed	Glucose, Eody Fluid - Type: Body Fluid; Source: Ascites	Nicole A Wurr RN
18:35	Collect Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Completed	Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) - Type: Body Fluid ; Source: Ascites	Nicole A Wurr RN
13:35	Specimens Collected	Body Fluid Celf Count Only - ID: 20037BWH01823 Type: Body Fluid Body Fluid Culture - ID: 20037BWM01099 Type: Body Fluid Celf Cotint 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 Wurr RN
18:35:21	Print Label for Glucose, Body Fluid Completed	Glucose, Body Fluid - Type: Body Fluid; Source: Ascites	Nicole A Wuri RN
18:35:21	Print Label for Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Completed	Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) - Type: Body Fluid ; Source: Ascites	Nicole A Wurr RN
18:35.21	Print Label for pH, Body Fluid Completed	pH, Body Fluid - Type: Body Fluid; Source: Abdomen	Nicole A Wurr RN
18:35:22	Print Label for Body Fluid Culture Completed	Body Fluid Culture - Type: Body Fluid : Source: Abdomen	Nicole A Wurr RN
18:35:22		Cell Count w/ Differential, Body Fluid - Type: Body Fluid; Source: Abdomen	Nicole A Wurr RN



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

18:36	Specimens Collected	pH, Body Fluid - ID: 20037BWC03319 Type: Body Fluid	Nicole A Wurm, RN
18:36:46	Orders Acknowledged	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	Medication Given	acetaminophen (TYLENOL) tablet 1,000 mg - Dose: 1,000 mg ; Route: Oral ; Scheduled Time: 1820	Nicole A Wurm, RN
18:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 8.5	Background, Analytics
18:45	Aduli Vitals Simple	Vitals Pulse: 138 [‡] (Device Time: 18:45:24) BP: 122/B3 (Device Time: 18:45:00) MAP (mmHg): 93 (Device Time: 18:45:00) Respirations: 17 (Device Time: 18:45:24) AVPU/MEWS AVPU Scale: Alert	Nicole A Wurm, RN
18:45	Custom Formula Data	Other flowsheet entries Average of Mean BP: 97.25 Mean BP (mmHg): 96	Nicole A Wurm, RN
18:48	Specimens Collected	Peripheral Blood Culture - ID: 20037BWM01118 Type: Blood	Laurel D Eichors
18:53	Specimens Collected	nens Lactic Acic, Blood Level - ID: 20037BWC03322 Type: Blood Ammonia,	
18:54:53	Orders Placed	Differential, Manual Blood	Nathan C Fritz.
18:57		Abnormal Result Collected: 2/6/2020 18:14 Last updated: 2/6/2020 18:57 Status: Final result White Blood Cell: 10.38 x10*3/uL [Ref Range: 4.00 - 10.80] Red Blood Cell: 4.08 x10*6/uL * [Ref Range: 4.00 - 6.00] Hemoglobin: 13.5 g/dL * [Ref Range: 14.0 - 18.0] Hematocrit: 39.8 % * [Ref Range: 42.0 - 52.0] Mean Cell Volume: 97.5 fL [Ref Range: 80.0 - 100.0] Mean Cell Hemoglobin: 33.1 pg * [Ref Range: 27.0 - 33.0] Mean Cell Hemoglobin: Concentration: 33.9 g/dL [Ref Range: 32.0 - 37.0] Red Cell Diameter Width: 15.1 % [Ref Range: 11.0 - 16.0] NRBC Absolute Count: 0.00 x10*3/uL [Ref Range: 0.0 - 0.01] NRBC Automated: 0.0 %WBC [Ref Range: 0.0 - 0.1] Platelet: 239 x10*3/uL [Ref Range: 140 - 400] Mean Platelet Volume: 11.4 fL * [Ref Range: 7.4 - 11] Neutrophil Absolute Count: 9.40 x10*3/uL * [Ref Range: 1.80 - 7.80]	Karen A Koolma



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

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



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User

Lab, Background

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)	

19:07

19:07 Comprehensive Metabolic Panel (CMP) Resulted

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: 98 - 112] HCO3: 19 mmol/L * [Ref Range: 21 - 29] Anion Gap: 19 mmol/L 1 [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: >60 mL/min/1.73 m2 [Ret 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).

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.) CG eCrCl: 118 mL/min/1.73 m2 (Creatinine clearance calculated by the Cockroft-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.

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.)

19:07 Lipase, Blood Collected: 2/6/2020 18:14 Last updated: 2/6/2020 19:07 Status: Final result Level Resulted Lipase Level: 40 U/L [Ref Range: <=50]

Lab, Background User

Magnesium, Blood Abnormal Result Collected: 2/6/2020 18:14 Level Resulted Last updated: 2/6/2020 19:07

Status; Final result

Magnesium Level: 1.5 mg/dL * [Ref Range: 1.6 - 2.5]

19:07 Phosphorus, Blood Collected: 2/6/2020 18:14 Last updated: 2/6/2020 19:07 Status: Final result Lab, Background Level Resulted Phosphorus Level: 3.5 mg/dL [Ref Range: 2.5 - 4.5] User

Lab, Background

User

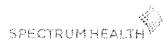


Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

Adm: 2/6/2020, D/C: 2/16/2020 02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

19:08	Medication New Bag	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	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analylics
19:15	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Nicole A Wurm, RN
19:15	Adult Vitals Simple	Vitals Pulse: 131 ¹ (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) AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 94 % (Device Time: 19:15:23) Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air	Nicole A Wurm, RN
19:15	Custom Formula Data	Other flowsheet entries Average of Mean BP: 94.09 Mean BP (mmHg): 81.67	Nicole A Wurm, RN
19:15	POCT GLUCOSE NOVA METER AUTO Resulted	Abnormal Result Collected: 2/6/2020 19:14 Last updated: 2/6/2020 19:15 Stalus: Final result Glucose, POC: 105 mg/dL * [Ref Range: 70 - 99]	Lab, Backgroun User
19:15:44	Orders Placed	POCT GLUCOSE NOVA METER AUTO	Edi, Incoming Poct Results
19:17	History Present Illness	History Present Illness Patient Stated Reason for Visit: Pt coming from kent county jail after staff noticed he c/o abdomiant 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	Nícole A Wurm. RN
19:17:19	Allergies Reviewed		Nicole A Wurm,
19:18	Columbia Suicide Severity Rating Scale (C-SSRS Short Version)	C-SSRS (Recent) Wish to be Dead (Past Month): (unable to assess at this time)	Nicole A Wurm, RN
19:18	Full Triage Complete	Full Triage Complete Triage Complete: Full Triage Complete	Nicole A Wurm,



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Acct #: 99105609860

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

19:18	Fall/Risk Assessment	Fall/Risk Assessment Presented to ED Due to Fall?: No Age > 70 No Altered Mental Status: Yes Impaired Mobility: Yes Nurse Judgement: Yes Total Kinder Score: 3 Safety Interventions Safety Precautions/Falls Reduction: law enforcement officer present; fall reduction program maintained; nonskid shoes/slippers when out of bed	Nicole A Wurm, RN
19:16	Immunizations	Immunizations Immunizations Up To Date?: Unknown	Nicole A Wurm, RN
19:18:53	Full Triage Completed		Nicole A Wurm, RN
19:18:53	Triage Completed		Nicole A Wurm, RN
19:26	Medication Given	iopamidol (ISOVUE-370) 76 % injection 100 mL - Dose: 125 mL; Route: Intravenous; Line: Peripheral IV 02/06/20 Left Forearm	David A Jones Jr. RTR
19:26:11	Orders Placed	iopamidol (ISOVUE-370) 76 $\%$ injection 100 mL ; sodium chloride 0.9% for CT injector flush 100 mL	Nathan C Fritz, DO
19:27	Medication Given	sodium chloride 0.9% for CT injector flush 100 mL - Dose: 100 mL : Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm	David A Jones Jr. RTR
19:27:42	Imaging Exam Started	CT ABDOMEN AND PELVIS WITH IV CONTRAST	David A Jones Jr. RTR
19:27:48	Imaging Exam Started	CT HEAD WITHOUT IV CONTRAST	David A Jones Jr. RTR
19:28	Imaging Exam Ended	CT HEAD WITHOUT IV CONTRAST	David A Jones Jr. RTR
19:28:26	Imaging Exam Ended	CT ABDOMEN AND PELVIS WITH IV CONTRAST	David A Jones Jr. RTR
19:29	Lactic Acid, Blood Level Resulted	Abnormal Result Collected: 2/6/2020 18:53 Last updated: 2/6/2020 19:29 Status: Final result Lactic Acic: 4.7 mmo//LIP [Ref Range: 0.0 - 2.0] (Critical results reviewed by tech)	Theresa C Umlau
19:29:38	Orders Discontinued	Body Fluid Cell Count Only; Body Fluid Cell Count Only	Emily D Redding
19:29:38	Collect Body Fluid Cell Count Only Discontinued	Body Fluid Cell Count Only	Emily D Redding
19,29:36	Print Label for Body Fluid Cell Count Only Discontinued	Body Fluid Cell Count Only	Emily D Redding
19:30	Remove Nurse	Nicole A Wurm, RN removed as Registered Nurse	Danae H Van Stelle, RN
19:30	Assign Nurse	Danae H Van Stelle, RN assigned as Registered Nurse	Danae H Van Stelle, RN
19:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
19:30:15	Orders Acknowledged	New - iopamidol (ISOVUE-370) 76 % injection 100 mL : sodium chloride 0.9% for CT injector flush 100 mL	Danae H Van Stelle, RN



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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)

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
19:30	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt Done Img: Back in ED	Kaylyn E Amidor RTR
19:36:02	Imaging Exam Started	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kaylyn E Amidor
19:37:25	lmaging Exam Ended	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kaylyn E Amidor RTR
19:38	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 Amidor 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	lmaging 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	Seth 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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Adm: 2/6/2020, D/C: 2/16/2020

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

die begen in van een die verstel	(continued)		1. 1971 Table 1. 188 1.
19:52	ED Adult PCS Body System	Pain/Comfort/Sleep POSS (Pasero Opioid-Induced Sed Scale): 1 - Awake and alert Presence Of Pain: complains of pain/discomfort RASS (Richmond Agitation-Sedation Scale) RASS (Richmond Agitation-Sedation Scale): Alert and calm Adult Pain Assessment/Reassessment Status Adult Pain Assessment: Done Adult Pain Reassessment: Done	Danae H Van Stelle, RN
19:52	Custom Formula Data	Confusion Assessment Method-ICU (CAM-ICU) Feature 3: Altered Level of Consciousness: Negative Other flowsheet entries Average of Mean BP: 91.33 Mean BP (mmHg): 72	Danae H Van Stelle, RN
19:52	Vitals Signs	Vitals Pulse: 123 Respirations: 20 BP: 100/58 MAP (mmHg): 72 BP Locaton: Right arm Patient Position: Lying BP Method: Automatic AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 95 % Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air Vitals Timer Restart Vitals Timer: Yes Restart Vitals Timer: Yes	Danae H Van Stelle, RN
20:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
20:00	MEWS	MEWS SCORE MEWS Filed Score: 5	Automatic Discharge Provider
20:00:19	Lab Resulted	(Preliminary result) PERIPHERAL BLOOD CULTURE	Lab, Background User
20:05	Medication Stopped	sodium chloride 0.9% bolus injection 1,000 mL - Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 2005	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: Final result pH Body Fluid: 7.34	Carly M Crossley
20:05	Intake/Output	sodium chloride 0.9% bolus injection 1,000 mL Volume (mL): 1000	Danae H Van Stelle, RN
20:05	Custom Formula Data	Other flowsheet entries Average of Mean BP: 89.37 Mean BP (mmHg): 73.67	Danae H Van Stelle, RN
20:05	Vitals Signs	Vitals BP: 99/61 AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 95 % Pulse Oxmetry Device: Continuous bedside oximeter	Danae H Van Stelle, RN



20:42:43

Disposition

Selected

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB

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

20:05:02	Lab Resulted	(Final result) PH BODY FLUID	Lab, Backgrour
20:10:27	Orders Placed	ED BED US NEEDLE GUIDANCE	User Nathan C Fritz,
20:10:27	Ultrasound Ordered	ED BED US NEEDLE GUIDANCE	DO Edi, Incoming Orders From Opath
20:11:05	Lab Resulted	(Preliminary result) BODY FLUID CELL COUNT WITH DIFFERENTIAL	Lab, Backgrour User
20:11:43	ED BED US NEEDLE GUIDANCE Resulted	Collected: 2/6/2020 18:12 Last updated: 2/6/2020 20:11 Status: Final result	Edi, Incoming Results From Qpath
20:11:44	Imaging Final Result	ED BED US NEEDLE GUIDANCE	Edi, Incoming Results From Opath
20:11:44	Ultrasound Final Result	(Final result) ED BED US NEEDLE GUIDANCE	Edi, Incoming Results From Qpath
20:15	Ammonia, Blood Level Resulted	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.	Carly M Crossle
		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.	
)	
20:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
20:22:03	Orders Acknowledged	New - ED BED US NEEDLE GUIDANCE	Danae H Van Stelle, RN
20:26:03	Lab Resulted	(Preliminary result) BODY FLUID CULTURE	Lab, Backgrour User
20:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
20:42:43	Hospitalized Disposition	ED Disposition set to Hospitalized	Nathan C Fritz, DO
20-40-42	Selected		Mathan C Eritz

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Nathan C Fritz,

DO



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20:42:44	Hospitalized Disposition Selected	ED Disposition set to Hospitalized	Nathan C Fritz DO
20.42:44	Disposition Selected		Nathan C Fritz DO
20:43:26	Hospitalized Disposition Selected	ED Disposition set to Hospitalized	Nathan C Fritz DO
20(43)26	Disposition Selected		Nathan C Fritz DO
20:43:26	Orders Placed	ED Hospital Bed Request	Nathan C Fritz DO
20:43:30	ED IP Bed Requested	ED Hospital Bed Request - [243957623]	Nathan C Fritz
20,43:30	Orders Completed	ED Hospital Bed Request	Nathan C Fritz
20:43:31	Bed Requested	Requestec: General Medicine	Nathan C Fritz DO
20:44:44	Bed Request Ready to Plan	Ready to Plan: General Medicine	Background, Default User
20:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background. Analytics
20:45:34	Orders Acknowledged	New - ED Hospital Bed Request	Danae H Van Stelle, RN
20;49	Medication Stopped	sodium chloride 0.9% bolus injection 1,000 mL - Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 2049	Danae H Van Stelle, RN
20:49	Medication New Bag	magnesium sulfate injection 2 g/50mL (Premix) - Dose: 2 g ; Rate: 50 mL/hr ; Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time: 2015	Danae H Van Stelle, RN
20:49	Intake/Output	sodium chloride 0.9% bolus injection 1,000 mL Volume (mL): 1000	Danae H Van Stelle, RN
20:49:18	Blood Specimen Collection Status	Specimen Collection Status Blood Specimen Collection: Unit collect	Julie A Smydra
20:5}	Glucose, Body Fluid Resulted	Collected: 2/6/2020 18:35 Last updated; 2/6/2020 20:51 Status: Final result Glucose Body Fluid: 56 mg/dL (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, Backgrou User
20:51	Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Resulted	Collected: 2/6/2020 18:35 Last updated: 2/6/2020 20:51 Status: Final result Lactate Dehydrogenase Body Fluid: 91 U/L (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. Backgrou User
20:51:04	Lab Resulted	(Final result) GLUCOSE BODY FLUID	Lab, Backgrou User



BLODGETT HOSPITAL Abraham, Gregory An 1840 Wealthy St SE MRN: 18702148, DOE Grand Rapids MI 49506-2921 Acct #: 99105609860

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

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: 2101	Michelle M Crago RN
24:00	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	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



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21:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 9.5	Background, Analytics
21.18:22	Orders Placed	Manual Differential, Body Fluid	Nathan C Fritz,
21:18:22	Lab Ordered	MANUAL DIFFERENTIAL BFL	DO Edi, Incoming Lat
21:18:25	Lab Resulted	(Preliminary result) BODY FLUID CELL COUNT WITH DIFFERENTIAL	Instruments Lab, Background
21:19	Cell Count w/ Differential, Body Fluid Resulted	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	User Lab, Background User
21:19	Manual Differential, Body Fluid Resulted	Abnormal Result 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	Lab Resulted	(Final result) BODY FLUID CELL COUNT WITH DIFFERENTIAL	Lab, Background
21:19:05	Lab Resulted	(Final result) MANUAL DIFFERENTIAL BFL	User Lab, Background User
21:23:12	Orders Placed	Lactic Acic, Blood Level	Nathan C Fritz, DO
21:23:51	Orders Placed	lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	Nathan C Fritz, DO
21:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 9.5	Background, Analytics
21:33	Blood Specimen Collection Status	Specimen Collection Status Blood Specimen Collection: Phlebotomy/lab	Gillian Brown, RN
21:33:45	Orders Acknowledged	New - Lactic Acid, Blood Level ; lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	Gillian Brown, RN
21:39	Transfer Center Intake	Provider Paged/Called Intake Considerations: connected Providers, patient discussed, Dr. wilson to admit to BL Provider 1 Time Responded: 2142	Michelle L Cannon, RN
21:39	Transfer Center Intake	Provider 1 Provider Name: Dr. A Wilson Provider Speciality: Adult Hospitalist Time Paged/Called: 2139	Michelle M Crago, RN
21:40	Medication Stopped	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	Medication Given	lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL - Dose: 30 mL; Route: Oral; Scheduled Time: 2155	Gillian Brown, RN
21:40	Intake/Output	sodium chloride 0.9% bolus injection 100 mL Volume (mL): 100	Gillian Brown, RN



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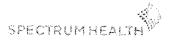
, Sex: M

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)

21:41	Medication	magnesium sulfate injection 2 g/50mL (Premix) - Route: Intravenous ; Line:	Gillian Brown, RN			
	Stopped	Peripheral IV 02/06/20 Left Forearm : Scheduled Time: 2141				
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	Sepsis Predictive Model 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	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics			
22:00	Custom Formula Data	Other flowsheet entries Average of Mean BP: 85.11 Mean BP (mmHg): 74	Danae H Van Stelle, RN			
22:00	Vitals Signs	Vitals Pulse: 98 (Device Time: 22:00:19) Heart Rale 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 Location: Left arm Patient Position: Lying BP Method: Automatic AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 99 % 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			
22.00	MEWS	MEWS SCORE MEWS Filed Score: 6	Automatic Discharge Provider			
22:02	Transfer Center Intake	Transfer Center Provider Paged/Called				
22:08	Specimens Collected	Lacric Acic, Blood Level - ID: 20037BWC03501 Type: Blood	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	Sepsis Predictive Model				

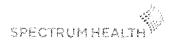


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Adm: 2/6/2020, D/C: 2/16/2020

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 Rale 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 Locaton: Left arm Patient Position: Lying BP Method: Automatic AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 92 % (Device Time: 22:15:18) Pulse Ox metry 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
22:32:5?	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 Acic: 4.2 mino/L [Ref Range: 0.0 - 2.0]	Carly M Crossle
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
22:46; 14	Patient transferred to OTF		Stelle, RN 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



Abraham, Gregory Anthony
MRN: 18702148, DOB: 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)

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



Abraham, Gregory Anthony MRN: 18702148, DOB: I

, 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)

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 office 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

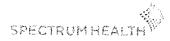
A complete ROS was performed and notable for that which is mentioned in HPI.

Past Medical History:

Diagnosis Printed on 8/26/20 10:57 AM

Date

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Abraham, Gregory Anthony
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Acct #: 99105609860

Date

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

Laterality

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

· HX HERNIA SURGERY

Family History

Family history unknown: Yes

Social History

Tobacco Use

Smoking status:

Current Every Day Smoker

Types:

Cigarettes Current User

Smokeless tobacco:

Chew

Types:

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/m²

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: Il-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



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

Discharge Summary Note

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

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

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	gard.	g Marchen	年度Date Noted	POA
Altered mental status	1 7		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]



Abraham, Gregory Anthony MRN: 18702148, DOB: _____, 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)

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 Vulla, MD, MPH at 2/16/2020 3:58 PM



Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

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

Editor: Wael K Berjaoul, MD (Physician)

Service: Medical Critical Care Data of Service: 2/7/2020 3:06 PM Author Type: Physician Status: Written

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



Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sext 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)

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

Author: Wael K Berjaoui, MD Filed: 2/7/2020 3:07 PM Service: Medical Critical Care Date of Service: 2/7/2020 3:07 PM Author Type: Physician

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 Berjaout, MD at 2/7/2020 3:07 PM



Abraham, Gregory Anthony MRN: 18702148, DOB: I

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)

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

Author: Wael K Berjaoui, MD Filed: 2/7/2020 3:08 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

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

Continue Zosyn.

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



Abraham, Gregory Anthony
MRN: 18702148, DOB: 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)

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 3:10 PM Date of Service: 2/7/2020 3:08 PM Status: Written

Editor: Wael K Berjaoui, MD (Physician)

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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A000074



Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

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 Berjaoul, MD (Physician)

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

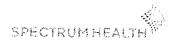
Status: Written

High MELD score

Total bili improved slightly to 6.7.

Paracentesis today for large volume ascites

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



Abraham, Gregory Anthony MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

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)

Care Management Note

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

Author: Michelle L Vandenberg, MSW Filed: 2/8/2020 4:25 PM

Service: Care Management
Date of Service: 2/8/2020 4:25 PM

Author Type: Social Worker 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:

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

Case 23-90086 Claim 161-1 Part 8 Filed 08/11/23 Desc Complaint Page 15 of 60



BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOR:

MRN: 18702148, DOB:

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)

Consults

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

Author: Lucas J Zwart, PA-C

Bervice: Gastroenterology

Author Type: Physician Assistant-Certified

, Sex: M

Filed: 3/9/2020 4:15 PM

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

Status: Addendum Cosigner: Thomas H Rupp, MD at

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

3/9/2020 5:02 PM

Consult Orders

1. Consult to Gastroenterology [244786857] 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 leuckocytosis.
- 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 S3P. 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

Printed on 8/26/20 10:57 AM

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Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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.

,,,,,			J. (J.)			
Current Facility-Admir Medication	nistered I Dose	Medications Roule	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	* \$1,400	5,000 Units at 02/12/2 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 02/12/2 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 02/12/2 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 02/12/2 0 1151	3.375 g at 02/12/2 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 02/12/2



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

0 0847

No Known Allergies Review of Systems

Unesta to perform ROS; model 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/m²

Physical Exam Constitutional:

Appearance: He is well-developed. He is levels bearings.

Comments: cachexic Muscle wasting

HENT:

Head: Normocephalic and atraumatic.

Eyes:

General: Science loterus 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 distansion.

Palpations: Abdomen is soft.

Tenderness: There is all coming 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	Ret Range	Slatus
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	16	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 ma/dL	Final

6.4

6.0 - 8.0 g/dL

Final

Protein Total



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)				
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 (Ĥ)	10 - 40 IU/L	Finai	
Aspartate Aminotransferase	121 (H)	10 - 40 IU/L	Final	
Hemolysis	` '		Final	
Complete Blood Count without Differential	Status: Abnormal			
Result	Value	Ref Range	Slatus	
White Blood Cell	20.41 (H)	4.00 - 10.80 ×10*3/uL	Final	
Red Blood Cell	3.87 (L)	4.60 - 6.00 x 1016/uL	Final	
Hemoglobín	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*3/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*3/uL	Final	
Mean Platelet Volume	10.3	7.4 - 11 fL	Final	
Prothrombin Time (PT with INR) Status: /	Abnomnal			
Result	Value	Ref Range	Status	
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				
Result	Value	Ref Range	Status	
Magnesium Level	2.0	1.6 - 2.5 mg/dL	Final	
Phosphorus, Blood Level Status: Normal				
Result	Value	Ref Range	Status	
Phosphorus Level	3.9	2.5 - 4.5 mg/dL	Final	
Ammonia, Blood Level Status: Abnormal Result		Charle Diamera	Charles a	
Ammonia Level	Value	Ref Range 0 - 60 umol/L	Status Final	
Hemolysis	86 (H)	0 - 00 GHQ//L	Final	
IR PARACENTESIS WITH IMAGE GUIDANCE Status: None				
Narrative	L Status, None			
Nanauve				

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.



Printed on 8/26/20 10:57 AM

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony
MRN: 18702148, DOB: Sex: M
Acct #: 99105609860

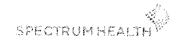
Adm: 2/6/2020, D/C: 2/16/2020

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

Clinical Notes (group 1 of 3) (continued)

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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Abraham, Gregory Anthony
MRN: 18702148, DOB: 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)

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

Author: Brian K Petroelje, MD Filed: 2/14/2020 11:34 AM

Service: Infectious Disease Date of Service: 2/14/2020 11:18 AM Author Type: Physician

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



Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

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

· Alcohol abuse

Alcoholic hepatitis

Decompensated hepatic cirrhosis (HCC)

Hepatic encephalopathy (HCC)

· Hypertension

Date

2/13/2020 2/7/2020

Past Surgical History:

Procedure

Laterality

Date

HX HERNIA SURGERY

 IR PARACENTESIS WITH IMAGE GUIDANCE IR PARACENTESIS WITH IMAGE GUIDANCE 2/9/2020

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

30.0 standard drinks

Alcohol/week: Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony MRN: 18702148, DOB: , 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)					
Types:	20 Cans of beer, 10 Standard drinks or equivalent per week				
Comment: Unable to articu					
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	Concern				
 Not on file 					
Social History Narrative					
2/13/20					
1					

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-Adi	ninister	ed 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 02/14/2 0 0535
• lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	30 mL	Oral	TID	Lucas J Zwart, PA-C		30 mL at 02/14/2 0 0850
· lactulose enema		Rectal	TID	Michael R Puff, MD		
· multivitamin with	ı tablet	Oral	Daily	Courtney M		ı tablet



Abraham, Gregory Anthony MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

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 c	of 3) (cont	inued)				
mineral (THERA M PLUS) tablet i tablet				Loree, PA-C		at 02/14/2 0 0859
 naloxone (NARCAN) injection ou mg 	o.i 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 o2/14/2 o o859
 phytonadione (MEPHYTON) tablet to mg 	ю тд	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) o.9% 100 mL IVPB 	3-375 8	Intravenous	q8h SCH	Brenda J Hoffner, FNP	200 mL/hr at 02/14/2 0 0834	3-375 8 at 02/14/2 0 0834
 rifAXIMin (XIFAXAN) tablet 550 mg 	550 mg	Oral	BID	Lucas J Zwart, PA-C		550 mg at 02/14/2 0 0858
 sødium chloride ø.9% (NS) infusion 	125 mL/hr	Intravenous	Continuous	Michael R Puff, MD	125 mL/hr at 02/14/2 0 1050	125 mL/hr at 02/14/2 0.1050
 sodium chloride flush 0.9 % syringe 3 mL 	3 mL	Intravenous	PRN	Courtney M Loree, PA-C		
thiamine tablet too mg	100 mg	Oral	Daily	Courtney M Loree, PA-C		100 mg at 02/14/2 0 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:



Abraham, Gregory Anthony MRN: 18702148, DOB: , 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)

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/m²

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 Petroelje, MD at 2/14/2020 11:34 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

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

Author: James A Visser, MD Filed: 2/14/2020 5:19 PM Service: Nephrology
Date of Service: 2/14/2020, 4:32 PM

Author Type: Physician Status: Addendum

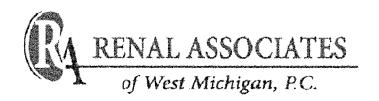
Editor: James A Visser, MD (Physician)

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 gtts

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 cialysis if he has an abdominal perforation; surgery not pursued

Track BMP , lactate q 6 hours

foley placement; check bladder pressures

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

Abraham, Gregory Anthony MRN: 18702148, DOB: I Acct #: 99105609860

, Sex: M

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)

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 0800-1600 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:

Diachosis

· Alcohol abuse

· Alcoholic hepatitis

· Decompensated hepatic cirrhosis (HCC)

Hepatic encephalopathy (HCC)

Hypertension

Date

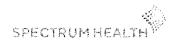
2/13/2020 2/7/2020

FAMILY HISTORY

Printed on 8/26/20 10:57 AM

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Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

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

, Sex: M

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
• Cirrhosis

Relation Other Age of Onset

SOCIAL HISTORY

Social History

Tobacco Use

Smoking status;
Smokeless tobacco;
Types;

Never Smoker Current User 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

ALLERGIESPatient 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/m²

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



Abraham, Gregory Anthony MRN: 18702148, DOB:

MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

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 Net 3751 ml

LABORATORY

Lab Results		
Component	Value	Date
SODIUM	142	02/14/2020
POTASSIUM	4.5	02/14/2020
CHLORIDE	109	02/14/2020
HCO3	52 (L)	02/14/2020
ANIONGAP	2144	02/14/2020
BUN	50 (H)	02/14/2020
CREATININE	2.67 (H)	02/14/2020
EGFR	25 (1)	02/14/2020
MAGNESIUM	2.5	02/14/2020

Lab	Resuits
Con	posent

Component	Value	Date
CALCIUM	9.0	02/14/2020
PHOSPHORUS	531(H)	02/14/2020
ALBUMIN	2045	02/14/2020

Lab Results

Component	Value	Date
WBC	37.73 (HP)	02/14/2020
HGB	11.9 (1.)	02/14/2020
HCT	35.5 (1)	02/14/2020
MCV	1094.3 (FR)	02/14/2020
PLATELET	155	02/14/2020
IRONTOTAL	33(1)	02/13/2020
IRONSATURA	62 (H)	02/13/2020
FERRITIN	1,715 (11)	02/13/2020

IMAGING

Electronically signed by James A Visser, MD at 2/14/2020 5:19 PM

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BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

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. Lagree with the documented fin/dings 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 verses 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:

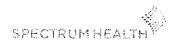
Gregory Anthony Abraham is a 56 y.o. male who presented on 02/06/2020 with severe sepsis secondary to peritoritis. He has a past medical history of alcohol abuse complicated by end-stage liver disease as well as wernickes encephalopathy. General surgery was consulted on 02/14/2020 after repeat CT of 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 cirrnosis. 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.



No Known Allergies

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Acct #: 99105609860

Abraham, Gregory Anthony

MRN: 18702148, DOB:

, Sex: M

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 o				peonum meanari	TOSPICALS	Blodgett 1G (continued)
Current Facility-Admir	ristered I	Vedications	eldendigster i titter udgigsteder is var i den flame deptil held udgigstedel i sje e	tak dikur sahiya girikga kesah upi husu kenci bilan sahir kesar kesir di sahira katur.	moderný vrnekovy, po vo vlaku v vogazeme to ce	-makuun roonna 1990ka 2001 mile mile marenya ya kida kuurin en rois, Ammarkovii hii hayde Biller 1970ka Biller
Medication	Dosa	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 02/14/2 0 1655	100 mL/hr at 02/14/2 0 1655
• lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	30 mL	Oral	TID	Lucas J Zwart, PA-C		30 mL at 02/14/2 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 02/14/2 0 1439	100 mg at 02/14/2 0 1439
 multivitamin with mineral (THERA M PLUS) tablet 1 tablet 	1 tablet	Oral	Daily	Courtney M Loree, PA-C		1 tablet at 02/14/2 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 02/14/2 0 0859
• [START ON 2/15/2020] phytonadione (MEPHYTON) tablet 5 mg	5 mg	Oral	Daily	Balaji Vulla, 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 02/14/2 0 1604	3.375 g at 02/14/2 0 1604
 rifAXIMin (XIFAXAN) tablet 550 mg 	550 mg	Oral	BID	Lucas J Zwart, PA-C		550 mg at 02/14/2 0 0858
 sodium chloride flush 0.9 % syringe 3 mL 	3 mt.	Intravenous	PRN	Courtney M Loree, PA-C		
thiamine tablet 100 mg	100 mg	Oral	Daily	Courtney M Loree, PA-C		100 mg at 02/14/2 0 0859
 Vancomycin per Pharmacy 		Other	Unscheduled	Balaji Vutla, MD, MPH		

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Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

Review of Systems

Unspire 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/m²

Physical Exam

Constitutional:

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

Comments: cachetic

HENT:

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

General: Scienal Internal 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 disordented. Motor: Westerns present.

> Electronically signed by Anna Levine, DO at 2/14/2020 5:55 PM Electronically signed by Arry L Banks-Venegoni, MD at 2/15/2020 9:37 AM



Abraham, Gregory Anthony MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

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)

ED Nurse Note

Nicole A Wurm, RN at 2/6/2020 6:16 PM

Author: Nicole A Wurm, RN Filed: 2/6/2020 6:17 PM

Service: Emergency Medicine
Date of Service: 2/6/2020 6:16 PM

Editor: Nicole A Wurm, RN (Registered Nurse)

Author Type: Registered Nurse

Status: Signed

Provider at bedside performing paracentesis for abdominal fluid sample.

Electronically signed by Nicole A Wurm, RN at 2/6/2020 6:17 PM



Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

Nicole A Wurm, RN at 2/6/2020 6:17 PM

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)

Phlebotomy working on obtaining blood cultures

Electronically signed by Nicole A Wurm, RN at 2/5/2020, 6:18 PM



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

Hospital Course

Stefano M Crescentini, MD at 2/10/2020 12:19 PM

Author: Stefano M Crescentini, MD Filed: 2/10/2020 12:23 PM

Service: — Date of Service: 2/10/2020 12:19 PM Author Type: Physician

Status: Edited

Editor: Stefano M Crescentini, MD (Physician)

Per HPI: "Greg is a 56 year old former police office 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



Abraham, Gregory Anthony MRN: 18702148, DOB: , Sex: M

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)

Nursing Note

Brett D Oman, RN at 2/9/2020 10:50 PM

Author: Brett D Oman, RN Bervice: --

Filed: 2/9/2020 10:50 PM Date of Service: 2/9/2020 10:50 PM

Editor: Brett D Oman, RN (Registered Nurse)

Author Type: Registered Nurse

Status: Signed

Report taken from Jess RN

Electronically signed by Brett D Oman, RN at 2/9/2020 10:50 PM

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Abraham, Gregory Anthony
MRN: 18702148, DOB:
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)

Brett D Oman, RN at 2/9/2020 11:04 PM

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)

Dr. Varma deemed paracentesis emergent. Pt unable to sign consent.

Electronically signed by Brett D Oman, RN at 2/9/2020 11:05 PM



Abraham, Gregory Anthony MRN: 18702148, DOB

, 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)

Plan of Care

Stephanie L Petersen, RN at 2/7/2020 8:06 AM

Author: Stephanie L Petersen, RN Bervice: --

Editor: Stephanie L Petersen, RN (Registered Nurse)

Filed: 2/7/2020 8:07 AM Date of Service: 2/7/2020 8:06 AM Author Type: Registered Nurse

Status: Signed

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Ongoing, progressing Flowsheets (Taken 277/2020 6804)

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 Stephanic L Peterson, RN at 2/7/2020 8:07 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

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



Abraham, Gregory Anthony MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

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)

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 277/2020 10:07 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

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

2/9/202011:18 PM Manish K Varma, MD

Electronically signed by Manish K Varma, MD at 2/9/2020 11:25 PM



Service: Radiology

Abraham, Gregory Anthony MRN: 18702148, DOB: I 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)

Author Type: Physician

Status: Signed

IR Procedure Note **Brief Operative Note**

Date of Service: 2/12/2020 2:08 PM

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.

2/12/20202:08 PM Michael F Knox, MD

Electronically signed by Michael F Knox, MD at 2/12/2020 2:09 PM

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Abraham, Gregory Anthony MRN: 18702148, DOB:

MRN: 18702148, DOB: | Acct #: 99105609860 Sex: M

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)

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 Status: Signed

Filed: 2/7/2020 2:49 PM Date of Service: 2/7/2020 6:20 AM

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, plannec 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

Printed on 8/26/20 10:57 AM

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Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

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/m²

Physical Exam

Constitutional: No distress. Eyes: Soleral laterus 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:



Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

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)	sion (Discharged) in	Spectrum nearth no:	spitals blougett 10 (continued)
Ultrasound guidance: yes Puncture site: R lower quadrant Fluid removed amount: 60ml Fluid appearance: Yellow and cloud Dressing: Adhesive bandage Post-procedure details: Patient tolerance of procedure: Tole complications		e	
	s: None (Preliminary re	esult)	
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-JA Vent. rate has increased BY 50 BF			
T wave inversion no longer evident			
POCT GLUCOSE NOVA METER AUTO			
Result	Value	Ref Range	Status
Glucose, POC	65 (L)	70 - 99 mg/dL	Final
Narrative			
Operator: Wurm, Nicole POCT ISTAT CREA Cartridge Status	s: 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	Final
Narrative		m2	
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 pO2	36 (L) 33	38 - 52 mm/Hg 24 - 48 mm/Ha	Final 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 Hematocrit	5.8 (H)	3.4 - 5.0 mmoi/L	Final Final
Glucose, POC	55.0 (H) 86	42.0 - 52.0 % 70 - 99 mg/dL	rinal Final
Hemoglobin	18.7 (H)	14.0 - 18.0 g/dL	Final
lonizeď Calcium	1.15 ົ	1.12 - 1.40 mmol/L	Final
Narrative			
Operator: Wurm, Nicole	Status (Abazzana)		
Complete Blood Count w/Differential Result	Status: Abnormal Value	Ref Range	Status
White Blood Cell	10.38	4,00 - 10.80 x10*3/uL	Final
Red Blood Cell	4.08 (L)	4.60 - 6.00 x10*6/uL	Final
Duinted as 0200/00 40.57 Att			Dana 121



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

Sex: M

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)	40 5 /1	14.0 40.0 -1-0	
Hemoglobin	13.5 (L)	14.0 - 18.0 g/dL	Final
Hematocrit Mean Cell Volume	39.8 (L)	42.0 - 52.0 %	Final
	97.5	80.0 - 100.0 fL	Final
Mean Cell Hemoglobin	33.1 (H)	27.0 - 33.0 pg	Final
Mean Cell Hemoglobin Concentration		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*3/uL	Final
NRBC Automated	0.0	0.0 - 0.1 %WBC	Final
Platelet	239	140 - 400 x10*3/uL	Final
Mean Platelet Volume	11.4 (H)	7.4 - 11 fL	Final
Neutrophil Absolute Count	9.40 (H)	1.80 - 7.80 x10 ⁻³ /uL	Final
Comprehensive Metabolic Panel (CN	IP) - Status: Abnor	rmal	
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
HCO3	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 m2	Final
CG eCrCl	118	mL/min/1.73 m2	Final
			Final
Calcium Level Total	9.3	8.6 - 10.4 mg/dL	
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
ipase, Blood Level Status: Norma	al		
Result	Value	Ref Range	Status
Lipase Level	40	<=50 U/L	Final
Aagnesium, Blood Level – Status: A	(bnormal		
lesuit	Value	Ref Range	Status
Magnesium Level	1.5 (L)	1.6 - 2.5 mg/dL	Final
hosphorus, Blood Level Status: I	Normal	Ü	
Result	Value	Ref Range	Status
Phosphorus Level	3.5	2.5 - 4.5 mg/dL	Final
	Abnormal		
lesult	Value	Ref Range	Status
Segmented Neutrophils Manual	96 (H)	35 - 80 %	Final
Bands Manual	2	0 - 10 %	Final
Lymphocytes Manual	2 1 (L)	20 - 50 %	Final
Monocytes Manual	1 (L)	2 - 12 %	Final
Eosinophil Manual	0	0 - 6 %	Final
Basophits Manual	0	0 - 2 %	Final
RBC Morphology	Normal		Final
Hypergranular Neutrophils	Moderate		Final
Platelet Estimate	Normal		Final
D BED US NEEDLE GUIDANCE S	itatus: None		
Narrative			
Spectrum Health			
Exam Date: 2/6/2020			
Exam Type: GB			
Operator: N/A			



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)			
Attending: Fritz, Nathan	gregoreges and a figure to an experience of the companion of the companion of the companion of the continuentes	o Lond (A. C. Park VI) periodicus, digiper asuk hari siring sangget gerra spin a kaptungsi, Visus Sugar Yang Music pinks	облива Стотит Вирон II у това (поста в постоя постоя в постоя в постоя постоя постоя постоя в постоя в постоя пост
Worksheet: Galibladder			
Billing:			
Request Billing? (attendings only):	yes, exam(s) selected be	low	
Request Billing for Selected Exams:			
Procedural: needle guidance			
Indication(s) for Exam:			
abdominal pain			
Other: NEED FOR PARACENTES			
Interpretation (Full Report in EMR Do	ocumentation);		
Images: Peripheral Blood Culture Status: No	er e		
Result	one (Preliminary result)	to con	
Cult Blood Peripheral	Value	Ref Range	Status
Cuit blood Penphelai	No growth to date, less	}	Preliminary
Prothrombin Time (PT with INR) Sta	than 24 hours itus: Abnormal		
Result	Value	Daf Dagga	Citation
Prothrombin Time	16.6 (H)	Ref Range 9.7 - 12.6 second(s)	Status Final
INR	1.7 (H)	0.9 - 1.2 Ratio	Final
Activated Partial Thromboplastin Time			rina
Result	Value	Ref Range	Status
Activated Partial Thromboplastin	23	21 - 32 second(s)	Final
Time		21 02 0000110(0)	r ma:
Body Fluid Culture Status: None (Pi	reliminary result)		
Result	Value	Ref Range	Status
Gram stain	WBCs	~	Preliminary
Gram stain	No organism seen		Preliminary
Cell Count w/ Differential, Body Fluid	Status: None		,
Result	Value	Ref Range	Status
Specimen Source	Abdomen	44.00	Final
Color Body Fluid	Yellow		Final
Clarity Body Fluid	Hazy		Final
Total Nucleated Cell Count Body	7,890	/uL	Final
Fluid			
RBC Count Body Fluid	540	/uL	Final
Glucose, Body Fluid Status: None			
Result	Value	Ref Range	Status
Glucose Body Fluid	56	mg/dL	Final
Lactate Dehydrogenase (LDH), Body F Result		s: None	, and a second s
	Value 01	Ref Range	Status
Lactate Dehydrogenase Body Fluid Manual Differential, Body Fluid State	91 us: Abnormal	U/L	Final
Result	Value	Ref Range	Clahia
Segmented Neutrophils Body Fluid	97 (H)	<=25 %	Status Final
Mono/MacroBFL	2	%	Final
Mesothelial Cell Body Fluid	1 (H)	<=0 %	Final
Total Cells Counted	100	. 0 /0	Final
pH, Body Fluid Status: None	*		
Result	Value	Ref Range	Status
pH Body Fluid	7.34	157 T	Final
	ne (Preliminary result)		
Result	Value	Ref Range	Status
Cult Blood Peripheral	No growth to date, less than 24 hours	~	Preliminary
Narrative	****		
Draw from a different site than draw of	ne.		
Lactic Acid, Blood Level Status: Abi			



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

Result Value Ref Rance Status Lactic Acid 4.7 (HF) 0.0 - 2.0 mmol/L Final Ammonia, Blood Level Status: Abnormal Result Ref Range Value 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



Abraham, Gregory Anthony
MRN: 18702148, DOB: _____, 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)

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

Marrative

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



Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

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

Lactic Acid, Blood Level Status: Abnormal

Lacile Acia, Blood Level Status: Ab	normal		
Result	Value	Re! Range	Status
Lactic Acid	4.2 (HF)	0.0 - 2.0 mmol/L	Final
Narrative			
Critical results reviewed by tech			
,			
Comprehensive Metabolic Panel (CMP) Status: Abnormal		
Result	Value	Ref Rance	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
	: Abnormal	10 - 40 10/2	1 11 1 641
Result	Value	Ref Range	Status
Calcium Ionized	1.11 (L)	1.12 - 1.40 mmol/L	Final
Magnesium, Blood Level Status: No	• .	1. 12 1.40 (Halloy)	1 11 (5.4)
Result	Value	Ref Range	Status
Magnesium Level	1.8	1.6 - 2.5 mg/dL	Final
Phosphorus, Blood Level Status: No		7.0 - 2.0 mg/cc	1 11154
Result	Value	Ref Range	Status
Phosphorus Level	4.4	2.5 - 4.5 mg/dL	Final
Complete Blood Count without Differen			1 11 164
Result	Value	Ref Range	Status
White Blood Cell	12.62 (H)	4.00 - 10.80 x10*3/uL	Final
Red Blood Cell	3.08 (L)	4.60 - 6.00 x10*6/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*3/uL	Final
NRBC Automated	0.00	0.0 - 0.1 %WBC	Final
Mean Cell Hemoglobin Concentration		32.0 - 37.0 g/dL	Final
Red Cell Diameter Width	15.1	11.0 - 16.0 %	Final
and don proprietor visual	10,1	11.0 - 10.0 /0	FIFER



Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

Platelet	141	140 - 400 x10*3/uL	Final
Mean Platelet Volume	11.1 (H)	7.4 - 11 fL	Final
Prothrombin Time (PT with INR)	Status: Abnormal		
Result	Value	Re! 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 Statu	is: 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



Abraham, Gregory Anthony MRN: 18702148, DOB: I

, 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

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]

Filed: 2/7/2020 2:58 PM

Sepsis (HCC) [A41.9]

Sepsis (HCC) [A41.9] Attending physician: Dr Berjaoui

Active Hospital Problems

PÓA Diagnosis Date Noted · 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
٠	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:

RECOMMENDATIONS AT TRANSFER:

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

Case 23-90086 Claim 161-1 Part 8 Filed 08/11/23 Desc Complaint Page 52 of 60



BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB: ______, 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)

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



Abraham, Gregory Anthony MRN: 18702148, DOB: _____, 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)

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

Author: Waet 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.



Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

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/m² 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 lenderness 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



Abraham, Gregory Anthony MRN: 18702148, DOB:

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 2/8/2020 1:06 PM

Author: Stefano M Crescentini, MD Service: Hospitalist Date of Service: 2/8/2020 1:06 PM

Author Type: Physician

Status: Addendum

Editor: Stefano M Crescentini, MD (Physician)



CHIHEF COMPLIANNIA

Sepsis

Assessment/Plan

ASSESSMENT/PLAN:

Septic shock, decompensated cirrhosis

Culture negative SBP/colitis

CT abdomen pelvis; large ascites, right-sided colits, 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



Abraham, Gregory Anthony MRN: 18702148, DOB:

. 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)

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, enward)

Start	والمستقدمة والمتعارض	to all households for your Cli selection households households a somethold has been been proposed to the particular consultations, for the	a Kitoritek elem og fortigdet pakktogt rokat profetiment, "milin opprødet med ogkirm, mingsprodeg fingsk milit	Ordered
02/06/20	Liquids Diet DIET EFFI	ECTIVE NOW		02/06/20
2338	Question	Answer	Comment	2338
	Diet Modification:	Clear Liquids	BB (Salatin - Benedick) Sicher Belle der von Schaffen (Salatin - Benedick) Belle vergen wird Stephen wie der Salatin (Salatin Belle)	(March 1976 Allerin - Arabin 1978 Allerin 1976 Allerin 19
	Diet Type:	Low Fat (Adult) 40-50g		
Current Code Sta	DATE SE			
Sanon Sone Se	Code			Cont

	Code				Cont
Date Active	Status	Order	Comments	User	ext
2/6/2020 2338	Full Code	2439830 08		Christine S Martin, PA-C	Inpat ient

Questions for Current Code Status

knostiatia ini Odijcije Sanc C	States 2	
Question	Answer	Comment
ed - 4 than hop other has been for the first when the stranger of the color and the co	والمراج والمراج والمراج والمراجع والمرا	gir pursunggang pangan gan manung daga (barbay magir hipping daga) gangan jan manung daga (barbay magir hipping daga magir hipp
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.

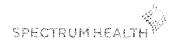
Ear/Nose/Mouth/Throat: No nasal congestion.

Respiratory: no Shortness of breath. No cough, No wheezing.

Cardiovascular: No chest pain, No palpitations.

Gastrointestinal: no Nausea, no Diarrhea, no abdo pain

Case 23-90086 Claim 161-1 Part 8 Filed 08/11/23 Desc Complaint Page 57 of 60



BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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 2/9/2020 10:06 AM

Author: Stefano M Crescentini, MD
Filed: 2/9/2020 10:11 AM
Service: Hospitalist Author Type: Physician Status: Signed
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 colits, 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. Advancec diet, increase/also 2 times a day, titrate to at least 3 BMs per day

CT head negative for acute change

Printed on 8/26/20 10:57 AM Page 137

A000139



Abraham, Gregory Anthony MRN: 18702148, DOB: , 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)

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. Titrate 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 02/09/20	Adult Diet DIET EFFECT	TIVE NOW	Monte manadasinka keridahken selelahke selesihka para kerabahkan sebasah sebasah menindi sebasah pelapangkan	Ordered 02/09/20
1006	Question	Answer	Comment	1005
	Diet Type:	General	т бібе , информація двог достублицици так коме кому достумницийници на протовор на продоцицина у оду нувда цен	
	Fluid Restriction?	2000 ml daily/1200 with		
	Sodium Restriction:	meals 2 gram sodium		

Current Code Status					
	Code				Cont
Date Active	Status	Order	Comments	User	ext
2/6/2020 2338	Full Code	2439830 08	arrich Mandriffen (ur. 1986) gener um für sich und die Stelle der einfür desse wie fer von	Christine S Martin, PA-C	Inpat ient
Questions for Currei	nt Code Status		Answer	Comment	
Decision made by	/	THE THE PARTY OF T	Patient	МС «М наймана» бург нас портвет чест и бор во окто от настания поруче (сотрас удел муре сотурска двор, до стано, цо одух нада одух одух одух од одух од	trademaker eng medel ande alamonted ommitten end medels ede.

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, positive abdominal distention

Genitourinary: No dysuria.



Abraham, Gregory Anthony

MRN: 18702148, DOB:

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)

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 ascties 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:

Vitais:

	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

ran veanus		
Component	Value	Date
WBC	10.70	02/10/2020
RBC	3.42 (1)	02/10/2020
HGB	11.3 (4.)	02/10/2020
HCT	33.2 (£.)	02/10/2020
MCV	97.1	02/10/2020
PLATELET	160	02/10/2020

2/10/202010:21 AM

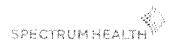
Rebecca A Vande Griend, PA-C

616.479.4677 or available via perfect serve

616.479.8300 Blodgett APP

616.479.8200 Butterworth APP

ARS: 232



Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

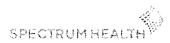
Clinical Notes (group 3 of 3) (continued)

Supervising physician: Manish Varma

Electronically signed by Rebecca A Vande Griend, PA-C at 2/10/2020 3:39 PM

Printed on 8/26/20 10:57 AM Page 142

A000144



Abraham, Gregory Anthony MRN: 18702148, DOB: , 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 Status: Signed

Filed: 2/10/2020 12:18 PM Date of Service: 2/10/2020 12:14 PM

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 colits, 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

Printed on 8/26/20 10:57 AM

Page 143



Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

02/09/20	Adult Diet DIET EFFECT	[IVE NOW		02/
1006	Question	Answer	Comment	
	Diet Type:	General	materiapia ing. I mitoria salmiligativeno Comito malandoseno fisiko appli, materiapia vientima dinggaria para il montandan	margin v. g. v. g. og gregom market, son, for v. meloky, sol. f.
	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	Full Code	2439830 08	g crane (3 toward mediane reging meninen dien syfricken befor yn 19 Manieu aithrederboe	Christine S Martin, PA-C	Inpat ient

Questions for Current Code Status

Question		Comment
Decision made by	Patient	angilana pandunahkan di didu dalatan di make maketa samusi maketan ngampan dampan yan membapan dama di make maketan di Jama da otto dampan dampan da otto da otto dampan da otto da o

Subjective

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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.

SUEJECTIVE

Patient seen and examined at the bedside. Denies sob, abdominal pain, fever, chills, nausea, vomiting, Cp. 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.

Printed on 8/26/20 10:57 AM Page 144

A000146

Case 23-90086 Claim 161-1 Part 9 Filed 08/11/23 Desc Exhibit Page 3 of 51



BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB: , 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 2/11/2020 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

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.

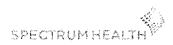
CT A/P this admission shows an initial heterogeneous enhancement pattern which normalizes on delayed imaging. No definite liver nodules or mass. Normal gallbladder.

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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Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

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, enward)

Start	· · · · · ·			Ordered
02/09/2	Adult Diet DIET EFFECT	IVENOW	den verste verste den de seine verste den seine stelle stellen den de stellen verste verste den de seine stelle	02/09/2
0 1006	Question	Answer	Comment	0 1005
	Diet Type:	General		
	Fluid Restriction?	2000 ml daily/1200 v	with	
		meals		
	Sodium Restriction:	2 gram sodium		

Current Code Status

	Code				Cont
Date Active	Status	Order	Comments	User	ext
2/6/2020 2338	Full Code	243983	y na nigat i maga maga jingané dan masanéh saba nana madé sabaji majiyimadé maganalika bida magahawa i 1927 (1927) 1927 (1927) yina nigat i maga maga jingané dan masanéh saba nana madé sabaji majiyimadé maganalika bida magahawa 1927 (1927)	Christine S Martin, PA-C	Inpa
, ,		800			tient
Oractions for Curro	nt Cada Statu	e e			

Questions for current code 56	itus		
Question	Answer	COMMENT.	gogaggypoposy entyda (glipoposy)
Decision made by	Patient		

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SUBJECTIVE

Patient seen and examined at the bedside. Guard at bedside. Patient appeared confused. Oriented only to self.

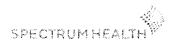
Objective

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/m²

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Case 23-90086 Claim 161-1 Part 9 Filed 08/11/23 Desc Exhibit Page 5 of 51



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

Abraham, Gregory Anthony MRN: 18702148, DOB:

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 2/12/2020 10:27 AM

Author: Balaji Vutla, MD, MPH Filed: 2/12/2020 10:33 AM

Editor: Balaji Vutla, MD, MPH (Physician)

Service: Hospitalist

Date of Service: 2/12/2020 10:27 AM

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) 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

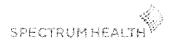
Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

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

MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

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)

ed
/2
05
,

Current Code Status

	Code				Cont
Date Active	Status	Order	Comments	User	ext
2/6/2020 2338	Full Code	243983	july commonly of the second and authorities are an indicated and the second and t	Christine S Martin, PA-C	Inpa
. ,		800			tient
Christiane for Curra	nt Codo State	re			

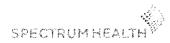
luestions for Current Code Status

Question	Answer	Comments to the contract of th
Decision made by	Patient	

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SUBJECTIVE



Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: Macct #: 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. Guard at bedside. Patient appeared slightly confused. Oriented only to self. Per bedside nurse abdomen is more distended

Objective

Intake Output

OBJECTIVE

BP 108/82 | Pulse 1.19 | Temp 36.3 °C (Oral) | Resp 16 | Ht 1.753 m | Wt 69.3 kg | SpO2 94% | BMI 22.55 kg/m²

Gen: AAOX1, NAD, Resting comfortably, pleasantly confused

HEENT: Extraocular movements intact, normocephalic/atraumatic, normal conjuctiva

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:

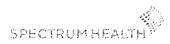
Intake/Output Summary (Last 24 hours) at 2/12/2020 1027

Last data filed at 2/11/2020 1431

Gross per 24 hour 770 ml

Net 770 ml

Current Facility-Adminis	tered Med	lications				
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 02/12/2 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 02/12/2 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 02/12/2 0 0847
 phytonadione (MEPHYTON) tablet 5 mg 	5 mg	Oral	Once	Balaji Vutla, MD. MPH		



Printed on 8/26/20 10:57 AM

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Acct #: 99105609860

Abraham, Gregory Anthony MRN: 18702148, DOB:

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 o	f 3) (conti	nued)				
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 02/12/2 0 0517	3.375 g at 02/12/2 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 02/12/2 0 0847

Electronically signed by Bataji Vutla, MD, MPH at 2/12/2020 10:33 AM

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A000156



Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

Lucas J Zwart, PA-C at 2/13/2020 11:25 AM

Author: Lucas J Zwart, PA-C

Service: Gastroenterology

Author Type: Physician Assistant-

Filed: 2/13/2020 2:27 PM

Date of Service: 2/13/2020 11:25 AM

Certified 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 leuckocytosis.
- 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 mem and dad are present reporting strong family history of nonalcoholic cirrhosis. Will order further serologies.
- OP EGD for variceal screening. Patient is from Lyonia. 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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Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

Libada le perform ROS; mental status el arga

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/m²

Physical Exam

Constitutional:

Appearance: He is theopeaning.

Comments: cachexic

Neck:

Musculoskeletal: Neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: No respiratory distress.

Abdominal:

General: There is maker sign.

Tenderness: There is no abdominal tenderness. There is no guarding or rebound.

Skin:

Findings: Studsing 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 Panet (CMP) Status: Abnormat

Result Value Ref Range Status

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Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

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	5.8 (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
Asparlate Aminotransferase	81 (H)	10 - 40 IU/L	Final
complete Blood Count without Differential	Status, Abnormal		
losuli	Value	Ref Range	Status
White Blood Cell	19.33 (H)	4.00 - 10.80 x10*3/uL	Final
Red Blood Cell	3.45 (L)	4.60 - 6.00 x10*6/uL	Final
Hemoglobin	11.4 (L)	14.0 - 18.0 g/dL	Final
Hematocrit	34.0 (L)	42.0 - 52.0 %	Finai
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*3/aL	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 x1013/uL	Final
Mean Platelet Volume	11.0	7.4 - 11 fL	Final
hosphorus, Blood Level Status: Normal			
lesult	Value	Ref Range	Status
Phosphorus Level	4.3	2.5 - 4.5 mg/dL	Final
lagnesium, Blood Level Status: Normal			
ieault	Voltue	Ref Rango	Status
Magnesium Level	2.3	1.6 - 2.5 mg/dL	Final
· · · · · · · · · · · · · · · · · · ·	Abnormal	#11 #1	
eault	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
ORPHOLOGY Status: None	3 feeting	Frat Dance	Chatrie
esult	Value See Below	Ref Range	Status Final
RBC Morphology			Final
Anisocytosis Echinocytes	Moderate		Final
FIGURE MINE	Moderate		1.11 (C):
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



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

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 Vulla, 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

Analy (Andinesical

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

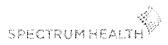
Underwent paracentesis 2/6/2020, 2/9/2020 & 2/12/2020

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

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Abraham, Gregory Anthony MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

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				Ordered
02/09/2	Adult Diet DIET EFFECT	IVENOW	erote openingen alle er av finns utte omsi i reen alde energijen. Dit forsted alle blev det eil dit i de et eil	02/09/2
0 1006	Question	Answer	Comment	01005
	Diet Type:	General		
	Fluid Restriction?	2000 ml daily/1200 with		
		meals		
	Sodium Restriction:	2 gram sodium		

Current Code Status

Date Active	Status	Order	Comments	User	ext
2/6/2020 2338	Full Code	243983	y or you angus nager - young dan alagous saan aya Singhi niilikan mag'in ba an'ili in dikuri 30 Shammi 1965 s	Christine S Martin, PA-C	Inpa
		008			tient

Question	Answer	Comment
Decision made by	Patient	

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

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Abraham, Gregory Anthony MRN: 18702148, DOB: 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/m²

Gen: NAD, Resting comfortably, decreased level of consciousness.

HEENT: Extraocular movements intact. normocephalic/atraumatic, normal conjuctiva

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, 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 2/13/2020 1427

Last data filed at 2/13/2020 0534

Gross per 24 hour Intake 604 ml
Output 175 ml
Net 429 ml

Current Facility-Adminis Medication	iter ed Med Dose	ications Roule	Frequency	Provider	Last Rate	
 heparin (porcine) 5000 UNIT/ML injection 5,000 Units 	5,000 Units	Subcutaneous	q8h SCH	Courtney M Loree, PA-C		Dose 5,000 Units at 02/13/2 0 0619
 lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL 	30 mL	Oral	TID	Lucas J Zwart, PA-C		30 mL at 02/12/2 0 2050
lactulose enema		Rectal	TID	Michael R Puff, MD		1,000.5 mL at 02/13/2 0 1339
 multivitamin with mineral (THERA M PLUS) tablet 1 tablet 	1 tablet	Oral	Daily	Courtney M Loree, PA-C		1 tablet at 02/12/2 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 02/12/2 0 0847
 piperacillin- tazobactam 	3.375 g	Intravenous	q6h SCH	Courtney M Loree, PA-C	200 mL/hr at	3.375 g at



Abraham, Gregory Anthony

MRN: 18702148, DOB: 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

Status: Addendum

Filed: 2/14/2020 3:06 AM Date of Service: 2/14/2020 1:35 AM 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 13.1 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 verifed 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



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

Sex: M

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 Filed: 2/14/2020 2:11 PM

Editor: Balaji Vutla, MD, MPH (Physician)

Service: Hospitalist

Date of Service: 2/14/2020 1:49 PM

Author Type: Physician Status: Addendum

SPECTRUM HEALTH SHMG Progress Note

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.

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Service: Hospitalist

Abraham, Gregory Anthony

MRN: 18702148, DOB: _____, 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 2/15/2020 11:20 AM

Author: Balaji Vutla, MD, MPH Filed: 2/15/2020_2:17 PM

Filed: 2/15/2020 2:17 PM Date of Service: 2/15/2020 11:20 AM Editor: Balaji Vutla, MD, MPH (Physician)

Author Type: Physician

Status: Signed

SPECTRUM HEALTH

OCT
SHMG Progress Note

CHIEF COMPLAINTS

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
02/14/2	Diet NPO DIET EFFECTIV	E NOW		02/14/2
0 1804	Comments: sips of liquid	and ice chips		0.1805
	Question	Answer	Comment	
	Ice Chips OK?	Yes		
	Ok to Give Meds with	Yes		

Sips of Water Only?



Abraham, Gregory Anthony

MRN: 18702148, DOB: 1 Acct #: 99105609860

Sex: M

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

Authorized by: Nathan C Fritz, DO

Frequency: Now Once 02/06/20 2011 - 1 occurrence

Quantity: 1

Ordering provider: Nathan C Fritz, DO Ordering mode: Standard

Class: Hospital Performed Lab status: Final result Instance released by: Edi, Incoming Orders From Qpath (auto-released) 2/6/2020 8:10 PM

Order status: Completed

Accession number: 4047716

Questionnaire

Question Date for auto-scheduling Time for auto-scheduling Answer 2/6/2020 6:12 PM

ED BED US NEEDLE GUIDANCE

Ordering provider: Nathan C Fritz, DO 02/06/20 2010

Resulted by: Nathan C Fritz, DO

Performed: 02/06/20 1815 - 02/06/20 1815

Resulting lab: QPATH

Namative

Spectrum Health Exam Date: 2/6/2020 Exam Type: GB Operator: N/A

Attending: Fritz, Nathan Worksheet: Gallbladder

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

سانان العيران فردان ورواجه فياس والمراجع والمراجع والمناز والمراجع والمراجع والمراجع والمراجع والمراجع	annual tracking their season and the Health season states	$x_1, x_2, x_3, \dots, x_n, x_n, x_n, x_n, x_n, x_n, x_n, x_n$	and congress of the entering states account the ex-	SAN PROVINCENT CONTRACTOR CONTRAC
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

Resulted: 02/06/20 2011, Result status: Final result

Filed by: Edi, Incoming Results From Opath 02/06/20 2011

Ordering provider: Nathan C Fritz, DO 02/06/20 2010

Resulted by: Nathan C Fritz, DO

Performed: 02/06/20 1815 - 02/06/20 1815

Resulting lab: EXTERNAL LAB

Order status: Completed

Filed by: User Batch Generic 02/06/20 2010

Accession number: 4047716

Testing Performed By

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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

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Abraham, Gregory Anthony

MRN: 18702148, DOB: _____, Sex: M

Acct #: 99105609860

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/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)					
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	inal result) z, DO on 02/06/20 1746 encounter. 6/20 1746 - 1 occurrence cory: ? Ordering Provider Nathan C Fritz, DO 616-988-8220	z, DO on 02/06/20 1746 encounter. 6/20 1746 Ordering provider: National Ordering mode: Stand - 1 occurrence Class: Hospital Perform Lab status: Final result Instance released by: 2/6/2020 5:46 PM Answer blocd ? No No No Gory Anthony MRN: 18702148 Home Phone: 313 Ordering Provider Nathan C Fritz, DO Nathan C Fritz, DO Nathan C Fritz, DO Ordering Provider Nathan C Fritz, DO	z, DO on 02/06/20 1746 encounter. 6/20 1746	z, DO on 02/06/20 1746 encounter. 6/20 1746 Ordering provider: Nathan C Fritz, DO Ordering mode: Standard -1 occurrence Class: Hospital Performed Lab status: Final result Instance released by: Nathan C Fritz, DO (auto-re 2/6/2020 5:46 PM Answer Block Roman Manager Block Roman Man	

Answer

Page 264

Comment

End Exam Questions

Did you deviate from the order? Select type of deviation (definition of

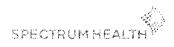


Impression

BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony

MRN: 18702148, DOB: | Acct #: 99105609860 , Sex: M

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 Filed by: Edi, Rad Results in 02/06/20 1933 Resulted by: Andrew K Nash, MD Performed: 02/06/20 1927 - 02/06/20 1927 Accession number: 4047598 Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES 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.



Abraham, Gregory Anthony

MRN: 18702148, DOB: _____, 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 Director Address Valid Date Range Name 2110000013 -SPECTRUM Unknown Blodgett Campus 1840 07/13/12 1428 - Present Wealthy St Grand Unknown HEALTH Rapids, MI ANCILLARY SERVICES **Butterworth Campus** 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview. Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, ML United Campus 615 S

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

Bower Greenville, MI

Testing Performed By

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

Signed

Efectronically signed by Andrew K Nash, MD on 2/6/20 at 1930 EST

CT ABDOMEN AND PELVIS WITH 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 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

Status: Completed



BLODGETT HOSPITAL 1840 Wealthy St SE MRN: 18702148, DOB Grand Rapids MI 49506-2921 Acct #: 99105609860

Abraham, Gregory Anthony

MRN: 18702148, DOB:

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

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

Initiate Intravenous Catheter Patency	Protoccl?	Yes	The second secon
Screening Form			
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times out to describe and the contraction of the co	one Anthony	MRN: 18702148	augus (Ammuni) sung Guille county, symologic select selection infrastructures contribution (my class 1984-1984 (1984-1984)).
Patient Name: Abraham, Greg Date of Birth: <i>5/22/1963</i> Legat Sex: Male	ory Anthony	Home Phone: 313-903-0	379
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 ⁴616-988-8220	2/6/2020 7:15 PM BW CT ED 01 SHBW IMAG ED CT
Screening Form Questions		sala inga salah salah majakkum mengendan dak sahir Perakkim dan kembanyan menghujun dan Meliman melah men	
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Correct Part?			
Correct Reason?			
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Where?			
Duration?			
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What?			
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Where?			
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Which is your dominant hand?	Left		
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End Exam Questions	kaanne voor veerska joon ja siiga oo jää vää keest viiken jo kinno siin va valjakeens oo viijonille jooda val	Georgick katelysenge meg nastekking 14 commenteet met dikt 17 fan de oant 1940 bij dit het en dikter 17 fan 18	e and place was a defended above more than manager of the place and the constraint of the place of the constraint.
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Abraham, Gregory Anthony

MRN: 18702148, DOB: Sex: M

Acct #: 99105609860

Order status; Completed

Accession number; 4047600

Filed by: Edi, Rad Results in 02/06/20 1947

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

Resulted by: Patrick M Rao, MD

Performed: 02/06/20 1925 - 02/06/20 1928

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Namative

EXAMINATION: CT Abdomen and Pelvis wth fV 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 at electasis. 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.

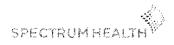
Kidneys, Ureters, & Bladder: Both kidneys have a normal size and there is no hydronephrosis. Both ureters have a normal caliber and the urinary bladder is unremarkable.

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.



Abraham, Gregory Anthony

MRN: 18702148, DOB: J , 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)

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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

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 provided Nathan C Fritz, DO

Ordering mode: Standard

Page 269 Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

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

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Instance released by: Nathan C Fritz, DO (auto-	released) 2/6/2		rootat		
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Reason(s) for Exam/Signs and Symptoms:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	confusion, feve	f		
Rule Out/Verity/Other Pertinent History:		infection			
Where performed?		Department			
Initiate Rad Pre Procedure Protocol?		Yes			
Begin Exam Questions				Madelane made a stabilisher of the control of the c	franklik (hal-hal) i manadakerikkan salambiga kelemaskan
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Correct Exam?				r	
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Correct Reason?					
Patient given reason for imaging today?					
Pain?					
Where?					
Duration?					
Injury?					
What?					
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Any relevant images outside Spectrum					
Health?					
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	Answer	agar (agas), constantes como constante de la c	Comi	nent	na 1920 signa pagai na pina agamaka padiminapa ya na mana
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Patient factors for deviation:					
Please specify reason for motion:					
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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					



Abraham, Gregory Anthony

Filed by: Edi, Rad Results In 02/06/20 1948

MRN: 18702148, DOB: _____, Sex:

Resulted: 02/06/20 1945, Result status: Final result

Acct #: 99105609860

Order status: Completed

Accession number: 4047648

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

DR

CR machine?

DR CHEST 2 VIEWS FRONTAL AND LATERAL

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

Namative:

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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

DR CHEST 2 VIEWS FRONTAL AND LATERAL

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

Resulted: 02/06/20 1936, Result status: In process

Order status: Completed

Filed by: Hailey C Armstrong, RTR 02/06/20 1939

Accession number: 4047648



Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M

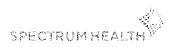
Acct #: 99105609860

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

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

Testing Performed By			eride natuur aasimaanin oo ka oo ka dhaadhaa in 1940 oo ka oo k	i kan
Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present
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IR PARACENTESIS WITH Electronically signed by: C	and the second second second section of the second section of the section of the second section of the second section	and the second control of the second control	granden open ger engeligen kommen en bestellt het de den 1800 totalskende som 180	Status: Complete
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Ordering user: Christine S			Ordering provider: Courtn	
Authorized by: Courtney M			Ordering mode: Standard	
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Quantity: 1	time outlined by or	and a color of the color	Lab status: Final result	
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Questionnaire	art simbor pagawajian mangarang kan kinak majaray mangarang kanasakan paganjanda kan	g stragonisty data symbologicky i populatenom dy mostoky tropicky dobie	tiki ferikiy <mark>hind kiri nakusan</mark> inining ngjagi sarit peleti kirjam ahabanjiya misa ni papatey yi magama	ngga da ajili jeganja, waliya kana da ajiaya laba danga Ti pur a bahan, mari da ka kari bira handa kajiya hagan da fanga ayu u bahada sharen da musik da sa sa ka
Question	ded exceloration were introduced to the control of	ga ghagarithaigairth thi 17 mai is bhairthannais man bhann shlighthichta na cho chliadh aithdi mil	Answer	and the second s
Reason(s) for Exam/Si			ascites	
Diagnostic or Therapet			Therapeutic	
Rule Out/Verify/Other F			SBP	
Sleep apnea or other s			No Sedation	
What are the patient's	sedation requirement	3 (No Sedation	
Screening Form	agasa akkira ishi - mikaragara ana asani aintika garabinti ahut ayut ai barasib tarbirah	k 1 - gjannsskal skrivs skrivs och ställer krivetinning skrivs skrivs skrivs skrivs	ുന്ന പ്രപ്രാമ്യത്തുകൊട്ടുന്നു. ഇത് പ്രശേഷ വിഷ്ട്രീക്കില് പാർഷ്ട്രീക്ക് ശിൽപ്രതി വേദ്യത്തില് പ്രസ്ത്രിന്റെ വരുന്	rry firmple samboran (spinosposos s, como em spinos y propaga prior no congressos son en spinos en en en en entre sobrados prop
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	oraham, Gregory And	топу	MRN: 18702148	
Date of Birth: 5/2	2/1963		Home Phone: 313-90	13-0379
Legal Sex: Male				
Procedure	Orderi	ng Provider	Authorizing Provide	Appointment Information
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Previous Implant S	afety Evaluations			
No previous i	mplant documentation	n available.	a pagamana ngara magaatalah nagaatalah na kantara kantara atau di agat sahi mba sahilishin keril	ായുക്കുള്ള പുത്ത എന്നു ഇത്വാകൂട്ടപുത്ത വാധ്യാക്കുള്ള വേശ്യാക്കുള്ള ഏക്കൊണ്ടെ വേശ്യാക്ക് വര്ത്ത് അവരെ വാധ്യാക്കു
Form History	uu uuquusagad aagadd galg aang gallegen gaard aad daabhad ah dhaga aagad ah ka dha aa dha aa dha aa dha aa dha ''	konsunkkilli viigin- z 4. liigida sakaan "Versingli, joska" 400 liikt ilminis siinen saka	y a mengahanya di kilomba misakantuka ke Cabanda birana dibang mengangkan pelabangkan dibangkan biran dibangka I Buman ang m	nakan kanan makang menangah pelamban mengan makan pamenakan pamenakan di kanang melamban melamban melamban menangan menangan me
Status	nga ngalangan ajandagan gapi nanggan menggan menghan da napangan da ngal	o motorium nationale la motorium de la companie de	User	Time
Created			N/A	02/06/2020 11:42 PM EST
End Exam Questions				
1. 1947 sammaan Sigerhaans over regeri voort geverstekshebbb hijn med ilmerin algebi gebiblist sid	gy concrision generalisti. In Supr., met ngj. kraje troin Sprinsky tras Sider i grit	Answer	and commenced according to the first state of the contract of	comment .
Did the patient have	a possible contrast	MIDWUI	r y amuniquiagen iyar ishda sorenida variaetiin eerifekaadhii olid Avlerhee idahii o'i vehi Heerifaeetiishni h	THE PROPERTY OF THE PROPERTY O
reaction?	•			
Medication Lot Num	ber			
Was there a possible	extravasation			
during this exam?				



Abraham, Gregory Anthony MRN: 18702148, DOB: ______, Sex: M Acct #: 99105609860

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

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

Order status: Completed

Accession number: 4054270

Filed by: Edi, Rad Results in 02/09/20 2337

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

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:

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:

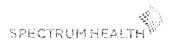
Uncomplicated ultrasound guided paracentesis.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

IR PARACENTESIS WITH IMAGE GUIDANCE

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



Abraham, Gregory Anthony

MRN: 18702148, DOB: 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)

I	(Ai A)	
madino	(continued)	П

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

Ordering provided Balaji Vutla, MD, MPH

Ordering mode: Standard

Accession number: 4054270

Testing Performed By

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

Signed

Electronically signed by Manish K Varma, MD on 2/9/20 at 2335 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 02/12/200941

Authorized by: Balaji Vutla, MD, MPH

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: Cirrhosis Diagnostic or Therapeutic? 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

Date of Birth: 5/22/1963 Legal Sex: Male

MRN: 18702148

Home Phone: 313-903-0379

Procedure IR PARACENTESIS WITH **IMAGE GUIDANCE**

Ordering Provider Balaii Vutla, MD, MPH 616-391-3139 (616)479-5626

Authorizing Provider Balaji Vutla, MD, MPH 616-391-3139

(616)479-5626

2/12/2020 2:00 PM **BL IR 03** SHBL IMAG IR

Appointment Information

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

End Exam Questions



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

Comment

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 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?

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

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

IR PARACENTESIS WITH IMAGE GUIDANCE

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 paracentes/s 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.

Order status: Completed

Accession number: 4067277

Filed by: Edi, Rad Results In 02/12/20 1432

impression:

Uncomplicated ultrasound guided therapeutic paracentesis.

Testing Performed By

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



Abraham, Gregory Anthony

MRN: 18702148, DOB: , 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** 10/24/06 1424 - Present Unknown Unknown

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

Ordering provider: Brenda J Hoffner, FNP

decompensated cirrhosis with recurrent large volume ascites

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

Ordering mode: Standard

Frequency: Now Once 02/14/20 0251 - 1 occurrence Quantity: 1

Class: Hospital Performed 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:

Rule Out/Verify/Other Pertinent History: r/o portal vein thrombosis

What are the patient's sedation requirements?

No Sedation Department

Where performed? 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)

Status: Completed



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

Abraham, Gregory An
MRN: 18702148, DOB
Acct #: 99105609860

Abraham, Gregory Anthony MRN: 18702148, DOB: 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)	
ABD: LIVE	OMINAL ULTRASOUND/ R DOPPLER - ADULT VINUED) ABTOLING ABTOLING
TECHN HA HV: SPI SM PV: CHARCE TIME NT COMMENT ROS CHARCE NT COMMENT ROS ROS ROS CHARCE NT COMMENT ROS ROS CHARCE ROS CHARCE ROS ROS CHARCE ROS CHARCE ROS ROS CHARCE ROS CHARCE ROS ROS CHARCE ROS ROS CHARCE ROS ROS CHARCE ROS ROS ROS ROS CHARCE ROS ROS ROS ROS ROS ROS ROS ROS	Procession

Page 277

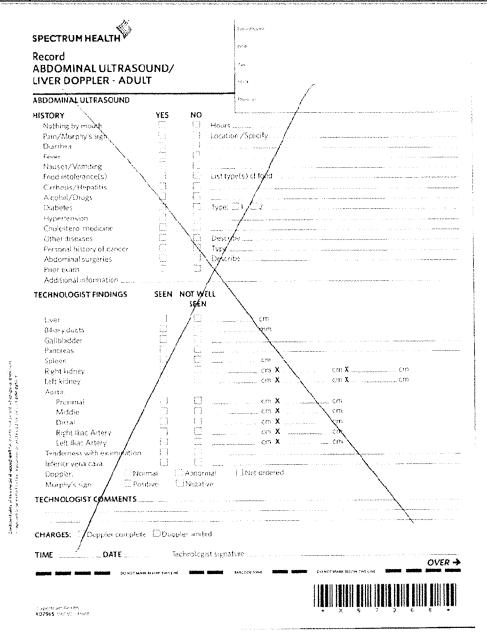


Abraham, Gregory Anthony
MRN: 18702148, DOB: Sex: M
Acct #: 99105609860

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)



US LIVER INCLUDING DUCTS WITH DOPPLER

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

Order status: Completed

Accession number: 4076068

Filed by: Edi, Rad Results in 02/14/20 0800

Ordering provider: Brenda J Hoffner, FNP 02/14/20 0251 Resulted by: John E Meyer, MD

Portamod: 02/14/20 0335 - 02/14/20 0413

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

larrative:

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

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

Page 278



Abraham, Gregory Anthony MRN: 18702148, DOB: 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 studge 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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		Butterworth Campus	
			100 Michigan Grand	
			Rapids, MĬ	
			Kelsey Campus 418	
			Washington Lakeview,	
			MI	
			Lake Drive Campus	
			4069 Lake Dr Grand	
			Rapids, MI	
			Reed City Campus 300	
			N Patterson Reed City.	
			MI	



Abraham, Gregory Anthony

MRN: 18702148, DOB: 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

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

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

Status: Discontinued

Appointment Information

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

Operation 1

Quantity: 1

Ordering provider: Balaji Vulla, 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

Reason(s) for Exam/Signs and Symptoms:

Diagnostic or Therapeutic?

Fluid studies:

Rule Out/Verify/Other Pertinent History:

Sleep apnea or other special sedation concerns? What are the patient's sedation requirements?

Answer Ascites

Both

Labs must be ordered by ordering physician

SBP

No Sedation
No Sedation

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
IR PARACENTESIS WITH

Balaji Vutla, MD, MPH 616-391-3139 (616)479-5626

Ordering Provider

Authorizing Provider Balaji Vutla, MD, MPH

Balaji Vutla, MD, MP 616-391-3139 (616)479-5626

Screening Form Questions

IMAGE GUIDANCE

No questions have been answered for this form.

Previous Implant Safety Evaluations

No previous implant documentation available.

Form History

Status User Time



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

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

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

(continued)	

Created

N/A

02/14/2020 09:26 AM EST

Status: Completed

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST (Final result)

Electronically signed by: Balaji Vutla, MD, MPH on 02/14/20 1357

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 Vutta, MD, MPH

Ordering mode: Standard Class: Hospital Performed Lab status: Final result

Instance released by: Balaji Vutla, MD, MPH (auto-released)

Comment

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

Legal Sex: Male

Home Phone: 313-903-0379

Procedure CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST

Ordering Provider Balaji Vutla, MD, MPH -616-391-3139 3(616)479-5626

Authorizing Provider Balaji Vutla, MD, MPH 616-391-3139 ^ଘ(616)479-5626

Appointment Information 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

	Answ
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 to	oday?

Pain?

Where? Duration? Injury?

What? When?

Any relevant images outside Spectrum

Health? Where? When?



Abraham, Gregory Anthony MRN: 18702148, DOB: , 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? Resulted: 02/14/20 1603, Result status: Final result

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST

Ordering provider: Balaj: 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

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.



Abraham, Gregory Anthony MRN: 18702148, DOB: ______, 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.

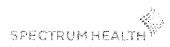
Assessment of the solid organs, soft tissues, and vascular structures is overall limited on noncontrast imaging. There are multiple coil staples from previous hernia surgery.

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 occum 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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST

Ordering provider: Balaji Vutla, 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 Resulted: 02/14/20 1501, Result status: In process 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



Abraham, Gregory Anthony

Ordering mode: Slandard

Order status: Completed

Resulting lab: EXTERNAL LAB

Lab status: Final result

Class: Normal

MRN: 18702148, DOB: , Sex: M Acct #: 99105609860

Status: Completed

Resulted: 02/06/20 1731, Result status: Final result

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

Ordering user: Nathan C Fritz, DO 02/06/20 2225 Ordering provider: Nathan C Fritz, DO

Authorized by: Nathan C Fritz, DO 02/00/20 222

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

Paracentesis

Ordering provider: Nathan C Fritz, DO 02/06/20 2225 Filed by: Nathan C Fritz, DO 02/06/20 2232

Marrative:

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:

Ultrasound guidance: yes
Puncture site: R lower quadrant
Fluid removed amount: 60ml
Fluid appearance: Yellow and cloudy

Oressing: 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



Abraham, Gregory Anthony MRN: 18702148, DOB: I 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)

Cardio	lqγ	Procedures	

Electrocardiogram, Complete (Final result)

Electronically signed by: Nathan C Fritz, DO on 02/06/20 2246

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

Status: Completed

Communicated by: Nicole A Wurm, RN Ordering provider: Nathan C Fritz, DO

Ordering mode: Per protocol: COSIGN required Class: Hospital Performed

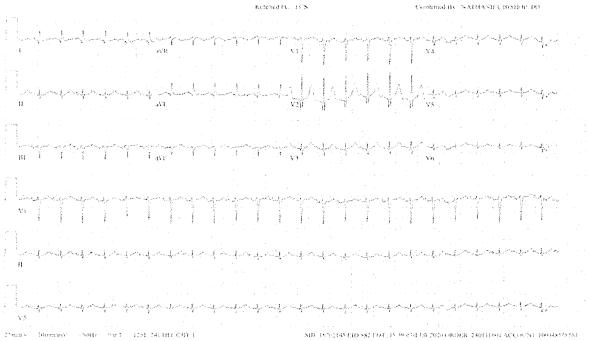
Lab status: Final result

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)

ARRAHAM, GRECORY 0.0018202148 18-11-14-2020 17-24-55 SPECIRCM HEAL HEROSPILME FROM 10SERFCORD Some Lithicards
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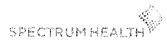


Specimen Information

ID Туре	Source	Collected By
MUSE229641010 —		02/06/20 1734
0048578581		

Electrocardiogram, Complete

Resulted: 02/07/20 1539, Result status: Final result



Abraham, Gregory Anthony MRN: 18702148, DOB:

Sex: M

Resulted: 02/06/20 1738, Result status: Preliminary

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)

Cardiolgy 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

Nanative:

Ventricular Rate 149 BPM Atrial Rate 149 BPM P-R Interval 128 ms ORS 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

Testing Performed By

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Lab - Abbreviation	Name	Director	Address	Valid Date Range
27 - Xcelera	SPECTRUM HEALTH CARDIOLOGY	Unknown	Unknown	02/20/13 0809 - Present

Order status: Completed

Filed by: Edi, Incoming Card Results 02/06/20 1738

Resulting lab: SPECTRUM HEALTH CARDIOLOGY

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

Nanative:

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 02/07/20 1539 Resulting lab: SPECTRUM HEALTH CARDIOLOGY

Testing Performed By

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Lab - Abbreviation	Name	Director	Address	Valid Date Range
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Printed on 8/26/20 10:57 AM

result



BLODGETT HOSPITAL Abraham, Gregory Anthony 1840 Wealthy St SE Grand Rapids MI 49506-2921 Acct #: 99105609860

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

92/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

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Electronically signed by Nathaniel C Bishop, DO on 2/7/20 at	1539 EST	in de de la company de la comp
Electrocardiogram, Complete (Discontinued)		
Electronically signed by. Stefano M Crescentini, MD on 02/09/20	1749	Status: Discontinuec
Ordering user: Štefano M Crescentini, MD 02/09/20 1749 Authorized by: Stefano M Crescentini, MD Frequency: STAT Once 02/09/20 1750 - 1 occurrence Quantity: 1	Ordering provider: Stefano M Crescentini, M Ordering mode: Standard Class: Hospital Performed Instance released by: Stefano M Crescentin	
Discontinued by: Balaji Vutla, MD, MPH 02/14/20 1806	2/9/2020 5:49 PM	i, MD (auto-released)
Questionnaire		
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Reason for Exam:	tachy	y ngarana, ulogif se geograpi masaliya a geografika (ferféházl) (ay men in minebalai històristic e
TELEMETRY STRIP (Final result)		
Electronically signed by: Edi, Incoming Onbase Documents on 0:	2/07/20 0151	Status: Completed
Ordering user: Edi, Incoming Onbase Documents 02/07/20 0151	Ordering provider: None Physician, MD	•
Authorized by: None Physician, MD	Ordering mode: Standard	
Frequency: - Lab status: Final result	Quantity: 1	
Telemetry Strip - ORD Level Scan - Scan on 2/7/2020, 1:51 A	M by None Physician MD: SINHS TACHY PH	III IPS (helow)



Printed on 2/7/2020 01.51:43

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

Bludgett

Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: N

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

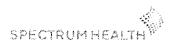
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02/06/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)

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QT 368 RR 78 ST-AVR -03			Sp0, ST4(ST4\),1				ST-B	(SpO ₂) 10 0 S /F 0 4	18)			Port 0 ST-III I ST-V 0	9.4		
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Printed on 8/26/20 10:57 AM Page 289

Page 1 of 2



Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M

Acct #: 99105609860

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

Strip Report			BL1H23		
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Ordering provider: None	Physician, MD 02	/07/20 0151	Order status: Comp		kandaru (Parantapad ku palanka di diri ya daku (Parantapad Aria Padik Kafa
Filed by: Edi, Incoming C Resulting lab: PHILIPS	Onbase Documents	02/07/20 0152	Collected by: 02/07	/20 0149	
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Testing Performed By	معدد الرواز عاوفي والأران المستراوات والواث والواز الماضات والمتحدود والمتحدود مناث والوقع والمتحدود	ger i njen njedji njemij gjej nji dostrome njedi i njej r i njemijojni glek i nisk stonovi djemi njem Pod i kon i i i i i i i i i i i i i i i i i i i	ر در	ang kan dipundapan digi kaliki sakara parja 1985 ng dari nikira sakaradina dipundik didiraki kalika dikiraki s Kalikan di Sang dari kalikan dari sakara parja 1985 ng dari nikira sakara dipundapan dipundak sakara dipundak	icheronder-nahr zuen zuener dietzwert is ihr zu Mazalten w
Lab - Abbreviation 149 - Philips	Name PHILIPS	Director Unknown	Address Unknown	Valid Date F 10/03/17 163	
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Printed on 8/26/20 10:57 AM

Page 290



Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

Authorized by: <mark>None Physic</mark> i Frequency: Lab status: Final result	an, MD			emiller vor 24 ab vorst Viggerijk dage vorselt. Dage		ring mo nuty: 1	de: Sta	ndard	and the second second second	e - Preside relativistic school and Primer	inne i mi fili i a di ilikumati.	i ma vitraktikuur ete mille	ily direktet van it broedenkerigt wordt e
Telemetry Strip - ORD	Level Scan	- Scan d	on 2/7/20	020 7:23 F	M by No	one Phy	sician.	MD: AE	OMISS	SION P	HILIPS	6 (belov	Δ
Strip Report					BL1G14	,	,						.,
			ABRAHAI	M, GREGORY	pacta (-			1870	2148				
Vitals:													
HR 106	P1	/C 0			Qfc	454				&QTc+	37		
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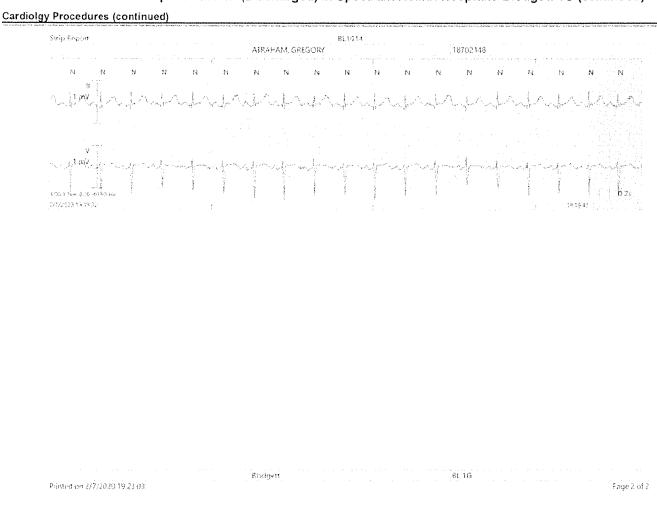
Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)



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TELEMETRY STRIP

Resulted: 02/07/20 1923, Result status: Final result Order status: Completed Ordering provider: None Physician, MD 02/07/20 1923

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



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105392490 Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound

ppointment Informa	ation		
US RIGHT UPPER 1/10/2020 5:00 PM	QUADRANT WITH DOPPLER	Completed	nour nauciku sikuppunik hisakun erus pip estatusus ve
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Referral Provider: Enc Form Number	PATEL. KARTIK H 32188430	Arrival Time; 4:56 PM	
History Mace On: 1	/10/2020_4:09 PM	By: Jason L Ashley-Oswalt, RTR	
	/10/2020 4:56 PM	By: Jason L Ashley-Oswalt, RTR	E
	/14/2020 11:04 PM	By: Background, Cadence	6



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105392490

Sex: M

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 Ordering mode: Per protocol: no cosign required

Authorized by: Kartik H Palel, MD 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

Acute alcoholic hepatitis, elevated total bilirubin of 6.8 Reason(s) for Exam/Signs and Symptoms:

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)



Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105392490

, Sex: N

Visit date: 1/10/2020
01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)

LIVER DOPPLER				
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Abraham, Gregory Anthony MRN: 18702148, DOB: 1

Acct #: 99105392490 Visit date: 1/10/2020

, Sex: M

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued) SPECTRUM HEALTH Record ABDOMINAL ULTRASOUND/ LIVER DOPPLER - ADULT ABDOMINAL ULTRASOUND HISTORY YES NO Hours Nothing by mouth Pain/Murphy's sign Location / Specify Damhea Fever Nausea/Verniting Food intoferance(s) List type(s) of food Curbosis/Heautitis Alcohol/Drugs Type: 1.11 Diabetes 1 (ypertension Chalesteral medicine Other diseases Destrobe. Personal history of cancer Type Abdominal surgeries Describe Prior exam Additional information TECHNOLOGIST FINDINGS SEEN NOT WELL SÉEN Lower ...mm Biliary ducts Gatibleddor Pancicas. Soleen Right Lidney om X Left kidney óm X cm X Aorta. Citi Proximal cm X CIN Middle cm X co X cm Distal cm X Right thac Artery cm X Left fliac Artery. Tenderness with examination inferior vena cava []Normai Doppler,] Abnomial $\square Positive$ Unegative Munphy's sign TECHNOLOGIST COMMENTS _____ Technologist signature _____ OVER ->

US Right Upper Quadrant With Doppler

s Vigos (num Beroth X**07965** (3/24) = Frank

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

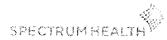
Namative:

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

Page 543



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105392490 Visit date: 1/10/2020

, Sex: M

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett Ultrasound (continued)

Imaging (continued)

TECHNIQUE: Ultrasound imaging of the right upper guadrant

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.

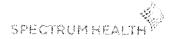
Small amount of ascites

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

US Right Upper Quadrant With Doppler

Resulted: 01/10/20 1657, Result status: In process



Abraham, Gregory Anthony
MRN: 18702148, DOB

Acct #: 99105392490 Visit date: 1/10/2020

			e: 1/10/2020		adır. Ayayı "Ağ harada, garayanı kanının
01/10/2020 - Appointment in	Spectrum He	ealth Hospitals B	lodgett X-Ray (continued)	4.
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Quantity: 1		Lab status: Final			
Instance released by: Kristi E Artz, MD (auto-re	eleased) 1/10/202		rosun		
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Initiate Rad Pre Procedure Protocol?		Department			
made rad the theedate trolocols		Yes			
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Correct Reason?	Yes				
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Duration?					
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DR Chest 2 Views Frontal And Lateral	14 NAAA	North Colombia (North Astronomy) (North Colombia (North Colombia)	sulted: 01/10/20 084	8. Result status:	Final res
Ordering provider: Kristi E Artz, MD 01/10/2	00800 O	Order status: Co			
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Angela S Gonda, MD Tanya Hioe, DO					
Performed: 01/10/20 0825 - 01/10/20 0831		Accession numb			
Resulting lab: SPECTRUM HEALTH ANCIL Narrative:	LARY SERVICE		er. 3934039		
EXAMINATION: Frontal and Lateral View Cl	hest				
EXAM DATE: 1/10/2020 8:31 AM					
TECHNIQUE: AP frontal and lateral views					
INDICATION: altered mental status.					

COMPARISON: None



Abraham, Gregory Anthony

MRN: 18702148, DOB:

. 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 infittrate 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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

DR Chest 2 Views Frontal And Lateral

Resulted: 01/10/20 0825, Result status: In process

Ordering provider: Kristl E Artz, MD 01/10/20 0800

Resulted by:

Order status: Completed Filed by: Amanda K Lahay, RTR 01/10/20 0825

Angela S Gonda, MD

Tanya Hioe, DO

Performed: 01/10/20 0825 - 01/10/20 0831

Resulting lab: EXTERNAL LAB

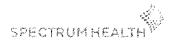
Accession number; 3934859

Testing Performed By

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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



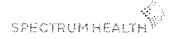
Abraham, Gregory Anthony MRN: 18702148, DOB: _____, Sex: M

Acct #: 99105392490

Visit date: 1/10/2020

01/10/2020 - Appointment in Spectrum Health Hospitals Blodgett CT (continued)

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CT Head Without IV Contrast (Final	result)	aus grafindhag a at seildeadhag ribhea agu meileadh bhille agus an ail ar beal mallacan às a dhleachdag. Y Gordan bha dhibh a anns a l	komissentilli. Non attisetisse i en myssisse vilkentile anter des ikkentiles tijde til enter Benede i 1955 (Not et en 1966 (No
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Ordering user: Kristi E Artz, MD 01/1 Authorized by: Kristi E Artz, MD	0/20 0800	Ordering provider: Kristi E / Ordering mode: Standard	ARZ, IVID
Frequency: Now Once 01/10/20 0800	1- f occurence	Class: Hospital Performed	
Quantity: 1	, occurrence	Lab status: Final result	
Indications of use: Altered level of co	nsciousness (LOC).		E Artz, MD (auto-released) 1/10/202
unexplained	,,	8:00 AM	
Questionnaire			
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Rule Out/Verity/Other Pertinent F	istory:	bleed	
What are the patient's sedation re	guirements?	No Sedation	
Initiate Rad Pre Procedure Protoc	ool?	Yes	
Initiate CT Contrast Protocol?		Yes	
Where performed?		Department	
Perform 3D imaging if indicated?		Yes	
Screening Form			
General Information	е решиндра навес и поставлична тоб на извид тобтуто у събербатель. В т. Оси инстителително на въвсено и п	u verlaanskips uits meess om himstaat op bemiksemisiden voor die entersjoch jorden standen hei in hoof die kommen.	and the state of t
Patient Name: Abraham, G	regory Anthony	MRN: 18702148	No yellampin saa often akusubu geor eta mpasilaisi dashi alika 20m, 10.0 dhambha ga dhaka da babba sa dhambha g
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	Kristi E Artz, MD	Kristi E Artz, MD	1/10/2020 8:25 AM
CONTRAST	^{t_} 616-486-0385	^t -616-486-0385	BL CT 01
			SHBL IMAG CT
Screening Form Questions No questions have been ar	swered for this form.	- 中國國際國際的國際國際的國際國際國際國際國際國際國際國際國際國際國際國際國際國際	romania da manga producenta ng matabah, nyangangah, na nabungah ayan ka da meri nabangah pinangan
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Abraham, Gregory Anthony MRN: 18702148, DOB: I

Acct #: 99105392490

, Sex: M

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: 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

Namative:

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
Lab - Abbreviation 2110000013 - Unknown	Name SPECTRUM HEALTH ANCILLARY SERVICES	Director Unknown	والمنافق وال	Valid Date Range 07/13/12 1428 - Present
			Bower Greenville, MI	

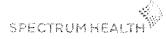
CT Head Without IV Contrast

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

Page 571 Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

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 Provider Note

ED Provider Notes by Kristi E Artz, MD at 1/10/2020 7:47 AM

Author: Kristi E Artz, MD Filed: 1/10/2020 10:25 AM Editor: Kristi E Artz, MD (Physician)

Service: Emergency Medicine Date of Service: 1/10/2020 7:47 AM Author Type: Physician

Sex: M

Status: Signed

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

Hospitalized

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 and NOR and 1009

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

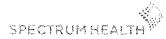
Labs reviewed and notable for elevated total bilirubin, normal white blood cell count, mild thrombocytopenia present. Head CT shows atrophy but otherwise no acute finding. Ammonia level is 51. Patient had progressive agitation and required a dose of Ativan 1 mg IV.

1009 **R**e

Repeat single view PA chest due to rotation to

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Abraham, Gregory Anthony MRN: 18702148, DOB: 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 Provider Note (continued)

further evaluate cardiac silhouette and mediastinum appears grossly normal on repeat. Equivalent bil 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 feukocyte esterase and negative nitrate will not start antibiotics at this time.

ED Course User Index

근 1일 중 13개원 13개의 기업이

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 droot. 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 perioral ROC: metal status change

PAST MEDICAL HISTORY

Pertinent medications reviewed with patient and/or family.

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A000582



Abraham, Gregory Anthony MRN: 18702148, DOB:

MRN: 18702148, DOB: _____, 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)

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 36.4 °C Temp:

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; Scienti interes 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. Eachycardia 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.

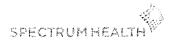
Psychiatric:

Comments: Cooperative

WORK UP:

Labs:

Labs Reviewed



Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)			
ED Provider Note (continued)			
COMPLETE BLOOD COUNT	((80)		
W/DIFFERENTIAL - Abnorm			
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	33.3		
Concentration			
Red Cell Diameter Width	14.9		
NRBC Absolute Count	0.00		
NRBC Automated	0.0		
Platelet	120 (*)		
Mean Platelet Volume	10.4		
Neutrophil Absolute	9.04 (*)		
Count			
COMPREHENSIVE METABO	DLIC 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	67 (*)		
Aminotransferase			
Aspartate	328 (*)		
Aminotransferase			
Hemolysis			
ACETAMINOPHEN LEVEL -			
Acetaminophen Level	<5.0 (*)		
SALICYLATE LEVEL - Abno			
Salicylate Level	<0.3 (*)		
URINALYSIS - Abnormal	Ambor		
Urine Color	Amber Hazy		
Urine Appearance Urine Specific Gravity	1.024		
U pH	5.0		
Urine Glucose	Negative		
Urine Ketones	20 (*)		
Urine Protein	100 (*)		
Urine Blood	Large (*)		
Urine Bilirubin	Small;		
Office Simbord	Ictotest		
	positive (*)		
Urine Urobilinogen	4.0 (*)		
Urine Nitrite	Negative		
Urine Leukocyte	Negative		
Office Econocyte			

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Abraham, Gregory Anthony
MRN: 18702148, DOB: 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 Provider Note (continued)	
Esterase	ie kam Pryste Megodinikou na kalkalininga zwycznanyskiej kralięc si je zbiowania, zakowi ograziowi og na
Urine WBC	35 (*)
Urine RBC	2
Urine Mucous	Many
Urine Squamous	2
Epithelial Cells	
Urine Hyaline Casts	133
DIFFERENTIAL MANUAL B	LOOD - 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, EMERGEN	
Amphetamine screen,	Negative
urine	
Barbiturate screen, urine	Negative
Benzodiazepine screen,	Negative
urine	**
Cannabinoids screen	Negative
urine	* ()
Cocaine screen, urine	Negative
Ethanol sorn UR	Negative
Methadone screen, urine	Negative
Opiate 300 screen, urine	Negative
Oxycodone screen urine	Negative
LACTIC ACID - Normal	4.6
Lactic Acid	1.6
URINE CULTURE	
AMMONIA LVL	F* 4
Ammonia Level Hemolysis	51
MAGNESIUM	
PHOSPHORUS	
PROTIME-INR	
APTT	
£34 ()	

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 Hioe, DO, reviewed the interpretation, and agree.



Abraham, Gregory Anthony MRN: 18702148, DOB

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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.
- 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.

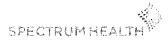
Jacob Jaboro 01/10/20 0848

Kristi E Artz, MD 01/10/20 1025

Electronically signed by Kristl E Artz, MD at 1/10/2020 10:25 AM

ED Care Timeline

/10/2020	Event	Details	User
1	Patient arrived in ED		Margaret E Veltema, RN
7:47	Patient roomed in ED	To room 19	Margaret E Veltema, RN
7:47:31	Arrival Complaint	alcohol withdrawal	
7:47:47	Team Member Assigned	Jacob Jaboro assigned as Scribe	Jacob Jaboro
7:48	Quick Triage Complete/Acuity	Acuity/Destination/Quick Triage Complete Patient Acuity: 3 Quick Triage Complete: Quick Triage Complete	Margaret E Veltema, RN
7;48	Stroke Screening	Stroke Screening Is the patient presenting with stroke symptoms starting within the last 24 hours?: No	Margaret E Veltema, RN



Abraham, Gregory Anthony MRN: 18702148, DOB: MRN: 18702148, DOB: MRN: MRN: 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)

07:48	Assessment	Airway Airway WDL: WDL Breathing Respiratory WDL: WDL Cardiac WDL: WDL Cerdiac WDL: WDL Peripheral Neurovascular (Adult) Peripheral Neurovascular WDL: WDL Cognitive/Neuro/Behavioral WDL: WDL except	Margaret E Veitema, RN
07:48	Sepsis Screening	Sepsis Screening 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	Relevant Labs and Vitals Temp (in Celsius): 36.4 Other flowsheet entries Average of Mean BP: 95.67 Mean BP (mmHg): 95.67	Margaret E Veltema, RN
07:49	Vítals Signs	Vitals 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 AVPU/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 98 % Device (Oxygen Therapy): room air Vitals Timer 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, N
07:57:22	Assign Physician		Kristí E Artz, N
07:57:22	First Provider Evaluation of Patient		Kristi E Artz, N
07:57:22	Assign Attending		Kristi E Artz, f



Abraham, Gregory Anthony MRN: 18702148, DOR:

MRN: 18702148, DOB: _____, 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)

07:57:22	Assign Physician		Kristi E Artz, MI
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, MI
97:59:16	Orders Placed	sodium chloride 0.9% bolus injection 1,000 mL; Acetaminophen, Blood Level; Sallicylate, Blood Level; Electrocardiogram, Complete; Ammonia, Blood Level; Lactic Acid, Blood Level	Kristi E Artz, MI
07:59:18	Lab Ordered	DRUG SCREEN, EMERGENCY PANEL	Kristi E Artz, Mi
07:59:18	ECG Ordered	ELECTROCARDIOGRAM, COMPLETE	Kristi E Artz, MI
08:00:14	XR Ordered	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kristi E Artz, MI
08:00:14	CT Ordered	CT HEAD WITHOUT IV CONTRAST	Kristi E Artz, MI
08:00:14	Orders Placed	DR Chest 2 Views Frontal And Lateral; CT Head Without IV Contrast	Kristi E Artz, MI
08:00:21	Lab Ordered	URINALYSIS	Kristi E Artz, MI
08:00:21	Orders Placed	Urinalysis (UA)	Kristi E Artz, MI
03:01	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2	Background, Analylics
08:01	MEWS	MEWS SCORE 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
98:01:31	Print Label for Acetaminophen, Blood Level Completed	Acetaminophen, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
03:01:31	Print Label for Ammonia, Blood Level Completed	Ammonia, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
08:01:31	Print Label for Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
08:91:31	Print Label for Comprehensive Metabolic Panel (CMP) Completed	Comprehensive Metabolic Panel (CMP) - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
08:01:31	Print Label for Salicylate, Blood Level Completed	Salicylate, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
03:02	Collect Acetaminophen, Blood Level Completed	Acetaminophen, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

08:02	Collect Ammonia. Blood Level	Ammonia, Blood Level + Type: Blood ; Source: Blood, Venous	Margaret E Veitema, RN
08:02	Completed Collect Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
08:02	Collect Comprehensive Metabolic Panel (CMP) Completed	Comprehensive Metabolic Panel (CMP) - Type: Blood ; Source: Blood , Venous	Margaret E Veltema, RN
98:02	Collect Salicylate, Blood Level Completed	Salicylate, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
03:02	Specimens Collected	Complete Blood Count w/Differential - ID: 20010BLH00155 Type: Blood Comprehensive Metabolic Panel (CMP) - ID: 20010BLC00210 Type: Blood Acetaminophen, Blood Level - ID: 20010BLC00210 Type: Blood Salicytate, Blood Level - ID: 20010BLC00210 Type: Blood Ammonia, Blood Level - ID: 20010BLC00211 Type: Blood Differential, Manual Blood - ID: 20010BLH00155 Type: Blood Magnesium, Blood Level - ID: 20010BLC00210 Type: Blood Phosphorus, Blood Level - ID: 20010BLC00210 Type: Blood Creatine Kinase (CK) Level - ID: 20010BLC00210 Type: Blood Hepatic Function Panel (Liver Panel) - ID: 20010BLC00210 Type: Blood	Margaret E Veltema, RN
08:06	Collect Lactic Acid, Blood Level Completed	Lactic Acic, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
08:06	Specimens Collected	Lactic Acic, Blood Level - ID: 20010BLC00217 Type: Blood	Margaret E Veltema, RN
08:06:15	Print Label for Lactic Acid, Blood Level Completed	Eactic Acid, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
03:07	Medication New Bag	sodium chloride 0.9% bolus injection 1,000 mL - Dose: 1,000 mL; Rate: 1,000 mL/hr; Route: Intravenous; Scheduled Time: 0830	Margaret E Veltema, RN
08:07:07	Imaging Preliminary Result	Electrocardiogram, Complete	Edi, Incomin Card Result
08:07:01	Complete Electrocardiogram, Complete Completed	Electrocardiogram, Complete	Edi, Incomin 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



BLODGETT HOSPITAL 1840 Wealthy St SE

Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

08:09	Aggression screen	Aggression Screen Are you having thoughts of harming others?: No Does the patient exhibit signs of aggressive behavior?: No	Margaret E Veltema, RN
Ú8:09	Fall/Rísk Assessment	Fall/Risk Assessment Presented to ED Due to Fall?: Yes Age > 70 No Altered Mental Status: Yes Impaired Mobility: Yes Nurse Judgement: Yes Total Kinder Score: 4 Safety Interventions Safety Precautions/Falls Reduction: fall reduction program maintained All Alarms: none present	Margaret E Veltema, RN
03:09	History Present Illness	History Present Illness Patient Stated Reason for Visit: see chief complaint Currently taking an anticoagulant: No	Margaret E Veltema, RN
08:09:17	Assign Nurse	Margaret E Veltema, RN assigned as Registered Nurse	Margaret E Veltema, RN
03:09:24	Allergies Reviewed		Margaret E Veltema, RN
08:10	Travel Screening	Do you have any of the following new or worsening symptoms? None of these; Have you been in contact with someone who was sick? No / Unsure; Have you traveled internationally in the last month? No Travel Locations: Travel history not shown for past encounters	Margaret E
08:10	Full Triage Completed		Margaret E Veltema, RN
08:10	Triage Completed		Margaret E Veltema, RN
03:10	Physician Notified		Margaret E Veltema, RN
08:10	Retired Learning Assessment	Learning Assessment Learning Readiness and Ability: cognitive limitation noted Education Provided 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	Retired Alcohol Withdrawal Syndrome CPG Interventions	Alcohol Withdrawal Symptoms CPG Interventions 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 Safety Interventions Safety Precautions/Falls Reduction: fall reduction program maintained All Alarms: none present Enhanced Safety Measures: other (see comments) (kent county jail officers at bedside) Oxygen Therapy Device (Oxygen Therapy): room air	Margaret E Veltema, RN
08:10	ED ECG	ECG/Cardiac Events Physiciar Notified Time: 0810 Physiciar Name: artz	Margaret E Veltema, RN

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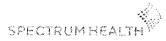
Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

08:11	Retired Delirium Tremens (Dts)	Respiratory WDL Respiratory WDL: WDL	Margaret E Veltema, RN
	Assessments	Cardiac WDL	vencona, iviv
	,	Cardiac WDL: WDL	
		Periphera/Neurovascular WDL	
		Peripheral Neurovascular WDL: WDL	
		Cognitive/Neuro/Behavioral WDL	
		Orientation: disoriented to; siluation; place	
		Retired Cognitive/Neuro/Behavioral WDL; .WDL except; orientation	
		General Appearance WDL	
		General Appearance WDL; .WDL except; appearance	
		General Appearance: unkempt Gastrointestinal WDL	
		Gastrointestinal WDL: WDL	
		Genitourinary WDL	
		Genitourinary WDL: WDL	
		Musculoskeletal WDL	
		Musculoskeletal WDL: .WDL except (patient complains of low back pain)	
		Skin WDL	
		Skin WDL: .WDL except; color	
		Skin Color/Characteristics: yellow	
		Coping Observed Emotional State: calm; flat	
		Safety WDL	
		Safety WDL: WDL	
)8:12	Collect Drug of	Drug of Abuse Screen with Alcohol, Emergency Department, Urine - Type:	Evan J Berkas, RN
	Abuse Screen with Alcohol,	Urine : Source: Urine, Voided	KIN
	Emergency		
	Department, Urine		
	Completed		
08:12	Collect Urinalysis	Urinalysis (UA) - Type: Urine; Source: Urine, clean catch	Evan J Berkas,
	(UA) Completed		RN
98:12	Specimens	Drug of Abuse Screen with Alcehol, Emergency Department, Urine - ID:	Evan J Berkas,
	Collected	20010BLC00221 Type: Urine Urinalysis (UA) - ID: 20010BLU00008 Type:	RN
		Urine Urine Culture - ID: 20010BLC00221 Type: Urine	
08:12:21	Print Label for	Drug of Abuse Screen with Alcohol, Emergency Department, Urine - Type:	Evan J Berkas,
	Drug of Abuse	Urine; Source: Urine, Voided	RN
	Screen with		
	Alcohol,		
	Emergency		
	Department, Urine Completed		
08:12:21	Print Label for	Urinalysis (UA) - Type: Urine: Source: Urine, clean catch	Evan J Berkas.
WORL TREE, Ro	Urinalysis (UA)	onhalysts (ON) - Type, onne, boulee. Onne, blean batter	RN BUILD
	Completed		***
)8:13	Patient Radiology	Other flowsheet entries	Margaret E
	Status	Patient Radiology/US/CT Status: Img Ready; CT Ready ! (0813)	Veltema, RN
)8:14:56	Imaging Exam	CT Head Without IV Contrast	Nancy L
JG. 17.00	Imaging Exam Started	OT HEAD MILLOUTTY COURSE	Carterrodriquez
	Janua		RTR
		Committee Daniel State of the S	
08:15	Sepsis Predictive	Sepsis Predictive Model	Background,



BLODGETT HOSPITAL 1840 Wealthy St SE

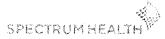
Grand Rapids MI 49506-2921 Acct #: 99105392490

Abraham, Gregory Anthony MRN: 18702148, DOB: , Sex: M

Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

08:15	Retired HEENT (Adult)	HEENT (Adult) Head/Face WDL: WDL	Margaret E Veltema, RN
	, ,	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	
08:23:47	Imaging Exam Started	CT Head Without IV Contrast	Brian P Walsh, RTR
03:24	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 Veltema, 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 - 50] 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, Osteocalcín, 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



Abraham, Gregory Anthony MRN: 18702148, DOB: | Sex: M

Lab, Background

User

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)

08:42

Comprehensive Metabolic Panel (CMP) Resulted

Abnormal Result

Collected: 1/10/2020 08:02 Last updated: 1/10/2020 08:42

Status: Final result

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).

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; 6.8 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.

Acetaminophen, **Blood Level** Resulted

02:42

Abnormal Result

Collected: 1/10/2020 08:02 Last updated: 1/10/2020 08:42

Status: Final result

Acetaminophen Level: <5.0 ug/ml ▼ [Ref Range: 16.0 - 30.0] (Elevated levels of Acetaminophen related metabolites and related drugs (N-acetyl-pbenzoquinone imine, N-acelylcysteine (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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Lab. Background

User



BLODGETT HOSPITAL 1840 Wealthy St SE

Abraham, Gregory Anthony MRN: 18702148, DOB: 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)

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
08:42:32	CT Final Result	(Final result) CT HEAD WITHOUT IV CONTRAST	Edi, Rad Results
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: 1,910 - 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. ¹ [Ref Range: Negative] Urine Protein: 100 mg/dL. ¹ [Ref Range: Negative] Urine Bilirubin: Small: Ictotest positive ¹ [Ref Range: Negative] Urine Urobilinogen: 4.0 mg/dL. ¹ [Ref Range: Negative] Urine Nitrite: Negative [Ref Range: Negative] Urine Leukocyte Esterase: Negative [Ref Range: Negative]	Kathryn J Lauer
08:47:16	Lab Resulted	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 (Final result) URINALYSIS	Lab, Backgroun

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Abraham, Gregory Anthony
MRN: 18702148, DOB: Sex: M
Acct #: 99105392490

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Lab, Background

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

ED Care Timeline (continued)

08:48 Drug of Abuse Screen with Alcohol, Emergency Department, Urine

Resulted

Collected: 1/10/2020 08:12 Last updated: 1/10/2020 08:48 Status; Final result Amphetamine screen, urine: Negative [Ref Range: Negative] Barbiturate screen, urine: Negative [Ref Range: Negative] Benzodiazepine screen, urine: Negative [Ref Range: Negative] Connabinoids screen, urine: Negative [Ref Range: Negative] Cocaine screen, urine: Negative [Ref Range: Negative] Ethanol scrn UR: Negative [Ref Range: Negative] Methadone screen, urine: Negative [Ref Range: Negative] Opiate 300 screen, urine: Negative [Ref Range: Negative] Oxycodone screen urine:

Negative [Ref Range: Negative] (Screen Cutoff Limits: Amphetamines 500 ng/mL 200 ng/mL Barbiturates Benzodiazepines 300 ng/mL Cannabincids 50 ng/mL Cocaine/Metab, 150 ng/mL Ethanol 20 mg/dL Methadone 300 ng/mL Opiates 300 ng/mL Oxycodone 100 ng/mL

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 closs react. Comprehensive Drug Screen may detect drugs not detected by this screening procedure.

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.

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.

All urine drug screen specimens are stored for 10 days.)

08:48:27	DR Chest 2 Views Frontal And Lateral Resulted	Last updated: 1/10/2020 08:50 Status: Final result	Edi, Rad Results In
08:48:34	Lab Resulted	(Final result) DRUG SCREEN, EMERGENCY PANEL	Lab, Background User
08:50:39	Imaging Final Result	DR Chest 2 Views Frontal And Lateral	Edi, Rad Results In
03:50:39	Xray Final Result	(Final result) DR CHEST 2 VIEWS FRONTAL AND LATERAL	Edi, Rad Results In
03:59	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Img Ready! (0859)	Margaret E Veltema, RN
08:59:31	Orders Placed	Differential, Manual Blocd	Kristi E Artz, MD
08:59:34	XR Ordered	DR CHEST SINGLE VIEW	Kristi E Artz, MD
08:59:34	Orders Placed	DR Chest Single View	Kristi E Artz, MD
09:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2.7	Background, Analytics



BLODGETT HOSPITAL Abraham, Gregory An 1840 Wealthy St SE MRN: 18702148, DOE Grand Rapids MI 49506-2921 Acct #: 99105392490

Abraham, Gregory Anthony MRN: 18702148, DOB: ______, 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)

09:00	Custom Formula Data	Other flowsheet entries Average of Mean BP: 95 Mean BP (mmHg): 94,33	Margaret E Veltema, RN
09:08	Vitals Signs	Vitals Pulse: 91 (Device Time: 09:00:25) Heart Rale 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 Location: 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 Veltema, 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 Blocd Cell: 10.64 x10*3/uL, [Ref Range: 4.00 - 10.80] Red Blood Cell: 3.34 x10*6/uL* [Ref Range: 4.00 - 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] Red Cell Eiameter Width: 14.9 % [Ref Range: 11.0 - 16.0] NRBC Absolute Count: 0.00 x10*3/uL [Ref Range: 0.00 - 0.01] NRBC Automated: 0.0 %WBC [Ref Range: 140 - 400] Mean Platelet Volume: 10.4 fL [Ref Range: 7.4 - 11] Neutrophil Absolute Count: 9.04 x10*3/uL ^ [Ref Range: 1.80 - 7.80]	Lab, Backgrour 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 - 80] 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, Backgroun User
09:00:12	Orders Acknowledged	New - DR Chest Single View	Margaret E Veltema, RN
09:10:52	Lab Ordered	URINE CULTURE	Kristi E Artz, M
09:10:52	Orders Placed	Urine Culture	Kristi E Artz, M
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 Veltema, RN



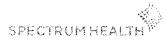
Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M

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)

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 Vellema, 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.
09:19:52	Hospitalized Disposition Selected	ED Disposition set to Hospitalized	Kristi E Artz,
09:19:52	Disposition Selected		Kristi E Artz,
09:19.52	Orders Placed	ED Hospital Bed Request	Kristi E Artz.
09:19:53	ED IP Bed Requested	ED Hospital Bed Request - [239359547]	Kristi E Artz,
09:19:53	Bed Requested	Requestec: General Medicine	Kristi E Artz,
09:19:53	Orders Completed	ED Hospital Bed Request	Kristi E Artz,
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,
09:30:51	Orders Placed	sodium chloride 0.9% bolus injection 1,000 mL	Kristi E Artz,
09:31	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt In Img	Sophia B Ch
09:31:29	Orders Acknowledged	New - thiamine (VITAMIN B1) injection 100 mg; folic acid 1 mg in dextrose 5 % 100.2 mL IVPB; sedium chloride 0.9% bolus injection 1,000 mL	Margaret E Veitema, RN
09:33:10	Registration Completed		Veronica L Gonzalez
09:34:51	Imaging Exam Started	DR Chest Single View	Michelle L Rodriquez, F
09:35	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt Done Img; Back in ED	Michelle L Rodriguez, F
09:35:18	Imaging Exam Ended	DR Chest Single View	Michelle L Rodriguez, F
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 Wi
09:40:38	Orders Placed	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB	Kristi E Artz,



BLODGETT HOSPITAL 1840 Wealthy St SE

Grand Rapids MI 49506-2921

Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105392490 Adm: 1/10/2020, D/C: 1/16/2020

, Sex: M

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

09:42	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status:	Margaret E Veltema, 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 withdrawl vs hepatic encephalopathy Blodgett Appropriate (if applicable): Yes Provider 1 Provider Name: Dr. K Patel Provider Speciality: Adult 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 Veltema, 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 Veltema, 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) BP Locaton: Left arm Patient Position: Sitting BP 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 Veltema, RN
10:00	Transfer Center Intake	Provider Paged/Called Intake Considerations: 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



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, Sex: M

Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

10:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 3.9	Background, Analytics
10.15:30	Orders Placed	Magnesium, Blood Level; Phosphorus, Blood Level; Prothrombin Time (PT with INR); Activated Partial Thromboplastin Time (APTT)	Joshua A Thomas, PA-C
10:16:31	Orders Acknowledged	New - Magnesium, Blood Level; Phosphorus, Blood Level; Prothrombin Time (PT with INR); Activated Partial Thromboplastin Time (APTT)	Margaret E Veltema, RN
10:21	Medication New Bag	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	Collect Activated Partial Thromboplastin Time (APTT) Completed	Activated Partial Thromboplastin Time (APTT) - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
10:21	Collect Prothrombin Time (PT with INR) Completed	Prothrombin Time (PT with INR) - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
10:21	Specimens Collected	Prothrombin Time (PT with INR) - ID: 20010BLG00045 Type: Blood Activated Partial Thromboplastin Time (APTT) - ID: 20010BLG00045 Type: Blood	Margaret E Veltema, RN
10:21	Data	folic acid 1 mg in dextrose 5 % 100.2 mL IVPB Volume (mL): 100	Margaret E Veltema, RN
19:21:26	Print Label for Activated Partial Thromboplastin Time (APTT) Completed	Activated Partial Thromboplastin Time (APTT) - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
10:21:26	Print Label for Prothrombin Time (PT with INR) Completed	Prothrombin Time (PT with INR) - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
10:25:36	ED Note Filed	ED Prov Note filed by Kristi E Artz, MD	Kristi E Artz, M
10:25:36	ED Provider Notes	Note filed at this time	Kristi E Artz, M
10:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 3.9	Background, Analytics
10:31	VTE Risk Assessment	VTE Risk Scoring System VTE Risk Scoring System: Medical (Padua) VTE Padua (Medical) Risk Assessment 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 VTE Contraindications Pharmacologic Contraindications: None Mechanical Contraindications: None	Joshua A Thomas, PA-C
10:31	Custom Formula Data	Other flowsheet entries VTE Low Risk Padua: Yes	Joshua A Thomas, PA-C



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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

10:37	Patient class changed		Joshua A Thomas, PA-C
10:37:51	Team Member Assigned	Karlik H Patel, MD assigned as Admitting	Joshua A Thomas, PA-C
10:37;51	Hospitalized Disposition	ED Disposition set to Hospitalized	Joshua A Thomas, PA-C
10:37:51	Selected Disposition Selected		Joshua A Thomas, PA-C
10:37:51	Orders Placed	Admit to Inpatient	Joshua A
10:37:56	Patient Admitted from ED	Admit to Inpatient - [239407667]	Thomas, PA-C Joshua A Thomas, PA-C
10:37:56	Orders Completed	Admit to Inpatient	Joshua A
10:41:50	History Reviewed	Sections Reviewed: Medical	Thomas, PA-C 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
10:44:00	Orders Acknowledged	New - Admit to Inpatient	Margaret E Vellema, 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 (mnHg): 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	Lab, Backgroun User
		High intensity anticoagulation therapeutic range: 2.5-3.5	
		INR value is clinically relevant ONLY when patient is on warfarin.)	



Abraham, Gregory Anthony

MRN: 18702148, DOB:

, Sex: M

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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

10:46	Activated Partial Thromboplastin Time (APTT) Resulted	Collected: 1/10/2020 10:21 Last updated: 1/10/2020 10:46 Status: Final result Activated Partial Thromboplastin Time: 27 second(s) [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	Magnesium, Blood Level Resulted	Collected: 1/10/2020 08:02 Last updated: 1/10/2020 10:47 Status: Final result Magnesium Level: 1.8 mg/dL (Ref Range: 1.6 - 2.5) Hemclysis: (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 Intect.)	Lab, Background User
10:47	Phosphorus, Blood Level Resulted	Collected: 1/10/2020 08:02 Last updated: 1/10/2020 10:47 Status: Final result Phosphorus Level: 4.5 mg/dL [Ref Range: 2.5 - 4.5]	Lab, Background User
10:52	Medication Stopped	folic acid 1 mg in dextrose 5 % 100.2 mL IVPB - Route: Intravenous ; Line: Peripheral IV 01/10/20 Right Antecubital ; Scheduled Time: 1058	Margaret E Veltema, RN
10:58	Medication New Bag	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL tVPB - Dose: 100 mg; Rate: 102 mL/hr; Route: Intravenous; Line: Peripheral IV 01/10/20 Right Antecubital; Scheduled Time: 1015	Margaret E Veltema, RN
10:58	Intake/Output	folic acid 1 mg in dextrose 5 % 100.2 mL IVPB Volume (mL): 100	Margaret E Veltema, RN
11:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4,4	Background, Analytics
11:01	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 29.9	Background, Analytics
11:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4.4	Background, Analytics
1:16	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 29.9	Background, Analytics
11:26:14	IP Bed Assigned	Assigned: BL1E - 1E31/1E31-1	Gail L Zourdos
l t:20:24	Assign Nurse	Kaitlyn D Lella, RN assigned as Registered Nurse	Kaitlyn D Lella,
11:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4.4	RN Background, Analytics
11:31	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 29.9	Background, Analytics
11:36	Medication Stopped	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB - Route: Intravenous; Line: Peripheral IV 01/10/20 Right Antecubital; Scheduled Time: 1136	Kaitlyn D Lella, RN
11:36	Intake/Output	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB Volume (mL): 51	Kaitlyn D Lella, RN
1:37:33	ED Boarder Patient		Joshua A
1:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4,4	Thomas, PA-C Background, Analytics



Abraham, Gregory Anthony MRN: 18702148, DOB:

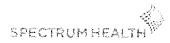
, Sex: M

Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

11:46	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 29.9	Background, Analytics
12.00	Vitals Signs	Vitals Respirations: 22 (Device Time: 12:00:21) AVPU/MEWS AVPU Scale: Alert Vitals Timer Restart Vitals Timer: Yes	Kaitlyn D Lelfa RN
12:00	Workload Acuity Score	Workload Acuity Score 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	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 29.9	Background, Analytics
12:01	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score; 4.4	Background, Analytics
12:01	MEWS	MEWS SCORE MEWS Filed Score: 2	Automatic Discharge
12:14:09	Home Medications Reviewed		Provider Morgan L Buckingham
12:15	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 32.3	Background, Analytics
12:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4.4	Background, Analytics
12:18	Remove Nurse	Kaitlyn D Lella, RN removed as Registered Nurse	Margaret E Veltema, RN
12:24	Care Handoff	Care Handoff Patient handed off to: (first attempt to call report)	Margaret E Veltema, RN
12:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4.4	Background, Analytics
12:31	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 32.3	Background, Analytics
12:36	Care Handoff	Care Handoff Report Given to floor	Margaret E Veltema, RN
12:44:40	Hospital bed ready	Bed Ready: BL1E - 1E31/1E31-1	lvr
12:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2	Background, Analytics
12:46	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 31	Background, Analytics

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Abraham, Gregory Anthony MRN: 18702148, DOB:

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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

13:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2	Background, Analytics
13,01	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 31	Background, Analytics
13:01:41	Patient transferred	From room 19 to room BL ED OTF	Evan J Berkas, RN
13:01:41	Patient transferred to OTF		Evan J Berkas, RN
13:04	Patient admitted	To department SHBL 1E	Rebecca L
13:04:42	ED Patient summary extract generated		Vanpatten Rebecca L Vanpatten
13:04:46	Charting Complete		Margaret E Veltema, RN
13:04:46	Charting Complete		Kristi E Artz, MD
13:04.46	Charling Complete		Kaitlyn D Lella, RN
13:04:46	Charting Complete		Jacob Jaboro



Abraham, Gregory Anthony

MRN: 18702148, DOB: J

, 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

H&P by Joshua A Thomas, PA-C at 1/10/2020 10:39 AM

Author: Joshua A Thomas, PA-C

Service: General Medicine

Filed: 1/10/2020 11:31 AM

Date of Service: 1/10/2020 10:39 AM

Author Type: Physician's Assistant Status: Attested

Editor: Joshua A Thomas, PA-C (Physician's Assistant)

Cosigner: 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. Lagree with the documented findings and plan of care in his/her note.

Brief exam:

Vitais:

01/10/20 1000

01/10/20 1045

01/10/20 1200

01/10/20 1316

BP: Pulse: Resp:

130/86 100

160/99 108

21

112/84 115 20

Temp: TempSrc: 22

22

36.5 °C Oral

SpO2:

98%

99%

Weight: Height:

68.5 kg 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 salgures. 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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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

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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01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

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

Date

- · Alcohol abuse
- · Alcoholic hepatitis
- Hypertension

Past Surgical History:

Procedure

Lateratity

Date

· HX HERNIA SURGERY

Social History

Socioeconomic History

Marital status:

Married

Spouse name:

Not on file

· Number of children: · Years of education:

Not on file 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 Current User

· Smokeless tobacco: 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:

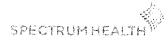
Not on file

Minutes per session:

Not on file

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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:

Gets together:

Attends religious service:

Active member of club or organization:

Attends meetings of clubs or

Not on file

Not on file

Attends meetings of clubs or Not organizations:

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

Unvalid to parform RUS: mental status charge

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)

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.

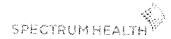
Psychiatric:

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 Patet, MD at 1/10/2020 2:23 PM

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Abraham, Gregory Anthony
MRN: 18702148, DOB: Sex: M
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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 Service: Hospitalist Author Type: Physician Filed: 1/18/2020 7:34 AM Date of Service: 1/16/2020 3:03 PM Status: Signed

Editor: Jessica D Smith, MD (Physician)

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

Diagnesis 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:

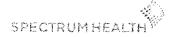
Altered mental status [R41.82]

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 aftered 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 replace 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/m²

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT:

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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Abraham, Gregory Anthony MRN: 18702148, DOB: I 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)

Clinical Notes (group 2 of 2) (continued)

Michelle M Manalac, MD at 1/11/2020 8:23 AM

Author: Michelle M Manalac, MD Service: Hospitalist Filed: 1/11/2020 8:38 AM

Date of Service: 1/11/2020 8:23 AM

Author Type: Physician

Status: Addendum

Editor: Michelle M Manalac, MD (Physician)

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 lvf, prob 2/2 to fall plus ? sz
- On CEEG, will consuklt neuro
- -received 2 L fluid bolus, thiamine, folic acid and Ativan 1 mg IV in ED

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Abraham, Gregory Anthony
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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)

aging			
CT Head Without IV Contrast (Fina	il result)	ti 1988 ottor era ettallikusken omgjetologoverne e ete etalistica elikelikokoverne ejalentikokoji neniga	offennessons of Emmer (1977) (1981) - 1985 of the Charles of the Appendix of the Appendix of the Charles of the
Electronically signed by: Kristi E Ar	tz, MD on 01/10/20 0800	tike valikusaken somolemman torministeri on indovante i di kemonistik val. Dada khassi pilingan k valiturasa op	Status: Complete
 This order may be acted on in anoth 	ter encounter,		
Ordering user: Kristi E Artz, MD 01/	10/20 0800	Ordering provider: Kristi E A	rtz, MD
 Authorized by: Kristi E Artz, MD Frequency: Now Once 01/10/20 080 	20 /	Ordering mode: Standard	
— Prespency, Now Once 51/10/20 680 — Quantity; 1	ocurrence	Class: Hospital Performed Lab status: Final result	
Indications of use: Altered level of co	onsciousness (LOC)		E Artz, MD (auto-released) 1/10/202
unexplained		8:00 AM	E Mile, (NO (adio-roloasod) Miloszos
Questionnaire			
Question	Suppose of the control of the contro	Answer	t in dem termination (Colonia de la marcina de la marcina de la marcina de la marcina de defendar de la marcina del marcina del marcina de la marcina de la marcina de la marcina del marcina de la marcina de la marcina de la marcina de la marcina del marcina de la marcina de la marcina de la marcina de la marcina del marcina del marcina de la marcina de la marcina de la marcina del marc
Rule Out/Verity/Other Pertinent I		bleed	and manufactures are constitutional control control and a second deficient deposition of the control and a second deficient
What are the patient's sedation r		No Sedation	
Initiate Rad Pre Procedure Proto	ocol?	Yes	
Initiate CT Contrast Protocol?		Yes	
Where performed?		Department	
Perform 3D imaging if indicated?	?	Yes	
Screening Form	Aller Aller Aller Aller Anne Anne and Spriphyrolan grown from now of solitons your Anne grows squares you		
General Information	A Complete to France Constitution of the Const		mereng por tit menga penerus p
Patient Name; Abraham, C	Gregory Anthony	MRN: 18702148	Bilde (Primorii) Allimete Adilija (temmini) bete edam di massanjë shren viterable (signi bersageme passo si Assebegageboye shrke
Date of Birth: 5/22/1963 Legal Sex: Male		Home Phone: 313-903-0	0379
Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT HEAD WITHOUT IV	Kristi E Artz. MD	Kristi E Artz, MD	1/10/2020 8:25 AM
CONTRAST	616-486-0385	-616-486-0385	BL CT 01
			SHBL IMAG CT
Screening Form Questions			
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Abraham, Gregory Anthony

MRN: 18702148, DOB 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

Resulted by: Angela S Gonda, MD

Order status: Completed 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	91,50
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		sen(

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



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105392490

Adm: 1/10/2020, D/C: 1/16/2020

Sex: M

Status: Completed

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

imaging	(con	itinueaj	
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Performed: 01/10/20 0819 - 01/10/20 0823

Resulting lab: EXTERNAL LAB

Accession number: 3934808

Testing Performed By

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Lab - Abbreviation	Name	Director	Address	Valid Date Range
	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

Ordering provider: Kristi E Artz, MD

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

Ordering mode: Standard Class: Hospital Performed

Frequency: Now Once 01/10/20 0800 - 1 occurrence Quantity: 1

Lab status: Final result

Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 8:00 AM

Questionnaire

ىق رەرىيىيى يىرىزى رىيۇرىغى رىغىيىدى بىرىزىدۇس رېزى ئۇرىغى ئۇرى ئۇرى بۇرىن دىدەر دىدەر دىدىدى دىدىن دىدىن دىدىن دىدىن ئۇرىن ئۇرىنىدى ئۇرىدى ئ	O PRINCE DE LA CONTRACTION DEL CONTRACTION DE LA
Question	Answer
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Reason(s) for Eyam/Signe and Sumptome:	altered montal statue

Rule Out/Verify/Other Pertinent History: infiltrate Where performed? Department

Initiate Rad Pre Procedure Protocol?

Begin Exam Questions

	Answer	Comment
Correct Patient?	Yes	P. Committee with the and Associated in Committee Commit
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Patient given reason for imaging today?	Unable to obtain patient hx	
Pain?		

Pain?
Where?
Duration?
Injury?
What?
When?
Any relevant images quiside Spectrum

Any relevant images outside Spectrum
Health?
Where?

When?

Which is your dominant hand? Left

End Exam Questions

	Answer	Commont
		Comment
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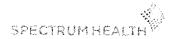
DR Chest 2 Views Frontal And Lateral

Resulted: 01/10/20 0848, Result status; Final result

Ordering provider: Kristi E Artz, MD 01/10/20 0800 Order status: Completed

Resulted by: Edi, Rad Results In 01/10/20 0850

Angela S Gonda, MD



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105392490

Sex: M

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

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 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

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 Gonda, MD

Tanya Hioe, DO

Performed, 01/10/20 0825 - 01/10/20 0831

Resulting lab: EXTERNAL LAB

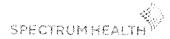
Filed by: Amanda K Lahay, RTR 01/10/20 0825

Accession number: 3934859

Order status: Completed

Printed on 8/26/20 10:58 AM

Page 737



Abraham, Gregory Anthony MRN: 18702148, DOB: |

Sex: M

Status: Completed

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)

Testi	ng P	erfor	med	By
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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)

Flectronically signed by: Kristi E Artz, MD on 01/10/20 0859

This order may be acted on in another encounter.

Ordering user: Kristi E Artz, MD 01/10/20 0859 Authorized by; Kristi E Artz, MD

Frequency: Now Once 01/10/20 0859 - 1 occurrence

Quantity: 1

Instance released by: Kristi E Artz, MD (auto-released) 1/10/2020 8:59 AM

Question

Reason(s) for Exam/Signs and Symptoms:

Rule Out/Verify/Other Pertinent History:

Where performed? Initiate Rad Pre Procedure Protocol?

Answer

single PA chest, repeat for better positioning

Ordering provider: Kristi E Artz, MD

Ordering mode: Standard

Class: Hospital Performed

Lab status: Final result

mediastinal evaluation, enlarged on first view but likely due to

positioning Department

Yes

Begin Exam Questions

Questionnaire

	Answer	Comment
Correct Patient?	Yes	re valor para pilo - si color-maternali maternali peri di conservamenta producti peri maternali peri maternali peri conservamenta peri substituti di peri peri peri substituti di peri peri peri peri peri peri peri per
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Patient given reason for imaging today?	recheck chest, compa	ir to last image
Pain?	No	
Where?		
Duration?		
Injury?	No	
What?		
When?		
Any relevant images outside Spectrum Health?		
Where?		
When?		

End Exam Questions

Which is your dominant hand?

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Was the study completed on a DR or	DR	-monter of Communication and the second and the second sec	ar halangi upin Shinni quan andren pilan y
CR machine?			

Left

DR Chest Single View

Resulted: 01/10/20 0959, Result status: Final result

Ordering provider: Kristi E Artz, MD 01/10/20 0859 Resulted by: Robert D Deguzman, DO

Performed: 01/10/20 0930 - 01/10/20 0934

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES Namalive:

Order status: Completed

Filed by: Edi, Rad Results In 01/10/20 1002

Accession number: 3935271



Abraham, Gregory Anthony MRN: 18702148, DOB: _____, 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 pneumotherax, 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

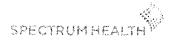
* No evidence of acute or new chest pathology.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 - Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		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	

DR Chest Single View

Resulted: 01/10/20 0934, Result status; In process



Abraham, Gregory Anthony MRN: 18702148, DOB: I

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

Resulted by: Robert D Deguzman, DO Performed: 01/10/20 0930 - 01/10/20 0934

Resulting lab: EXTERNAL LAB

Order status: Completed

Filed by: Michelle L Rodriguez, RTR 01/10/20 0934

Accession number: 3935271

Testing Performed By

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

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
Ordering user: Joshua A Thomas, PA-C 01/10/20 1127
Or

Authorized by: Joshua A Thomas, PA-C

Frequency: Routine Once 01/10/20 1330 - 1 occurrence

Quantity: 1

Status: Discontinued Ordering provider: Joshua A Thomas, PA-C

Ordering mode: Standard

Class: Hospital Performed

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 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

This order may be acted on in another encounter.

Ordering user: Nicole L Worrall, RDMS, RVT 01/10/20 1329

Authorized by: Kartik H Patel, MD

Frequency: Routine Once 01/10/20 1330 - 1 occurrence

Quantity: 1

Ordering provider: Kartik H Patel, MD

Ordering mode: Per protocol: no cosign required

Class: Hospital Performed 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: Rule Out/Verify/Other Pertinent History:

What are the patient's sedation requirements?

Where performed? Initiate Rad Pre Procedure Protocol? Initiate Ultrasound Protocol

Acute alcoholic hepatitis, elevated total bilirubin of 6.8

Suspected history of cirrhosis

No Sedation Department

Yes

Yes

Radiology / Imaging - ORD Level Scan - Scan on 1/10/2020 5:33 PM by Jason L Ashley-Oswalt, RTR: US WORKSHEET (below)

Printed on 8/26/20 10:58 AM

Status: Completed



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

SPECTRUM HEALTH	possion Aloria	ham, Gregory P
ABDOMINAL ULTRASOUND/ LIVER DOPPLER - ADULT (CONTINUED)	" 187021	
LIVER DOPPLER	Physics 20	
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Surgeries Weight is		Abnormal liver function tests
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TECHNOLOGIST DOPPLER FINDINGS (Direction of	f How)	
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SMV: Minorral Habror	rimal) (\lambda_1, \lambda_2)
PV: Main - TNormal CAboor	rmal >	- smv
PSV LE Yemisec & H	100	
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Printed on 8/26/20 10:58 AM Page 741



Abraham, Gregory Anthony MRN: 18702148, DOB: | , 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 YES NO Nuthing by mouth Hous Pain/Murphy's sign Location /Specify Dambea Fever Nausea/Vomiting Food intolerance(s) List type(s) of food Crihosis/Hepalitis Alcohol/Drugs Type: 🔙 1 Dabetes f lypertension Chalesterol medicine Desambe Other diseases. Personal history of cancer Type Abdominal surgeries Descuts Prior exam Additional information **TECHNOLOGIST FINDINGS** SEEN NOT WELL SÉEN Biliary ducts . HHI Galibladder Pancicas Spieer Right Fidney Left kidney cm X Proximal cm X CETT Middle cm X cas cm X Costal _ cm CFE X Right Hac Artery CER Left Iliac Artery em X . . cm Tenderness with examination Interior vena cava []Normat | Abnormal Doopler. □ Positive Elbegative Мигреу's эгдө TECHNOLOGIST COMMENTS CHARGES: Doppler complete Doppler limited DATE _____ Technologist signature __ OVER -> 7 Spectrum Health **X07965** (4/16) - Front

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 fab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

EXAMINATION: Right Upper Quadrant Abdomen Ultrasound

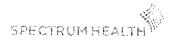
EXAM DATE: 1/10/2020 5:34 PM

Filed by: Edi, Rad Results In 01/10/20 1907 Accession number: 3938299

Order status: Completed

Printed on 8/26/20 10:58 AM

Page 742



Abraham, Gregory Anthony
MRN: 18702148, DOB: _____, 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.

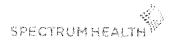
Small amount of ascites

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 · Present
Unknown	HEALTH		Wealthy St Grand	
	ANCILLARY		Rapids, MI	
	SERVICES		Butterworth Campus	
			100 Michigan Grand	
			Rapids, MI	
			Kelsey Campus 418	
			Washington Lakeview,	
			MI Č	
			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	

US Right Upper Quadrant With Doppler

Resulted: 01/10/20 1657, Result status: In process



Abraham, Gregory Anthony MRN: 18702148, DOB 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



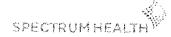
Abraham, Gregory Anthony MRN: 18702148, DOB: , Sex: M Acct #: 99105392490

Adm: 1/10/2020, D/C: 1/16/2020

FD to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodg

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EEG (Discontinued)	en Maridian den Amerikansen en met in Medical den en en en den det en	n, dan Ministran, Karrathay sintrahan-1806
Electronically signed by: Joshua A Thomas, PA-C on 01/10/20	orders and compared and the state of the sta	Discontinu
Ordering user: Joshua A Thomas, PA-C 01/10/20 1127 Authorized by: Kartik H Patel, MD Additional storing events	Ordering provider: Kartik H Patel, MD Ordering mode: Standard	/iscontinu
Electronically signed by Joshua A Thomas, PA-C 01/13/20 0706, Communicator - Courtney L Smith Comment-Modified order to cherrequency: Routine Adult Long Term(ICU & Floors) 01/10/20 1330 - 24 hours	for Discontinuing in Per protocol; COSIGN required mo ange frequency so it will repopulate correctly for billing Glass; Hospital Performed	ode. purposes
Cuantity: 1	Instance released by: Rosalie Flores, RN (auto-releat/1/10/2020, 1:29 PM	ised)
Discontinued by: Courtney L Smith 01/10/20 2112	() (0.2020 1.20 ; W)	
Questionnaire		
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EEG Type	Answer Continuous w/Video	Committee of the Property of the Committee of the Committ
	Softmadds Windeb	
EEG (Edited Result - FINAL)		n de la companya de l
Efectronically signed by: Joshua A Thomas, PA-C on 01/13/20 (Mode: Ordering in Per protocol: COSIGN required mode Comment: Modified order to change frequency so it will repopulat	Communicated by: Courtney L Smith	: Complet
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 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 ***Operation of the control of the c	Telef Production (1 to the Confession of the Spiritual Confession (1 to Associate for contract, the Spiritual Confession (1 to Associate for the Spiritual C	na nat-makenyon menaute melanaga
Question EEG Type	Answer	errollene en en moder des en
CEG Type	Continuous w/Video	
EEG	Resulted: 01/12/20 1429, Result s Re	status: Edit esult - FIN
Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112 Filed by: Shan E Abbas, MD 01/12/20 1441 Accession number: 3939075 Narrative Shan E Abbas, MD 1/12/2020 2:41 PM Continuous EEG with Video Report	Order status: Completed Performed: 01/11/20 0021 - 01/11/20 0021 Resulting lab: EXTERNAL LAB	aga (Pen Alama) (pendang Agadan)
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 alteremental status who is being evaluated for seizure(s).	ed	
more order to both g ordered for containing.		
, ,		
MEDICATIONS The patient is on no antiepileptic medications.		
MEDICATIONS	ıl	
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	ıl	

Printed on 8/26/20 10:58 AM Page 745



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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 If 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

والمناهمة والمناورة والمناهم	historia sugara a glarifosi, poli sta galgarega i sport storay (tota signas, persas, et o signago, composito s	والمنطقة والمتحالية والمتحالية والمحالة والمتحالة والمتحالة والمتحالة والمتحالة والمتحالة والمتحالة	المراجعة والمتحالة والمتحارية والمتحارة والمتح	бир Америка (с на бини рег боложу с брой форму и Симиневский пробинульную посторые долого инфинасурия с превыдаются
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 Filed by: Shan E Abbas, MD 01/12/20 1357

Accession number: 3939075

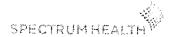
Nanative:

Shan E Abbas, MD 1/12/2020 1:57 PM

Order status; Completed Performed; 01/11/20 0021 - 01/11/20 0021 Resulting lab; EXTERNAL LAB

Printed on 8/26/20 10:58 AM

Page 746



Abraham, Gregory Anthony MRN: 18702148, DOB:

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, 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 was not performed. Hyperventilation was not performed.

Sporadic Epileptiform Discharges: No epileptform 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 Epiteptologist

Diagnosis Code(s): R56.9 Seizure(s), Alcohol withdrawal and



Abraham, Gregory Anthony MRN: 18702148, DOB:1

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

Chargeables

VEEG EA 12-26HR INTMT MNTR [NEU97]

Testing Performed By

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

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

VEEG EA 12-26HR INTMT MNTR [NEU97]

Testing Performed By

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

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

Comment: Modified order to change frequency so it will repopulate correctly for billing purposes Ordering provider: Joshua A Thomas, PA-C

Ordering user: Courtney L Smith 01/10/20 2112 Authorized by: Joshua A Thomas, PA-C

Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20

2113 - Until Specified Quantity, 1

Lab status: Edited Result - FINAL

Class: Hospital Performed

Order status: Completed

Resulting lab: EXTERNAL LAB

Communicated by: Courtney L Smith

Ordering mode: Per protocol: COSIGN required

Instance released by: Courtney L Smith (auto-released) 1/10/2020 9:12 PM

Questionnaire

Question Answer EEG Type Continuous w/Video

EEG

Resulted: 01/11/20 1730, Result status: Edited

Result - FINAL

Ordering provider: Joshua A Thomas, PA-C 01/10/20 2112

Filed by: Shan E Abbas, MD 01/11/20 2232

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

Printed on 8/26/20 10:58 AM

Page 748



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105392490

Sext M

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

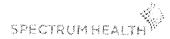
Lab - AbbreviationNameDirectorAddressValid Date Range51000 - EXTEXTERNAL LABUnknownUnknown10/24/06 1424 - Present

Resulted: 01/11/20 1400, Result status: Edited Result - FINAL

EEG

Printed on 8/26/20 10:58 AM

Page 749



Abraham, Gregory Anthony MRN: 18702148, DOB: ______, Sex: M Acct #: 99105392490

Adm: 1/10/2020, D/C: 1/16/2020

Order status: Completed

Resulting lab: EXTERNAL LAB

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

Filed by: Shan E Abbas, MD 01/11/20 1413

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, 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.

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.

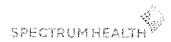
EKG: The EKG channel revealed normal sinus rhythm. A sampled review showed intermittent tachycardia.

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.



Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sext 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)

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

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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 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

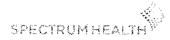
Background: This recording was obtained during wakefulness, drowsiness and sleep. At the patient's most-alert state, a medium-voltage, 8-9 Hz posterior dominant rhythm was appreciated. This was symmetric, synchronous, well-modulated, well sustained, and reactive to eye opening and eye closure. Background 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.

Printed on 8/26/20 10:58 AM



Abraham, Gregory Anthony

MRN: 18702148, DOB: 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)

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 local 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

Communicated by: Courtney L Smith

Mode: Ordering in Per protocol: COSIGN required mode 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 Ordering mode: Per protocol: COSIGN required

Authorized by: Joshua A Thomas, PA-C

Class: Hospital Performed

Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20 2113 - Until Specified

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

Quantity: 1

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1	EEG Type	Continuous w/Video	

EEG (In process)

Electronically signed by: Joshua A Thomas, PA-C on 01/13/20 0706

Status: Active

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

This order may be acted on in another encounter. Ordering user: Courtney L Smith 01/10/20 2112

Authorized by Joshua A Thomas, PA-C

Ordering provider: Joshua A Thomas, PA-C Ordering mode: Per protocol: COSIGN required

Frequency: Routine Adult Long Term(ICU & Floors) 01/10/20

Class: Hospital Performed

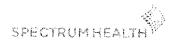
2113 - Until Specified

Lab status: In process

Quantity: 1

Instance released by: Courtney L Smith (auto-released) 1/11/2020 12:30 AM

Printed on 8/26/20 10:58 AM Page 752



Abraham, Gregory Anthony MRN: 18702148, DOB:

, 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)

Questionnaire					
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EEG			Resulted: 01/12/20 0527, Result status: In proc		
Ordering provider: Joshua A Thomas, PA-C 01/11/20 0030			Order status: Sent		
Filed by: User Batch Ge			Performed: 01/12/20 0527 - 01/12/20 0528		
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Lab - Abbreviation	Name	Director	Address	Valid Date Range	
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present	



Abraham, Gregory Anthony MRN: 18702148, DOB: I

, 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)

Procedures

OT Eval and Treat (Discontinued)

Electronically signed by Jessica D Smith, MD on 01/15/20 1057

Ordering user: Jessica D Smith, MD 01/15/20 1057

Authorized by: Jessica D Smith, MD

Frequency: Routine Until Discontinued 01/15/20 1058 - 1

occurrence

Quantity: 1

Status: Discontinued

Status: Completed

Ordering provider: Jessica D Smith, MD

Ordering mode: Standard Class: Hospital Performed

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

Ordering user: Jessica D Smith, MD 01/15/20 1057

Authorized by: Jessica D Smith, MD

Frequency: Routine Until Discontinued 01/15/20 1058 - 1

occurrence Quantity: 1

Ordering provider: Jessica D Smith, MD

Ordering mode: Standard Class: Hospital Performed

Instance released by: Jessica D Smith, MD (auto-released)

1/15/2020 10:57 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105392490

, Sex: M

Status: Completed

Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Cardio	lgy	Pro	ced	ures

Electrocardiogram, Complete (Final result)

Electronically signed by: Kristi E Artz, MD on 01/10/20 0759

Ordering user, Kristi E Artz, MD 01/10/20 0759 Ordering

Authorized by: Kristi E Artz, MD

Frequency: STAT Once 01/10/20 0759 - 1 occurrence Quantity: 1

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 7:59 AM

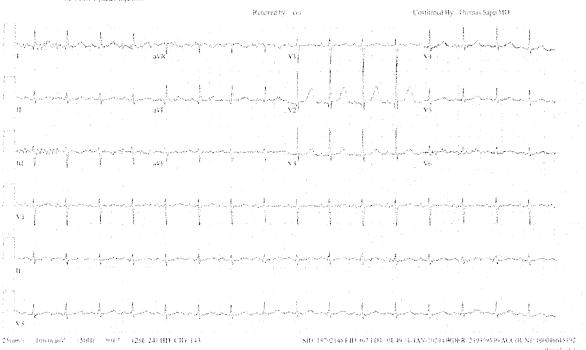
Questionnaire

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Question	Answer
Reason for Exam:	Suspected innestion

ECG - ORD Level Scan - Scan on 1/10/2020 8:00 AM by Kristi E Artz, MD: EKG13 ELECTROCARDIOGRAM, COMPLETE MUSE (below)

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Specimen Information

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Electrocardiogram, Complete

Resulted: 01/11/20 0449, Result status: Final result

Ordering provider; Kristi E Artz, MD 01/10/20 0759 Order status: Completed

Printed on 8/26/20 10:58 AM Page 755



Abraham, Gregory Anthony

MRN: 18702148, DOB: I

Sex: M

Acct #: 99105392490

Adm: 1/10/2020, D/C: 1/16/2020

Filed by: Edi, Incoming Card Results 01/12/20 2150

Resulting lab: SPECTRUM HEALTH CARDIOLOGY

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

Cardiolgy Procedures (continued)

Resulted by: Thomas F Sapp, MD Collected by: 01/10/20 0808 Lab Technician: EVA56163

Narrative:

Ventricular Rate 99 BPM Atrial Rate 99 BPM Calculated R Axis -20 degrees Calculated T Axis O degrees Diagnosis Normal sinus rhythm

Abnormal ECG

Confirmed by Sapp MD, Thomas (967) on 1/11/2020 4:49:40 AM

P-R Interval 166 ms QRS Duration 70 ms Q-T Interval 384 ms QTC Calculation(Bazett) 492 ms Calculated P Axis 42 degrees

Prolonged QT

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

Electrocardiogram, Complete

Ordering provider: Kristi E Artz, MD 01/10/20 0759

Resulted by: Thomas F Sapp, MD Gallected by: 01/10/20 0808 Lab Technician: EVA56163

Narrative:

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

Order status: Completed

Filed by: Edi, Incoming Card Results 01/10/20 0807 Resulting lab: SPECTRUM HEALTH CARDIOLOGY

Resulted: 01/10/20 0806, Result status: Preliminary

Testing Performed By

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Lab - Abbreviation	Name	Director	Address	Valid Date Range
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Signed

Electronically signed by Thomas F Sapp, MD on 1/11/20 at 0449 EST

TELEMETRY STRIP (Final result)

Printed on 8/26/20 10:58 AM

Page 756

result



Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sext M

Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - FD to Hosn-Admission /Dischar

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Lab - Abbreviation	Name	Director	Address	Valid Date	Range



Abraham, Gregory Anthony MRN: 18702148, DOB: 1

Sex: M

Adm: 1/10/2020, D/C: 1/16/2020

01/10/2020 - ED to Hosp-Admission (Discharged) in Spectrum Health Hospitals Blodgett 1E (continued)

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Printed on 8/26/20 10:58 AM Page 758



Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

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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:	
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:





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		Rev	NDC	Description	Qty	Amount
	Code	Code				
01/10/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00
01/10/20	25005806	0250	633230184		1	24.30
			10	10 ML VIAL	_	
01/10/20	25005814	0250	009046007 61	LORAZEPAM 0.5 MG TABS	2	6.38
01/10/20	25005814	0250	009045492	MULTIVITAMIN WITH	1	6.18
			61	MINERAL TABS		
01/10/20	96360	0260	none	HC ED IV HYDRATION	1	224.98
				INFUSION INITIAL HOUR		
01/10/20	27005642	0271	none	SLEEVE SCD KNEE UP TO	1	64.50
				21		
01/10/20	27005688	0272	none	WIRES LEAD TELEMETRY	1	66.56
				LONG CAB		
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	1	57.14
				METABOLIC PANEL		
01/10/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/10/20	80076	0300	none	HC HEPATIC FUNCTION	1	22.91
				PANEL		
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	1	23.76
				TOTAL		



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	1	40.34	
04/40/00	07400	0000		ISOLATE		24.05	
01/10/20		0306	none	HC MIC TEST	1 1	31.25	
01/10/20	81001	0307	none	HC URINALYSIS AUTOMATED W	1	11.40	
				MICROSCOPY			
01/10/20	71045	0324	none	HC XRAY CHEST SINGLE	1	162.93	
				VIEW			
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 CONSTRAST	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	i	1,558.55	
01/10/20	J3411	0636		THIAMINE 100 MG/ML SOLN	i	30.51	
01/10/20	00411	0000	02	2 ML VIAL		00.01	
01/10/20	J7060	0636		DEXTROSE 5 % SOLN 50 ML	1	109.91	
			11	FLEX CONT		,	
01/10/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9%	1	109.91	
			04	BOLUS 0.9 % SOLN			
01/10/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9%	1	109.91	
			04	BOLUS 0.9 % SOLN			
01/10/20	J2060	0636	006416044 01	LORAZEPAM 2 MG/ML SOLN	1	23.59	
01/10/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 100	1	109.91	
01/10/20	07000	0000	18	ML FLEX CONT		100.01	
01/10/20	J3475	0636	004096729		4	182.56	
			24	GM/50ML SOLN			
01/10/20	J3480	0636	003380705	POTASSIUM CHLORIDE 20	10	154.68	
			48	MEQ/100ML SOLN			
01/10/20	J7030	0636	003380049		1	109.91	
			04	SOLN			
01/10/20	93005	0730	none	HC EKG COMPUTER	1	47.24	
01/10/20	93975	0921	none	HC US ABD RETRO ART/VEN	1	520.46	
04/44/05		0.101	Walter III	DOP COMPLETE		0.050.05	
01/11/20	20105534		none	HC MED/SURG ROOM	1	2,053.00	
01/11/20	25005806	0250	763293301 01	DEXTROSE 50 % SOLN	1	109.91	
01/11/20	25005806	0250		DEXTROSE 50 % SOLN	1	109.91	
31/11/20	_000000	3200	. 55255501	52. (100.01	



			01				
01/11/20	25005814	0250		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		0300	none	HC VENIPUNCTURE	1	15.00	
01/11/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL			
01/11/20		0300	none	HC VENIPUNCTURE	1	15.00	
01/11/20		0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
01/11/20		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		0301	none	HC POC GLUCOSE	1	28.27	
01/11/20		0301	none	HC POC GLUCOSE	1	28.27	
01/11/20		0301	none	HC POC GLUCOSE	1	28.27	
01/11/20		0301	none	HC POC GLUCOSE	1	28.27	
01/11/20		0301	none	HC POC GLUCOSE	1	28.27	
01/11/20		0301	none	HC POC GLUCOSE	1	28.27	
01/11/20		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		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		SODIUM CHLORIDE 0.9 %	1	109.91	
			04	SOLN			
01/11/20	J3475	0636		MAGNESIUM SULFATE 2	4	177.62	
			24	GM/50ML SOLN			
01/11/20	J3480	0636		POTASSIUM CHLORIDE 20	10	154.68	
			48	MEQ/100ML SOLN			
01/11/20	J7060	0636		DEXTROSE 5 % SOLN 100	1	109.91	
			18	ML FLEX CONT			
01/11/20	J7042	0636		DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5-			
				0.9 % SOLN			



01/11/20	J3411	0636		THIAMINE 100 MG/ML SOLN	1	30.51	
01/11/20	J7060	0636	02 003380017	2 ML VIAL DEXTROSE 5 % SOLN 50 ML	1	109.91	
- // · · · - ·			11	FLEX CONT	•		
01/11/20	J7042	0636		DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5-			
01/11/20	05700	0740	nono	0.9 % SOLN HC VEEG CONT REC	1	766.88	
01/11/20	95700	0740	none	W/VIDEO BY TECH MIN 8	'	700.00	
				CHANNELS			
01/11/20	95715	0740	none	HC VEEG BY TECH EA INCR	1	1,471.36	
				12-26 HR INTERMITTENT			
04/40/00	20105524	0101		MNTR	4	2.052.00	
	20105534		none	HC MED/SURG ROOM	1	2,053.00	
01/12/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18	
01/12/20	25005806	0250		FOLIC ACID 5 MG/ML SOLN	1	24.30	
J II I LI LO		0200	10	10 ML VIAL		24.00	
01/12/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98	
			01	(MONOBASIC) 500 MG TABS			
01/12/20	25005814	0250		POTASSIUM PHOSPHATE	1	3.98	
			01	(MONOBASIC) 500 MG TABS			
01/12/20	25005814	0250		POTASSIUM PHOSPHATE	1	3.98	
04/40/00	05005044	0050	01	(MONOBASIC) 500 MG TABS		0.00	
01/12/20	25005814	0250	502680524 11	MELATONIN 3 MG TABS	1	3.98	
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		0300	none	HC VENIPUNCTURE	1	15.00	
01/12/20		0301	none	HC POC GLUCOSE	1	28.27	
01/12/20		0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
01/12/20	82550	0301	none	HC CREATINE KINASE CPK	1	23.76	
04/40/00	00047	0004		TOTAL		00.07	
01/12/20		0301	none	HC POC GLUCOSE	1	28.27	
01/12/20		0301	none	HC TSH	1	67.93	
01/12/20		0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
01/12/20		0301	none	HC POC GLUCOSE	1	28.27	
01/12/20		0301	none	HC POC GLUCOSE	1	28.27	
01/12/20		0301	none	HC VITAMIN B12 LEVEL	1	54.23	
01/12/20		0301	none	HC FOLATE LEVEL	1	52.31	
01/12/20	97530	0421	none	HC PT THERAPEUTIC	2	189.74	
01/10/00	07161	0424	nana	FUNCTIONAL ACTIVITY	4	244.07	
01/12/20	9/101	0424	none	HC PT LOW COMPLEX EVALUATION	1	241.97	
01/12/20	.17042	0636	003380089	DEXTROSE 5% AND	2	109.91	
01/12/20	01042	3030	04	SODIUM CHLORIDE 0.9% 5-	2	103.31	
			54	0.9 % SOLN			



01/12/20	J3411	0636		THIAMINE 100 MG/ML SOLN	1	30.51	
01/12/20	J7060	0636	02 003380017 11	2 ML VIAL DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	109.91	
01/12/20	J7060	0636		DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	109.91	
01/12/20	J3480	0636		POTASSIUM CHLORIDE 20 MEQ/100ML SOLN	10	154.68	
01/12/20	J7042	0636		DEXTROSE 5% AND SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN	2	109.91	
01/12/20	J3480	0636	003380705 48	POTASSIUM CHLORIDE 20 MEQ/100ML SOLN	10	154.68	
01/12/20	J3475	0636		MAGNESIUM SULFATE 2 GM/50ML SOLN	4	182.56	
01/12/20	J3475	0636		MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62	
01/12/20	J7042	0636	003380089 04		2	109.91	
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 01	POTASSIUM PHOSPHATE (MONOBASIC) 500 MG TABS	1	3.98	
01/13/20	25005814	0250	004861111 01	POTASSIUM PHOSPHATE (MONOBASIC) 500 MG TABS	1	3.98	
01/13/20	25005814	0250	002455319 89	POTASSIUM CHLORIDE SA 20 MEQ TBCR	2	8.92	
01/13/20	25005814	0250	004861111 01	POTASSIUM PHOSPHATE (MONOBASIC) 500 MG TABS	1	3.98	
01/13/20	25005814	0250	004861111 01	POTASSIUM PHOSPHATE (MONOBASIC) 500 MG TABS	1	3.98	
01/13/20	25005814	0250	743000010 67		1	44.77	
01/13/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/13/20	85610	0300	none	HC PROTIME	1	26.09	
01/13/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL			
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 04		2	109.91	



				0.9 % SOLN			
01/13/20	17042	0636	003390090	DEXTROSE 5% AND	2	100.01	
01/13/20	37042	0030	04	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-	2	109.91	
			0-1	0.9 % SOLN			
01/14/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00	
01/14/20	25005814	0250	004861111	POTASSIUM PHOSPHATE	1	3.98	
			01	(MONOBASIC) 500 MG TABS			
01/14/20	25005814	0250	002455319 89	POTASSIUM CHLORIDE SA 20 MEQ TBCR	2	8.92	
01/14/20	25005806	0250		POTASSIUM PHOSPHATES	1	52.69	
			11	45 MMOLE/15ML SOLN 15			
				ML VIAL			
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		POTASSIUM CHLORIDE SA	2	8.92	
01111120	20000011	0200	89	20 MEQ TBCR	_	0.02	
01/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/14/20	80048	0300	none	HC BASIC METABOLIC	1	42.24	
				PANEL			
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 PROTIME	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	1	23.76	
01/14/20	92725	0301	nono	TOTAL	1	22 01	
01/14/20		0301	none none	HC ASSAY OF MAGNESIUM HC PHOSPHOROUS LEVEL	1	23.81 17.10	
01/14/20		0636		DEXTROSE 5% AND	2	109.91	
01/14/20	37042	0030	04	SODIUM CHLORIDE 0.9% 5-	2	109.91	
04/44/00	12.475	0606	445670400	0.9 % SOLN		177.60	
01/14/20	334/5	0636	24	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62	
01/14/20	J3475	0636		MAGNESIUM SULFATE 2	4	177.62	
31/14/20	55475	3000	24	GM/50ML SOLN	7	177.02	
01/14/20	J7050	0636		SODIUM CHLORIDE 0.9 %	1	109.91	
			02	SOLN 250 ML FLEX CONT			
01/14/20	J3480	0636	003380705	POTASSIUM CHLORIDE 20	10	154.68	
			48	MEQ/100ML SOLN			



01/14/20	J3480	0636		POTASSIUM CHLORIDE 20	10	154.68	
01/14/20	J7120	0636	48 003380117		1	109.91	
			04	1,000 ML FLEX CONT			
01/15/20	20105534	0121	none	HC MED/SURG ROOM	1	2,053.00	
01/15/20	25005814	0250	009045492	MULTIVITAMIN WITH	1	6.18	
01/15/20	25005814	0250	61 707101014	MINERAL TABS PHYTONADIONE 5 MG TABS	1	95.89	
01/15/20	25005614	0250	01	PHYTONADIONE 5 MG TABS	1	95.69	
01/15/20	25005806	0250	004097295	POTASSIUM PHOSPHATES	1	52.69	
01710720	2000000	0200	01	45 MMOLE/15ML SOLN 15		02.00	
			•	ML VIAL			
01/15/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/15/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL			
01/15/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/15/20	85610	0300	none	HC PROTIME	1	26.09	
01/15/20	80074	0300	none	HC ACUTE HEPATITIS	1	129.67	
				PANEL			
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		1	109.91	
			04	1,000 ML FLEX CONT			
01/15/20	J7050	0636	003380049		1	109.91	
			02	SOLN 250 ML FLEX CONT			
01/15/20	J3475	0636	445670420		4	177.62	
			24	GM/50ML SOLN			
01/15/20	J7120	0636	003380117		1	109.91	
04/45/00	17400	0000	04	1,000 ML FLEX CONT		100.01	
01/15/20	J7120	0636	04	LACTATED RINGERS SOLN 1,000 ML FLEX CONT	1	109.91	
01/16/20	25005814	0250		PHYTONADIONE 5 MG TABS	1	95.89	
01/10/20	23003614	0230	01	PHTTONADIONE 5 MIG TABS		93.09	
01/16/20	25005814	0250	009045492	MULTIVITAMIN WITH	1	6.18	
01/10/20	20000014	0200	61	MINERAL TABS		0.10	
01/16/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/16/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL			
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	2	265.44	
				ADL/SELFCARE/HMETRN			
				PER UNIT			
01/16/20	97166	0434	none	HC OT MOD COMPLEX	1	305.24	



EVALUATION

Total Charges 29,744.77

Payments

 Type
 Date
 Amount

 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

 Total Payments
 -29,229.29

Adjustments



Account Summary

 Bill Date
 08/21/2020

 Hospital Account Number
 99105609860

 Total Charges
 \$50,753.00

 Account Balance
 \$0.00

Abraham, Gregory Anthony

Itemized C	-	_				
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 16	DEXTROSE 50 % SOLN	1	109.91
02/06/20	25005814	0250	505800412 02	ACETAMINOPHEN 500 MG TABS	2	3.98
02/06/20	25005814	0250	001214577 30	LACTULOSE 20 GM/30ML SOLN	1	8.59
02/06/20	96365	0260	none	HC ED IV INFUSION THERAPY UP TO 1 HR	1	401.33
02/06/20	C1729	0272	none	TRAY THOROCENTESIS DISPOSABLE	1	297.11
02/06/20	C1729	0272	none	TRAY THOROCENTESIS DISPOSABLE	1	297.11
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 METABOLIC PANEL	1	57.14
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



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	1	24.45
				DIFFERENTIAL		
02/06/20	85007	0305	none	HC BLOOD SMEAR MANUAL	1	19.58
				DIFFERENTIAL		
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	i	199.15
02/06/20	74177	0350	none	HC CT ABD/PELVIS WITH	i	1,527.13
02/00/20	74177	0000	none	CONTRAST		1,027.10
02/06/20	70450	0351	none	HC CT HEAD OR BRAIN WO	1	488.03
02/00/20	70400	0001	none	CONSTRAST		400.00
02/06/20	76942	0402	none	HC GUIDE NEEDLE PLACE	1	561.58
02/00/20	70342	0402	none	S&I		301.30
02/06/20	99285	0450	none	HC ED VISIT CATEGORY 5	1	1,731.70
02/06/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9%	i	109.91
02/00/20	07000	0000	04	BOLUS 0.9 % SOLN		100.01
02/06/20	J7030	0636	003380049		1	109.91
02/00/20	37030	0030	04	BOLUS 0.9 % SOLN		103.31
02/06/20	J2543	0636	002068861	PIPERACILLIN-	3	184.51
02/00/20	02040	0000	01	TAZOBACTAM 3-0.375	3	104.51
			01	GM/50ML SOLN		
02/06/20	Q9967	0636	002701316		125	59.36
02/00/20	Q3301	0030	95	TOP AIVIIDOE PER TIVIE	125	39.30
02/06/20	J7050	0636	003380049	SODIUM CHLORIDE 0.9%	1	109.91
02/00/20	37030	0030	38	FOR CT INJECTOR 0.9 %	'	109.91
			30	SOLN		
02/06/20	J3475	0636	445670420	77- T-770-1	4	177.62
02/06/20	33475	0030	24	GM/50ML SOLN	4	177.02
02/06/20	17020	0636	003380049	SODIUM CHLORIDE 0.9%	1	109.91
02/06/20	J7030	0030	04	BOLUS 0.9 % SOLN	- 1	109.91
02/06/20	02005	0720			4	47.04
02/06/20	93005	0730 0940	none	HC EKG COMPUTER HC ED IV PUSH EACH	1	47.24
02/06/20	96375	0940	none	ADDTL NEW SUBSTANCE	1	174.10
00/07/00	20105519	0006			4	2.052.00
02/07/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00
02/07/20	25005944	0250	001244454	ROOM	4	7 20
02/07/20	25005814	0250	30	LACTULOSE 20 GM/30ML	1	7.32
			30	SOLN		



02/07/20	25005806	0250	378640905 99	THIAMINE 100 MG TABS	1	6.22
02/07/20	25005814	0250	• •	PANTOPRAZOLE 40 MG TBEC	1	6.63
02/07/20	25005814	0250		PRENATAL VITAMIN 27-0.8 MG TABS	1	6.50
02/07/20	25005814	0250	707101014 01	PHYTONADIONE 5 MG TABS	1	95.89
02/07/20	25005814	0250		OXYCODONE 5 MG TABS	1	7.01
02/07/20	27005688	0272	none	WIRES LEAD TELEMETRY LONG CAB	1	66.56
02/07/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
					-	
02/07/20	85610	0300	none	HC PROTIME	1	26.09
02/07/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14
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
	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
	83605	0301	none	HC LACTIC ACID	i	38.06
02/07/20		0301		HC LACTIC ACID	i	38.06
			none		-	
	83605	0301	none	HC LACTIC ACID	1	38.06
02/07/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45
02/07/20	81001	0307	none	HC URINALYSIS AUTOMATED W MICROSCOPY	1	11.40
02/07/20	J3010	0636	174780030 02	FENTANYL 100 MCG/2ML SOLN	1	23.98
02/07/20	P9047	0636	442060251 91	ALBUMIN HUMAN 25 % SOLN	2	236.36
02/07/20	J3010	0636	174780030 02	FENTANYL 100 MCG/2ML SOLN	1	23.98
02/07/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20
02/07/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05
02/07/20	J7050	0636	003389159 30	,	1	109.91
02/07/20	J2543	0636	007813113 90		3	34.05
02/07/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91



02/07/20	J3010	0636	174780030	FENTANYL 100 MCG/2ML	1	23.98	
02/07/20	J2543	0636	02 007813113 90	SOLN PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
02/07/20	J7050	0636		0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500	1	109.91	
02/07/20	J1644	0636	30 633230262 01	ML HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20	
02/08/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00	
02/08/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18	
02/08/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
02/08/20	25005814	0250		PANTOPRAZOLE 40 MG TBEC	1	6.65	
02/08/20	25005814	0250		LACTULOSE 20 GM/30ML SOLN	1	7.32	
02/08/20	25005814	0250		OXYCODONE 5 MG TABS	1	7.01	
02/08/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
02/08/20		0300	none	HC PROTIME	1	26.09	
02/08/20		0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14	
02/08/20	85027	0305	none	HC CBC PLATELET NO DIFFERENTIAL	1	24.45	
02/08/20	85007	0305	none	HC BLOOD SMEAR MANUAL DIFFERENTIAL	1	19.58	
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	J7030	0636		SODIUM CHLORIDE 0.9 % SOLN	1	109.91	
02/08/20	J2543	0636	-	PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
02/08/20	J7050	0636	003389159 30	0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500 ML	1	109.91	
02/08/20	J2543	0636		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		HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20	



02/08/20	J7030	0636		SODIUM CHLORIDE 0.9 %	1	109.91	
02/08/20	J2543	0636	04 007813113 90	SOLN 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		HEPARIN (PORCINE) 5000	5	27.20	
02/09/20	20105518	0206	none	UNIT/ML SOLN HC GR INTERMEDIATE	1	2,053.00	
02/09/20	25005814	0250		ROOM OXYCODONE 5 MG TABS	1	7.01	
02/09/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
02/09/20	25005814	0250		PANTOPRAZOLE 40 MG	1	6.65	
02/09/20	25005814	0250		TBEC MULTIVITAMIN WITH	1	6.18	
02/09/20	25005814	0250	61 001211154 30	MINERAL TABS LACTULOSE 20 GM/30ML SOLN	1	7.32	
02/09/20	25005814	0250		PHYTONADIONE 5 MG TABS	1	95.89	
02/09/20	25005814	0250		OXYCODONE 5 MG TABS	1	7.01	
02/09/20	27005642	0271	none	PACK DIAG RADIOLOGY BTW	1	49.12	
02/09/20	26/15	0300	none	HC VENIPUNCTURE	1	15.00	
02/09/20		0300	none	HC PROTIME	1	26.09	
02/09/20		0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL			
02/09/20		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		PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
02/09/20	J7050	0636	003389159 30	0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500 ML	1	109.91	
02/09/20	J2543	0636		PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	68.41	
02/09/20	J7050	0636	003389159 30		1	109.91	



02/09/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
02/09/20	J1940	0636	01 004096102 18	UNIT/ML SOLN FUROSEMIDE 10 MG/ML SOLN	2	25.17	
02/09/20	J2543	0636		PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
				0.375) G SOLR 1 EACH VIAL			
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	,	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	1	2,053.00	
02/10/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.32	
02/10/20	25005814	0250		PANTOPRAZOLE 40 MG TBEC	1	6.65	
02/10/20	25005814	0250		MULTIVITAMIN WITH MINERAL TABS	1	6.18	
02/10/20	25005806	0250		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		0300	none	HC PROTIME	1	26.09	
02/10/20		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		ALBUMIN HUMAN 25 % SOLN	2	278.01	
02/10/20	J2543	0636		PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
02/10/20	J7050	0636	003389159 30	0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500 ML	1	109.91	
02/10/20	J1644	0636	633230262 01	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20	



02/10/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3-			
00/10/00	17050			0.375) G SOLR 1 EACH VIAL		100.01	
02/10/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
			30	ML	_		
02/10/20	J1644	0636		HEPARIN (PORCINE) 5000	5	31.34	
			12	UNIT/ML SOLN			
02/10/20	J2543	0636		PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3-			
				0.375) G SOLR 1 EACH VIAL			
02/10/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
			30	ML			
02/11/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00	
				ROOM			
02/11/20	25005814	0250		MULTIVITAMIN WITH	1	6.18	
			61	MINERAL TABS			
02/11/20	25005814	0250		SPIRONOLACTONE 25 MG	1	6.60	
			10	TABS			
02/11/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
			99				
02/11/20	25005814	0250		PANTOPRAZOLE 40 MG	1	6.63	
			11	TBEC			
02/11/20	25005814	0250		LACTULOSE 20 GM/30ML	1	7.32	
			30	SOLN			
02/11/20	25005814	0250		POTASSIUM CHLORIDE 20	2	12.51	
			01	MEQ PACK			
02/11/20	25005814	0250		LACTULOSE 20 GM/30ML	1	7.53	
			30	SOLN			
02/11/20		0300	none	HC VENIPUNCTURE	1	15.00	
02/11/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL	_		
02/11/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3-			
	.====			0.375) G SOLR 1 EACH VIAL			
02/11/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
00/11/00	14044		30	ML	_	07.00	
02/11/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN			
02/11/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3-			
00/11/00	17050		000000150	0.375) G SOLR 1 EACH VIAL		100.01	
02/11/20	J/050	0636		SODIUM CHLORIDE PER 500	1	109.91	
00/44/00	14044	0000	30	ML	-	07.00	
02/11/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
00/44/00	105.40	0000	01	UNIT/ML SOLN	^	00.44	
02/11/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3-			
				0.375) G SOLR 1 EACH VIAL			



02/11/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91	
02/11/20	J1644	0636	633230262	HEPARIN (PORCINE) 5000	5	27.20	
02/12/20	20105518	0206	01 none	UNIT/ML SOLN HC GR INTERMEDIATE	1	2,053.00	
00/40/00	25005014	0250	627200544	ROOM	1	6.60	
02/12/20	25005814	0250	637390544 10	SPIRONOLACTONE 25 MG TABS	1	0.60	
02/12/20	25005814	0250	009046474 61	PANTOPRAZOLE 40 MG TBEC	1	6.65	
02/12/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
02/12/20	25005814	0250	009045492	MULTIVITAMIN WITH	1	6.18	
			61	MINERAL TABS			
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		PHYTONADIONE 5 MG TABS	1	95.89	
02/12/20	25005806	0250	004094276	LIDOCAINE 1 % SOLN	1	24.38	
			01				
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	OXYCODONE 5 MG TABS	1	7.06	
00/40/00	05005044	0050	23	DIEAVIMINIESO MO TARO		405.00	
02/12/20	25005814	0250	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		0300	none	HC PROTIME	i	26.09	
02/12/20		0300	none	HC COMPREHENSIVE	i	57.14	
02/12/20	00055	0300	none	METABOLIC PANEL	'	37.14	
02/12/20	94100	0301	nono	HC PHOSPHOROUS LEVEL	1	17.10	
			none	HC AMMONIA LEVEL	1		
02/12/20		0301	none			52.31	
02/12/20		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		3	34.05	
			90	TAZOBACTAM 3.375 (3-			
02/12/20	J7050	0636	003389159	0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500	1	109.91	
			30	ML			



02/12/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL			
02/12/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91	
			30	ML			
02/12/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
02/12/20	.12543	0636	01 007813113	UNIT/ML SOLN PIPERACILLIN-	3	34.05	
02/12/20	02040	0000	90	TAZOBACTAM 3.375 (3-	Ū	04.00	
				0.375) G SOLR 1 EACH VIAL			
02/12/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500 ML	1	109.91	
02/12/20	P9047	0636		ALBUMIN HUMAN 25 %	2	236.36	
			91	SOLN			
02/12/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
02/12/20	P9047	0636	01 685165216	UNIT/ML SOLN ALBUMIN HUMAN 25 %	6	788.45	
02/12/20			02	SOLN	•		
02/12/20	J2543	0636		PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL			
02/12/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91	
			30	ML			
02/12/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
02/12/20	49083	0761	01 none	UNIT/ML SOLN HC ABD PARACENTESIS	1	2,047.39	
02/12/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			WITH IMAGING		2,011.00	
02/13/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00	
02/13/20	25005814	0250	656490303	ROOM RIFAXIMIN 550 MG TABS	1	135.89	
02/10/20	20000014	0200	03	THE ACTIVITY 330 MIG TABO		100.00	
02/13/20	25005814	0250		LACTULOSE 10GM/15ML	1	19.16	
02/12/20	25005806	0250	16	SOLN 473 ML BOTTLE STERILE WATER (BOTTLE)	1	109.91	
02/13/20	23003000	0230	002042101	SOLN 1,000 ML PLAS CONT	'	109.91	
02/13/20	25005814	0250		LACTULOSE 20 GM/30ML	1	7.53	
00/40/00	25005014	0050	30	SOLN		10.16	
02/13/20	25005814	0250	16	LACTULOSE 10GM/15ML SOLN 473 ML BOTTLE	1	19.16	
02/13/20	25005806	0250		STERILE WATER (BOTTLE)	1	109.91	
			00	SOLN 1,000 ML PLAS CONT		4.5.00	
02/13/20		0300	none	HC VENIPUNCTURE	1	15.00	
02/13/20		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		0300	none	HC BASIC METABOLIC	i	42.24	
JEI TOILU	500-10	3000		PANEL		72.27	



02/13/20	36415	0300	none	HC VENIPUNCTURE	1	15.00
02/13/20	80048	0300	none	HC BASIC METABOLIC	1	42.24
				PANEL		
02/13/20	83516	0301	none	HC IMMUNOASSAY	1	54.06
				NONANTIBODY		
02/13/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31
	84100	0301	none	HC PHOSPHOROUS LEVEL	i	17.10
02/13/20	83735	0301	none	HC ASSAY OF MAGNESIUM	i	23.81
	83605	0301		HC LACTIC ACID	1	38.06
			none		-	
02/13/20	82390	0301	none	HC CERULOPLASMIN	1	38.06
02/13/20		0301	none	HC IGG IGM OR IGA EA	1	33.33
	82784	0301	none	HC IGG IGM OR IGA EA	1	33.33
02/13/20		0301	none	HC IGG IGM OR IGA EA	1	33.33
	82103	0301	none	HC ALPHA ANTITRYPSIN	1	48.48
02/13/20		0301	none	HC IRON	1	22.82
02/13/20	83550	0301	none	HC IRON BINDING	1	31.36
				CAPACITY		
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
	83605	0301	none	HC LACTIC ACID	1	38.06
02/13/20	86256	0302	none	HC MITOCHONDRIAL	1	31.11
				ANTIBODY TITER		
02/13/20	86255	0302	none	HC SMOOTH MUSCLE	1	28.92
02/10/20	00200	0002	Hone	ANTIBODY		20.32
02/13/20	86038	0302	none	HC ANA SCREEN	1	57.87
	86376	0302	none	HC LIVKID MICRO AB MAYO	1	24.28
02/13/20	85027	0305	none	HC CBC PLATELET NO	1	24.45
				DIFFERENTIAL		
02/13/20	85008	0305	none	HC BLD COUNT SMEAR	1	19.58
				MCRSCP W/O MNL DIFRNTL		
				WBC COUNT		
02/13/20	85027	0305	none	HC CBC PLATELET NO	1	24.45
				DIFFERENTIAL		
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	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/13/20	J7050	0636	003389159	,	1	109.91
02/10/20	07000	0000	30	ML		100.01
02/13/20	J2543	0636		PIPERACILLIN-	3	34.05
02/13/20	02040	0030	90		3	34.03
			90	TAZOBACTAM 3.375 (3-		
02/12/20	11644	0626	622220060	0.375) G SOLR 1 EACH VIAL	_	27.20
02/13/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20
00/40/00	17050	0000	01	UNIT/ML SOLN		100.01
02/13/20	J/050	0636	003389159		1	109.91
			30	ML		



02/13/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3-			
				0.375) G SOLR 1 EACH VIAL			
02/13/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
			30	ML			
02/13/20	J7030	0636		SODIUM CHLORIDE 0.9%	1	109.91	
00/40/00	17000	0000	04	BOLUS 0.9 % SOLN		100.01	
02/13/20	J7030	0636		SODIUM CHLORIDE 0.9 %	1	109.91	
02/12/20	11644	0626	04	SOLN	5	27.20	
02/13/20	J1644	0636	033230202	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	27.20	
02/13/20	12543	0636		PIPERACILLIN-	3	34.05	
02/13/20	02040	0030	90	TAZOBACTAM 3.375 (3-	3	34.03	
			30	0.375) G SOLR 1 EACH VIAL			
02/13/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91	
02/10/20	0,000		30	ML		100.01	
02/13/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9%	1	109.91	
			04	BOLUS 0.9 % SOLN			
02/13/20	J3370	0636	004096509	VANCOMYCIN HCL 5 G	3	38.73	
			01	SOLR 1 EACH VIAL			
02/13/20	J7050	0636	003380049	SODIUM CHLORIDE 0.9 %	2	109.91	
			02	SOLN 250 ML FLEX CONT			
02/13/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN			
02/14/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00	
00/44/00	05005044	0050	00404454	ROOM		7.50	
02/14/20	25005814	0250		LACTULOSE 20 GM/30ML	1	7.53	
02/14/20	25005914	0250	30	SOLN	4	125 90	
02/14/20	25005814	0250	03	RIFAXIMIN 550 MG TABS	1	135.89	
02/14/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
02/14/20	23003000	0230	99	THAMINE TOO WIS TABS		0.22	
02/14/20	25005814	0250		PANTOPRAZOLE 40 MG	1	6.65	
02/14/20	20000011	0200	61	TBEC		0.00	
02/14/20	25005814	0250		MULTIVITAMIN WITH	1	6.18	
			61	MINERAL TABS			
02/14/20	25005814	0250	707101014	PHYTONADIONE 5 MG TABS	2	185.73	
			01				
02/14/20	25005814	0250	001211154	LACTULOSE 20 GM/30ML	1	7.53	
			30	SOLN			
02/14/20	25005806	0250	703240326	SODIUM BICARBONATE-	1	241.51	
			03	DEXTROSE 150 MEQ/L			
				SOLN			
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	1	57.14	
02/14/20	26415	0200	nono	METABOLIC PANEL	4	15.00	
02/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	



02/14/20	85610	0300	none	HC PROTIME	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	1	24.45	
				DIFFERENTIAL			
02/14/20	87506	0306	none	HC LAB ENTERIC PATH PCR	1	197.62	
				VERIGENE			
02/14/20	87324	0306	none	HC C DIFF TOXIN SCREEN	1	34.95	
02/14/20	87493	0306	none	HC C DIFF AMPLIFIED	1	95.60	
				PROBE TECH			
02/14/20	87328	0306	none	HC O AND P SCR	1	34.95	
				CRYPTOSPORIDIUM EIA			
02/14/20	87329	0306	none	HC O AND P SCR GIARDIA	1	34.95	
				EIA			
02/14/20	74176	0350	none	HC CT ABD/PELVIS WO	1	963.09	
				CONTRAST			
	76705	0402	none	HC US ABDOMEN LIMITED	1	351.62	
02/14/20	J7030	0636		SODIUM CHLORIDE 0.9 %	1	109.91	
			04	SOLN	_		
02/14/20	J2543	0636		PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3-			
00// //00	17050			0.375) G SOLR 1 EACH VIAL		100.01	
02/14/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
00/44/00	D0047	0000	30	ML	•	700 45	
02/14/20	P9047	0636		ALBUMIN HUMAN 25 %	6	788.45	
00/44/00	14644	0000	02	SOLN	-	27.20	
02/14/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
02/14/20	10540	0636	01	UNIT/ML SOLN	3	24.05	
02/14/20	J2543	0636	90	PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
			90				
02/14/20	J7050	0636	002290150	0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500	1	109.91	
02/14/20	37030	0030	30	ML	'	109.91	
02/14/20	J7030	0636		SODIUM CHLORIDE 0.9 %	1	109.91	
02/14/20	37030	0030	04	SOLN	'	109.91	
02/14/20	J2248	0636		MICAFUNGIN 100 MG SOLR	100	238.09	
02/14/20	32240	0030	10	1 EACH VIAL	100	230.09	
02/14/20	17050	0636		SODIUM CHLORIDE 0.9 %	1	109.91	
02/14/20	37030	0030	18	SOLN 100 ML FLEX CONT	'	103.31	
02/14/20	12543	0636		PIPERACILLIN-	3	34.05	
JZ/ 1-7/20	02040	3000	90	TAZOBACTAM 3.375 (3-	5	34.00	
			00	0.375) G SOLR 1 EACH VIAL			
02/14/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91	
		5000	20000100	TITION OF IEDINIBE FER OUT		. 30.01	



02/14/20	93975 20105518	0921	none	HC US ABD RETRO ART/VEN DOP COMPLETE HC GR INTERMEDIATE	1	520.46 2,053.00
02/15/20	25005806	0250	001439681	ROOM GLYCOPYRROLATE 0.4	1	30.12
02/15/20	25005814	0250	25 000543532	MG/2ML SOLN LORAZEPAM 2 MG/ML CONC	1	6.87
Total Cha	rges		44			50,753.00

Payments

Туре	Date	Amount
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
Total Payments		-48,796.17

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 pa	tient: AE	BRAHAM, GREGORY ANTHO	NY				
Service Date	Code	Description	Diagnos es	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,	Kartik H Patel, MD	SHMG HOSPITALIST 100	391.00	
			D68.9,F1 0.21,Y90 .9,E87.2				
1/10/20	99221	INITIAL HOSPITAL CARE/DAY		Ryan J Marin, MD	SHMG PSYCH INPATIENT BW	205.00	
1/10/20	99223	INITIAL HOSPITAL CARE/DAY			SHMG HOSPITALIST 100	391.00	
1/10/20	99221	INITIAL HOSPITAL CARE/DAY	F10.231,	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,F1 0.21,Y90		SHMG HOSPITALIST 100	391.00	
		INSURANCE PAYMENT- BCBS					0.00
		INSURANCE PAYMENT- BCBS					158.78

	- 1		CONTRACTUAL ADJUSTMENT		1			173.49
			(INSURANCE)-BCBS BCBS WITHHOLD ADJUSTMENT-BCBS					15.23
			INSURANCE PAYMENT-					0.00
			MEDICAID CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					43.50
	1/11/20	99233	SBSQ HOSPITAL CARE/DAY	E87.2,F1	Michelle M Manalac, MD	SHMG HOSPITALIST	205.00	
				0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9		100		
	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		E87.2,F1 0.10,K70 .10,D53. 9,E16.2,	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00	
				G93.41, D68.9				
	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	E87.2,F1 0.10,K70 .10,D53. 9,E16.2, G93.41,	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00	
			INSURANCE PAYMENT-	D68.9				0.00
			BCBS INSURANCE PAYMENT-					0.00
			BCBS CONTRACTUAL ADJUSTMENT					93.19
			(INSURANCE)-BCBS INSURANCE PAYMENT-					58.24
			MEDICAID CONTRACTUAL ADJUSTMENT					53.57
	1/11/20	95720	(INSURANCE)-MEDICAID 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-					229.60
			BCBS CONTRACTUAL ADJUSTMENT					97.47
			(INSURANCE)-BCBS INSURANCE PAYMENT-					0.00
			MEDICAID CONTRACTUAL					84.93
-			ADJUSTMENT (INSURANCE)-MEDICAID					

	1/12/20	99233 SBSQ HOSPITAL CARE/DAY	R41.82, Michelle M SHMG E87.2,F1 Manalac, MD HOSPITA 0.10,K70 .10,D53. 9,E16.2,	LIST 205.00
			G93.41,	
	1/12/20	95720 EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	D68.9 R56.9,R 41.82 Shan E Abbas, SHMG EPILEPS	Y 25 412.00
	1/12/20	99233 SBSQ HOSPITAL CARE/DAY	E87.2,F1 Manalac, MD HOSPITA	205.00
			0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9	
	1/12/20	95720 EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	R56.9,R Shan E Abbas, SHMG 41.82 MD EPILEPS	Y 25 412.00
	1/12/20	99233 SBSQ HOSPITAL CARE/DAY	E87.2,F1 Manalac, MD HOSPITA 0.10,K70 .10,D53. 9,E16.2,	205.00
			G93.41, D68.9	
\perp		INSURANCE PAYMENT-	500.5	0.00
		BCBS 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 Shan E Abbas, SHMG 41.82 MD EPILEPS	Y 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	G93.41, Manalac, MD HOSPITA K70.10,F 10.20,D6 8.9,R18.	144.00
	1/13/20	99232 SBSQ HOSPITAL CARE/DAY	8,E87.2 F10.10,K Kristin C SHMG P3 70.10 Kenny, PA-C 2750 ICC	
	1/13/20	99232 SBSQ HOSPITAL CARE/DAY		144.00

				K70.10,F 10.20,D6 8.9,R18. 8,E87.2		100		
1/13/20	99232	SBSQ HOSPITAL	CARE/DAY		David R Franzblau, MD	SHMG PSYCH	144.00	
1/13/20	99232	SBSQ HOSPITAL	CARE/DAY	R41.82,	Michelle M Manalac, MD	SHMG HOSPITALIST 100	144.00	
		INSURANCE PAY	MENT-					0.00
		BCBS INSURANCE PAYI BCBS	MENT-					0.00
		CONTRACTUAL						65.77
		ADJUSTMENT (INSURANCE)-BC INSURANCE PAYI						40.41
		MEDICAID CONTRACTUAL ADJUSTMENT						37.82
1/13/20	99232	(INSURANCE)-ME SBSQ HOSPITAL		F10.10,K		SHMG PSYCH	144.00	
		INSURANCE PAYI BCBS	MENT-	70.10	Franzblau, MD	2750 ICCB		53.20
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BC	BS					77.50
		INSURANCE PAY BCBS	MENT-					72.76
		BCBS WITHHOLD ADJUSTMENT-BC CONTRACTUAL ADJUSTMENT (INSURANCE)-BC	BS					5.47 65.77
1/14/20	99233	SBSQ HOSPITAL			l	SHMG HOSPITALIST 100	205.00	
1/14/20	99232	SBSQ HOSPITAL	CARE/DAY		Lucas J Triemstra, PA-	SHMG ENDO GASTRO BW	144.00	
1/14/20	99233	SBSQ HOSPITAL	CARE/DAY			SHMG HOSPITALIST 100	205.00	
1/14/20	99232	SBSQ HOSPITAL	CARE/DAY		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.		SHMG HOSPITALIST 100	205.00	

1	- 1		INSURANCE PAYMENT-		1			0.00
			BCBS INSURANCE PAYMENT- BCBS					81.62
			CONTRACTUAL ADJUSTMENT					93.19
			(INSURANCE)-BCBS BCBS WITHHOLD					7.83
			ADJUSTMENT-BCBS INSURANCE PAYMENT- MEDICAID					0.00
			CONTRACTUAL ADJUSTMENT					22.36
	1/14/20	99232	(INSURANCE)-MEDICAID 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
ł	1/15/20	99232	SBSQ HOSPITAL CARE/DAY		Smith, MD	SHMG HOSPITALIST 100	144.00	
				0.10,D68 .9,E87.2, E87.6,E8 3.42,E83	3			
	1/15/20	99232	SBSQ HOSPITAL CARE/DAY		Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00	
	1/15/20	99232	SBSQ HOSPITAL CARE/DAY	0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83	Smith, MD	SHMG HOSPITALIST 100	144.00	
	1/15/20	99232	SBSQ HOSPITAL CARE/DAY	.39 K70.10	Lucas J Triemstra, PA-	SHMG ENDO GASTRO BW	144.00	
	1/15/20	99232	SBSQ HOSPITAL CARE/DAY		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

1		ADJUSTMENT-BCBS	ı	I	I		ı
		INSURANCE PAYMENT- MEDICAID					0.00
		CONTRACTUAL ADJUSTMENT					15.65
1/15/20	99232	(INSURANCE)-MEDICAID SBSQ HOSPITAL CARE/DAY	K70.10	Lucas J Triemstra, PA-	SHMG ENDO GASTRO BW	144.00	
		INSURANCE PAYMENT-		С			66.50
		BCBS CONTRACTUAL					77.50
		ADJUSTMENT (INSURANCE)-BCBS INSURANCE PAYMENT- BCBS					0.00
1/16/20	99239	HOSPITAL DISCHARGE DAY		Jessica D Smith, MD	SHMG HOSPITALIST	217.00	
			0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83		100		
1/16/20	99239	HOSPITAL DISCHARGE DAY	R41.82,		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		SHMG HOSPITALIST 100	217.00	
		INSURANCE PAYMENT-	.39				0.00
		BCBS INSURANCE PAYMENT-					117.53
		BCBS 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	Berjaoui, MD	SHMG HOSPITALIST ICU 1840	566.00	

	2/7/20	99291	Critical Care Management	44.9,K21 .0,E87.2 A41.9,K6 Wael K 5.0,K52. Berjaoui, MD 9,R65.20	SHMG HOSPITALIST ICU 1840	566.00	
			INSURANCE PAYMENT-	,K72.90, R18.8,K 44.9,K21 .0,E87.2	100 1040		311.35
			BCBS BCBS WITHHOLD				23.44
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				231.21
	2/8/20	99233		A41.9,R Stefano M	SHMG	205.00	
				65.21,E8 Crescentini, 7.2,E87. MD 1,K70.11 ,F10.21, K72.90,K 74.60,Z8 6.61,K65 .2,K52.9	HOSPITALIST 100		
			INSURANCE PAYMENT-	1.2,1102.0			103.98
-			BCBS BCBS WITHHOLD				7.83
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				93.19
	2/9/20	99233		A41.9,R Stefano M 65.21,K6 Crescentini, 5.2,K70. MD 31,E87.2 ,E87.1,K 72.90,F1	SHMG HOSPITALIST 100	205.00	
			INSURANCE PAYMENT- BCBS				103.98
			BCBS WITHHOLD				7.83
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				93.19
	2/10/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,R Stefano M 65.21,K7 Crescentini, 0.31,K72 MD .90,E87. 2,F10.11	SHMG HOSPITALIST 100	205.00	
			INSURANCE PAYMENT-			- 1	103.98
			BCBS BCBS WITHHOLD				7.83
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				93.19
	2/11/20	99232		K72.90,K Balaji Vutla, 74.60,R6 MD, MPH 5.21,E87 .2,K70.3	SHMG HOSPITALIST 100	144.00	

				0,Z86.61 ,Z48.89, K70.31,F 10.21				
	2/11/20	99232	SBSQ HOSPITAL CARE/DAY			SHMG HOSPITALIST 100	144.00	
1			INSURANCE PAYMENT- BCBS					72.76
	- 1		BCBS WITHHOLD					5.47
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT					65.77
-	0/40/00	00004	(INSURANCE)-BCBS	1470 04 147	Fb 1 1		005.00	
	2/12/20	99221	INITIAL HOSPITAL CARE/DAY	K70.31,K7 72.90,K6 F 5.2		SHMG ENDO GASTRO BW	205.00	
	2/12/20	99233	SBSQ HOSPITAL CARE/DAY	52.9,K20 N .9,I95.9,	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	205.00	
	- 1			E87.2,K7 0.30,Z86				
1				.61,E72. 20,R18.8				
	- 1			,R79.89,				
	2/12/20	99221	INITIAL HOSPITAL CARE/DAY	Z86.59 K70.31,K7 72.90,K6 F 5.2		SHMG ENDO GASTRO BW	205.00	
	- 1		INSURANCE PAYMENT-	3.2				101.50
	- 1		BCBS BCBS WITHHOLD					7.64
	- 1		ADJUSTMENT-BCBS CONTRACTUAL					95.86
	- 1		ADJUSTMENT					33.00
	2/12/20	99233	(INSURANCE)-BCBS SBSQ HOSPITAL CARE/DAY	K72.90,KE 52.9,K20 .9,I95.9,		SHMG HOSPITALIST 100	205.00	
				E87.2,K7 0.30,Z86				
				.61,E72.				
				20,R18.8 ,R79.89, Z86.59				
			INSURANCE PAYMENT-	200.00				103.98
			BCBS BCBS WITHHOLD					7.83
			ADJUSTMENT-BCBS CONTRACTUAL					93.19
	- 1		ADJUSTMENT (INSURANCE)-BCBS					
	2/13/20	99232	SBSQ HOSPITAL CARE/DAY	K70.30,K7 65.2,K72 F .90,Z83. 79		SHMG ENDO GASTRO BW	144.00	
	2/13/20	99232	SBSQ HOSPITAL CARE/DAY		Γhomas Η	SHMG ENDO	144.00	

			.90,Z83.	Rupp, MD	GASTRO BW		
		INSURANCE PAYMENT- BCBS	79				72.76
		BCBS WITHHOLD ADJUSTMENT-BCBS					5.47
		CONTRACTUAL ADJUSTMENT					65.77
2/13/20		(INSURANCE)-BCBS	A41 9 K7	Balaji Vutla,	SHMG	205.00	
27,0720	00200			MD, MPH	HOSPITALIST	200.00	
			9,R18.8, K72.90,Z				
			86.61,E7 2.20,R79				
			.1,D72.8 29,Z83.7				
			9,N17.9, F10.21				
		INSURANCE PAYMENT- BCBS	10.21				103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS					7.83
		CONTRACTUAL ADJUSTMENT					93.19
2/14/20		(INSURANCE)-BCBS	V70 0 V6	Sarah C Roy,	SHMG ENDO	144.00	
2/14/20	99232	SBSQ HOSPITAL CARE/DAT	5.2,K72. 90,D72.8 29,Z83.7	A-GNP	GASTRO BW	144.00	
2/14/20	99222	INITIAL HOSPITAL CARE/DAY	0.31,F10 .10,K52.	Brian K Petroelje, MD	SHMG INFECT DISEASE 230	277.00	
		INSURANCE PAYMENT-	9,K82.9				147.30
		BCBS CONTRACTUAL					129.70
		ADJUSTMENT (INSURANCE)-BCBS					
2/14/20	99232	SBSQ HOSPITAL CARE/DAY	K70.9,K6 5.2,K72. 90,D72.8 29,Z83.7		SHMG ENDO GASTRO BW	144.00	
		INSURANCE PAYMENT-	9				66.50
		BCBS CONTRACTUAL					77.50
0/44/00		ADJUSTMENT (INSURANCE)-BCBS		America Desire	CUMO OFFI	0.00	
2/14/20		POST-OP FOLLOW-UP VISIT	65.21	Venegoni, MD	SHMG GEN SURG 1900	0.00	
2/14/20	99233	SBSQ HOSPITAL CARE/DAY		Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	205.00	

Totals:						13322.00	6100.70
		ADJUSTMENT (INSURANCE)-BCBS					
		ADJUSTMENT-BCBS CONTRACTUAL					65.77
		BCBS BCBS WITHHOLD					5.47
		INSURANCE PAYMENT-	51.5				72.76
			,E87.2,Z 51.5				
			8.8,K52. 9,G93.40		100		
2/16/20	99232	SBSQ HOSPITAL CARE/DAY		Balaji Vutla, MD, MPH	SHMG HOSPITALIST	144.00	
		ADJUSTMENT (INSURANCE)-BCBS					00.77
		ADJUSTMENT-BCBS CONTRACTUAL					65.77
		BCBS BCBS WITHHOLD					5.47
		INSURANCE PAYMENT-	A,200.59				72.76
			T68.XXX A,Z86.59				
			83.79,N1 7.9,R34,				
			R79.1,D 72.829,Z				
			1,Z86.61 ,E72.20,				
			.2,K70.3	MD, MPH	HOSPITALIST 100		
2/15/20	99232			Balaji Vutla,	SHMG	144.00	
		ADJUSTMENT (INSURANCE)-BCBS					33.10
		ADJUSTMENT-BCBS CONTRACTUAL					93.19
		BCBS BCBS WITHHOLD					7.83
		INSURANCE PAYMENT-	,Z51.5				103.98
			F10.21,R 34,R68.0				
			29,Z83.7 9,N17.9,				
			.1,D72.8				

EXHIBIT 9 – Calculation of Damages

•	Medical Malpractice Damages	\$ 9	960,500.00
•	Medical Expenses	\$	93,819.77
•	Attorney Costs	\$	12,380.99
•	Attorney Fees	\$	29,340.00
•	Blue Cross Blue Shield Lien	\$	82,329.17
	Total:	\$ 1,	178,369.93