Fill in this information to identify the case:	
Debtor 1 Tehum Care Services, Inc.	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: Southern District of Texas	▼
Case number 23-90086	 .

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.

	140						· · · · · · · · · · · · · · · · · · ·
1.	Who is the current creditor?	Andrea Abraham, as Personal Rep	resentative of	the Estate of Gre	egory A. Abı	raham, dec	eased
		Name of the current creditor (the person or entity		•			
	· ·	Other names the creditor used with the debtor	regory A Abra	ham			
	Has this claim been	☑ No				,	
	acquired from someone else?	☐ Yes. From whom?				444.	· · · ·
	Where should notices and payments to the	Where should notices to the creditor be	sent?	Where should pa	yments to the	creditor be	sent? (if
	creditor be sent?	Marc S. Berlin					
	Federal Rule of	Name		Name			
	Bankruptcy Procedure (FRBP) 2002(g)	19390 West 10 Mile Road					
	, 107	Number Street		Number Stree	t		
			48075				
	•	City State	ZIP Code	City	Stat	e	ZIP Code
		Contact phone 248-355-5555	·	Contact phone			
		Contact email m.berlin@fiegerlaw.com	_	Contact email			
						·	
		Uniform claim identifier for electronic payments in	chapter 13 (if you us	se one): 			
	Does this claim amend one already filed?	No Yes. Claim number on court claims regi	stry (if known) 16	61	Filed on	08/12/2023	
		-	. , ,			MM / DD	YYYY
1	Do you know if anyone else has filed a proof of claim for this claim?	✓ No✓ Yes. Who made the earlier filing?					

ο.	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?	\$
		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 a result of medical malpractice
9.	Is all or part of the claim	☑ No
	secured?	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:
		Culor pescribe.
		Basis for perfection:
		Dasis ioi perieogori.
		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 filled or recorded.)
		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.)
		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: \$
		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.)
		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: (The sum of the secured and unsecured)
		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: \$
		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: \$
		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
		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: \$
		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
	s this claim based on a	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 filled 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
	s this claim based on a ease?	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) Pixed Variable
1. 1	ease? s this claim subject to a	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: Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed) Fixed Variable
1.1	ease? s this claim subject to a right of setoff?	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 filled or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed) Fixed Variable Ves. Amount necessary to cure any default as of the date of the petition.
1.1	ease? s this claim subject to a right of setoff?	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 filled or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed) Fixed Variable No Yes. Amount necessary to cure any default as of the date of the petition. \$

•				·.
12. Is all or part of the claim	☑ No	•	•	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	k one:		Amount entitled to priority
A claim may be partly priority and partly	☐ Domes 11 U.S	stic support obligations (including alimony and child sec.C. § 507(a)(1)(A) or (a)(1)(B).	apport) unde	s
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		\$3,350* of deposits toward purchase, lease, or rental real, family, or household use. 11 U.S.C. § 507(a)(7).	of property o	r services for \$
chaded to phony.	bankru	s, salaries, or commissions (up to \$15,150*) earned w uptcy petition is filed or the debtor's business ends, wh i.C. § 507(a)(4).		
	☐ Taxes	or penalties owed to governmental units. 11 U.S.C. §	507(a)(8).	\$
	🚨 Contril	outions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other.	Specify subsection of 11 U.S.C. § 507(a)() that app	olies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after	that for cases	begun on or after the date of adjustment.
Part 3: Sign Below				<u> </u>
The person completing this proof of claim must	Check the app	opriate box:		
sign and date it.	l am the c			
FRBP 9011(b).		reditor's attorney or authorized agent.		
If you file this claim electronically, FRBP		ustee, or the debtor, or their authorized agent. Bankru		
5005(a)(2) authorizes courts	lam a gua	rantor, surety, endorser, or other codebtor. Bankrupto	y Rule 3005	
to establish local rules specifying what a signature is.		at an authorized signature on this <i>Proof of Claim</i> serv claim, the creditor gave the debtor credit for any paym		
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5		d the information in this <i>Proof of Claim</i> and have a rea	•	
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foregoing is true and corre-	ct.	
3571.	Executed on da	nte 08/14/2023 MM / DD / YYYY		
	Signature Print the name	of the person who is completing and signing this	claim:	-
		Kenneth R. Beams		
	Name	First name Middle name		Last name
	Title	Attorney for creditor		
	Company	Kenneth R. Beams, PLLC		
		Identify the corporate servicer as the company if the auth	orized agent is	a servicer.
	Address	32400 Telegraph, Suite 103		
		Number Street	NA!	40005
		Bingham Farms	MI	48025
.*		City	State	ZIP Code
	Contact phone	<u>248-396-3987</u>	_{Email} ken	nethbeams@gmail.com

EXHIBIT 1

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

Claim 176-1 Part 2 Filed 08/14/23 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

Page: 1

Page: 2

Fieger, Fieger,	Kennev	&	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	MS	2.00	DOCUMENT REPRODUCTION - FOIA RESPONSE
08/26/2020	MS	65.00	estate publication Howard T. Linden, P.C.
mm/dd/yyyy	MS	101.10	records Minute Man Services, Inc. inv# 163661C Spectrum
09/01/2020	MS	0.50	DOCUMENT REPRODUCTION - MCMUNN FEE SCHEDULE
mm/dd/yyyy	MS	2.00	DOCUMENT REPRODUCTION - MICHAEL MCMUNN CV
mm/dd/yyyy	MS	1.00	DOCUMENT REPRODUCTION - MCMUNN INTRO LETTER

Page: 3

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

Page: 4

Claim 176-1 Part 2 Filed 08/14/23 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		<u>.</u> 7
3/23/2020	Prepared contract for legal representation		.2
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		.2
4/28/2020	Correspondence prepared to client advising of Heather Abreu's department from firm and transfer to Marc Berlin		-7
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
·w	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

.6	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
<u>.</u>	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
.3	Receipt and review of billing records and files from Spectrum Health System (34 pages)	8/27/2020
· <u>·</u>	Receipt and review of invoice for copies of billing records from Spectrum Health System and approval of same	8/27/2020
· <u>·</u>	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
1	Receipt and review of invoice for copies of records from Spectrum Health Radiology Department	8/26/2020
.3	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
	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
<u>-</u>	Receipt and review of invoice for updated letters of authority from Howard T. Linden, Esq. and approval of same	5/17/2021
.ω	Preparation of summary and notes from telephone conversation with expert Jeremy Graham M.D. after review of records	2/2/2021
.6	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.	
11/21/2022	Receipt and review of the Court's issued Order for Parties to participate in facilitative mediation.	<u>.</u>
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.	.i
1/24/2023	Correspondence prepared to counsel requesting status of approval on stipulation naming facilitator.	۲.
1/24/2023	Receipt and review of notice of scheduled facilitation date from Robert Riley.	<u>.</u> ¬
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.	'n
1/30/2023	Correspondence prepared to Medicare with supporting documentation requesting any purported medical expenses and lien.	.2
1/30/2023	Correspondence prepared to Blue Cross Complete of Michigan with supporting documentation requesting any purported medical expenses and lien.	.2

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ည	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
	Receipt and review of correspondence from counsel as well as approval signature on stipulation naming facilitator.	1/31/2023
	Correspondence prepared to counsel providing a copy of Plaintiff witness list and requesting status of approval on stipulation naming facilitator.	1/30/2023
	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
	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
	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
	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

3/3/2023	Receipt and review of Defendant Daniel Carrel, D.O.'s emergency motion for stay of proceedings, including brief in support, and exhibits.	.6
3/6/2023	Receipt and review of confirmation reminder of facilitation hearing from Robert Riley.	
3/7/2023	Correspondence prepared to counsel confirming receipt of Defendant's motion for stay of proceedings but no notice of hearing provided.	
3/13/2023	Preparation and receipt/review of correspondence to and from Judge Quist's office requesting telephone conference as to Defendant's motion for stay of proceedings.	i2
3/14/2023	Receipt and review of correspondence from Judge Quist confirming telephone conference.	.1
3/16/2023	Receipt and review of correspondence and proposed stipulated order for stay of proceedings from counsel.	۲.
3/17/2023	Correspondence prepared to counsel with approval and permission to sign and submit stipulated order for stay of proceedings.	.4
5/31/2023	Correspondence prepared to and from Howard Linden, Esq. regarding status of case and request to keep estate opened.	.1
6/27/2023	Receipt and review of invoice for updated letters of authority from Howard T. Linden, Esq. and approval of same.	<u>.</u>
7/13/2023	Preparation of subpoena, request for radiology films, and supporting documentation to Spectrum Health Butterworth Hospital.	ώ
7/13/2023	Preparation of subpoena, request for medical records and billing records, and supporting documentation to Michigan Health Psychologists PLLC.	نن

.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
·S	Second correspondence prepared to United Healthcare Community Plan with supporting documentation requesting any purported medical expenses and lien.	7/13/2023
·w	Correspondence prepared to Blue Cross Shield of Michigan with supporting documentation requesting any purported medical expenses and lien.	7/13/2023
·S	Second correspondence prepared to Blue Cross Complete of Michigan with supporting documentation requesting any purported medical expenses and lien.	7/13/2023
.3	Second correspondence prepared to McLaren Health Plan with supporting documentation requesting any purported medical expenses and lien.	7/13/2023
ن ن	Second correspondence prepared to Meridian Health Plan with supporting documentation requesting any purported medical expenses and lien.	7/13/2023
ώ	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
.3	Preparation of subpoena, request for records, and supporting documentation to Harry Will Funeral Homes.	7/13/2023
·s	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.

.1	Receipt and review of 2 nd updated Letters of Authority issued by the Livingston County Probate Court.	7/17/2023
.1	Correspondence prepared to counsel providing copies of Plaintiff's Initial Disclosures including voluminous attachments to same.	7/14/2023
.1	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- 06060 -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 aggressive IV fluids multivitamin. He received 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,

prescriptive, nursing, and hospital expenses, loss of earnings, loss of earning capacity,

loss of enjoyment of life, and other damages, all of which are past, present, and future.

60. Decedent left behind family who suffered loss of love, companionship,

society, comfort, and solace, as well as all the services compensable under Michigan

Law, including conscious pain and suffering sustained by Decedent, medical expenses,

funeral and burial expenses, loss of earnings, loss of earning capacity, and damages for

loss of consortium and/or companionship sustained by those persons deemed to be

interested persons pursuant to MCL 600.2922.

61. Plaintiff seeks all damages permitted under Michigan's statutory and

common law, whether known now or becoming known during the pendency of this case.

62. Defendant, Corizon Health, Inc, is liable for the acts and/or omissions of

its agents, ostensible agents, servants, and/or employees who rendered care and

treatment to Decedent, including, but not limited to, Daniel Carrel, D.O., pursuant to the

doctrines of vicarious liability and/or respondeat superior.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court enter a

judgment against Defendants in an amount in excess of Twenty-Five Thousand

(\$25,000.00) Dollars, plus costs, interest and attorney fees.

Respectfully submitted,

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

/s/ Marc S. Berlin

GEOFFREY N. FIEGER (P30441)

MARC S. BERLIN (P37140)

Attorneys for Plaintiffs

19390 West Ten Mile Road

Southfield, Michigan 48075

(248) 355-5555

m.berlin@fiegerlaw.com

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;

2

- 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;
 - 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;

3

- 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

- 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:

5

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

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

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

6

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.

DO MA FACE

JEREMY 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: 14 19 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 cfi 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, Loss Gregory Anthony Abraham S, NAME AT BIRTH OR OTHER NAME USE		BUSINESS	2. DATE OF 8		Male 66, UNDER 1	4. DATE OF DEATH		y 16, 2020
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	7a LOCATION OF DEATH Spectrum Health Blodgett Hospital 49506			East Grand F		IP OF DEATH	7c. COUNTY Kent	OF DEATH	
y	& CURRENT RESIDENCE - STATE Michigan	b COUNTY Livingston		CALITY	A STATE OF THE PARTY OF THE PAR	8d. STREE	T AND NUMBER	F)	
	8c. ZIP CODE 9. BIRTH P 48843 12. RACE White	Detroit, Michig	àn	io, social, sec	905.J. A. S.	7900 100-	iate degree	C [14, EVE	R IN THE U.S FORCES? No
>	15. USUAL OCCUPATION Police Officer 16. FATHER'S NAME (First, Middle: Last Gary Anthony Abraham) 21s. INFORMANTS NAME	II6 KIND OF BUI Municipal	V Value	20 MOT Sandra	17. MARITAL S Divor HER'S NAME B Kay Jakovi	eFORE FIRST	MARRIED (1970)		F
,	Andrea Abraham 22. METHOD OF DISPOSITION Cremation 24. SIGNATURE OF MORTUARY SCIENCE Tracy L. Spiess	Former wife 23a PLACE OF D Southern Mis	SPOSITION higan Cren 23 LICENSEN	NUMBER	6, NAME AND	ADDRESS OF Funeral H	funeral facility omes Livonia,		Six Mile
		CENSE NUMBER	TIME OF 0254 Mi 29, MEDICAL CONTACT NO 32, MEDICAL NUMBER	LITARY TIME EXAMINER ED EXAMINER'S C	Febr 30, PLACE OF D fospital	E OF ATTEND	20 0254 FHOSPITAL Ritient ING PHYSICIAN IF	Militar	y Time
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DATED: FEB 24 2020

LISA POSTHUMUS LYONS KENT COUNTY CLERK/REGISTER



EXHIBIT 6

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COUNTY	E COURT OF LIVINGSTON	LETTERS OF AUTH PERSONAL REPRE		FILE NO. 20-19344-DE
Estate of	GREGORY ANTHONY ABR	AHAM a/k/a GREGORY A. AE	BRAHAM	
•				
TO:	Name and address ANDREA ABRAHAM			Telephone no.
	4157 SONATA DR. HOWELL, MI 48843			313) _: 903-0378
☐ You acc	thority is limited in the following I have no authority over the est eptance of appointment. er restrictions or limitations are	ale's real estate or ownership in	iterests in a business	entity that you identified on your
⊠ These le	otters expire: <u>05/26/2</u> 024	*		
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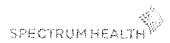
Do not write below this line - For court use only

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)

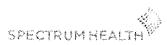
REQ-163661-A



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

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Hepatic encephalopathy (HCC Printed on 8/26/20 10:57 AM



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

	Patient (co	entinued)	
oblem List (continued) as of 2/16/2020			ad mikelysakki silkeniaya (kiki) pinakki pamahanga (kiki) kiki saki bakka organ (kiki) saki saki mikelysaki saki saki saki saki saki saki saki
Diagnosis: Hepatic encephalopathy (HCC)	Noted on: 02/07/2020	Chronic: No	
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Diagnosis: High anion gap metabolic acidosis	Noted on: 01/10/2020	Chronic: No	
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Diagnosis: Lactic acidosis	Noted on: 02/07/2020	Chronic: No	n grande in de Fanklich vor interstudelen del til til film i forfandeligt i til affektione
Severe sepsis (HCC)			
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Past Medical History	ernadett (s. por 18 det han by negretaren erett hange appliche einheiget hantleit (projektionen er av vorab	Mitter and the state of the sta	hyggaggan gill all alluggang at privince had the dead is the electric lightly decise.
Diagnosis	Date	Comments	Source
Alcohol abuse	communication to months root all all the submitted and the submitted of th	met dem i de demante de alternation de l'enquirégement, con manuface de la conference de la	Provider
Alcoholic hepatitis		en e	Provider
Decompensated hepatic cirrhosis (HCC	2/13/2020	The second secon	Provider
Hepatic encephalopathy (HCC)	2/7/2020	- Andrews	Provider
Hypertens:on	Married .	вуюч	Provider
Past Surgical History Procedure	akturi Challakha da ka da ka		Stanfel allegar og tarmynningen militarien med hanningsverende
HX HERNIA SURGERY	Laterality	Date Comments	Source Provider
IR PARACENTESIS WITH IMAGE GUIDANCE		2/9/2020	Provider
IR PARACENTESIS WITH IMAGE GUIDANCE	nderstand.	2/12/2020 —	Provider
Family History as of 2/16/2020			
Family History as of 2/16/2020	ite dat in Marie Marie Physiologica and referencia en Polocy, y Christia di son additivacje ud eperdon	андағ қолуын бірі (қол ғағында қыйл топ с) дейірікті ұйтарында қайлын жұй қаранда қайдында 20 бірі қаралық адалын айдында түрі қаралық айдында қайлық қайлық айдында қайлық қайлы	geraansy aku-nakkoya ilio akiingagaruun ut upoussaaruaanso 300- akkin
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The state of the s	atus: Alive Age: — ont: —	Genetic Sex: Male Gender Identity: Male	Father:
Mother			
Relationship: Mother Name: — S — Mother: — Linked with: —	latus: Alive Aga: —	- Genetic Sext Female Gender Identity: Fe	male Father:
Other			
Relationship: Other Name: — Sta Mother: — Linked with: — Comm		Genetic Sex: Unknown Gender Identity: —	Father: —
Condition	Age of Onset	Comment	
Cirrhosis	guid na historian hann hann an deagaige of hadron, na meannann a sine ann a'	нь меррых условным от неменерору учественного подованием подованием и неменерору выполня на простительного подованием подованием подованием на принценерору выполняющим подованием подованием на принценерору выполняющим подованием подова	age, generaling agreement from a planting or the configuration of the form of the configuration of the form of the configuration of the form of the configuration of the configur

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



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

Patient (continued)

otomon O Carriallas III.as				Section 1	
stance & Sexuality History Tobacco Use as of 2/16/202	estrementation de como incomo como de como de la como de como	Man edocepha eller i constancemento in sitemados signi o	ner deputation of the state of	escribe resona con colonia dinor regonillo videnti (iligo Mesociale vid	Burdia verkendige klassi i Karilla Salasa Sizarran vala Burdia vider (Berdia (Berdia) salasa salasa vala vider
Smoking Status	Smoking Start [)ate Smo	king Quit Date	Packs/Da	y Years Used
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-			keless Tobacco		Quit
Types Chew	Comments	Stat	us ent User	Date	Source Provider
Onot		Cui	ent Oser		1 TOVIGOT
Alcohol Use as of 2/16/2020					
Alcohol Use	Drinks/Week	Alcohol/We	ek	Comments	Source
Yes	20 Cans of beer 10 Standard drinks or equivalent	30.0 standar	d drinks	Unable to artico at this time	ulate amount Provider
Frequency	Typical Drinks	Binge Drink	ina		
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Drug Use as of 2/16/2020					
Drug Use	Types	Frequency	euro Processos en agrectora a contrendar que reg e na academiento po	Comments	Source
Not Currently	nim vast nitrovam nima. Too dar maremately publishe innas adoption is sugmandire (governing page) populyedge og Marema	eritariori (iliano di un sul companio del contra di un sun mandian	nge unen etterpige op meter ten men fan jederpischen.	magan bagan bashing tir O per ande ordered blas, code o dedenting and per	Provider
Sexually Active	Birth Control	Partners	manusia magangan pengungan pengungan berangan pengungan pengungan pengungan pengungan pengungan pengungan peng Pengungan pengungan	Comments	Source Provider
Sexually Active	Birth Control	Partners	teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (Teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (teriorium (Comments	processor has program consequent interpretability of a processor that of the improve our other
Sexually Active — ioeconomic History as of 2/		Partners		Comments	processor has program consequent interpretability of a processor that of the improve our other
na mangasan manasandah mengan Bilan bangga mengan dibunan dapid 1 samanya 1 sa dal kanasan	16/2020	Partners		Comments	processor has program consequent interpretability of a processor that of the improve our other
cioeconomic History as of 2/ Socioeconomic as of 2/16/2 Marital Spouse	16/2020 020 Number of Years	Partners Education	Preferred		Provider
cioeconomic History as of 2/ Socioeconomic as of 2/16/2 Marital Spouse Status Name	16/2020		Language	Ethnicity	Provider Race Source
cioeconomic History as of 2/ Socioeconomic as of 2/16/2 Marital Spouse	16/2020 020 Number of Years	Education		Ethnicity Non- Hispanic	Provider Race Source White or — Caucasian,
Sioeconomic History as of 2/2 Socioeconomic as of 2/16/2 Marital Spouse Status Name Married — Financial Resource	16/2020 020 Number of Years Children Education	Education Level	Language English Transp	Ethnicity Non- Hispanic ortation Needs	Provider Race Source White or — Caucasian, Not Hispanic :: Transportation Needs
Sioeconomic History as of 2/ Socioeconomic as of 2/16/2 Marital Spouse Status Name Married	16/2020 020 Number of Years Children Education	Education Level	Language English	Ethnicity Non- Hispanic ortation Needs	Provider Race Source White or — Caucasian, Not Hispanic
Sioeconomic History as of 2/2 Socioeconomic as of 2/16/2 Marital Spouse Status Name Married — Financial Resource	16/2020 020 Number of Years Children Education	Education Level	Language English Transp	Ethnicity Non- Hispanic ortation Needs	Provider Race Source White or — Caucasian, Not Hispanic :: Transportation Needs
Socioeconomic History as of 2/ Socioeconomic as of 2/16/2 Marital Spouse Status Name Married — Financial Resource Strain	16/2020 O20 Number of Years Children Education Food Insecurity: Worry Ina	Education Level	Language English Transp	Ethnicity Non- Hispanic ortation Needs	Provider Race Source White or — Caucasian, Not Hispanic :: Transportation Needs
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Socioeconomic History as of 2/16/2 Socioeconomic as of 2/16/2 Marital Spouse Status Name Married Financial Resource Strain Social Documentation 2/13/20	Number of Years Children Education Food Insecurity: Worry Ina	Education Level od Insecurity: bility	Language English Transp Medica	Ethnicity Non- Hispanic ortation Needs	Provider Race Source White or — Caucasian, Not Hispanic :: Transportation Needs
Socioeconomic History as of 2/16/2 Socioeconomic as of 2/16/2 Marital Spouse Status Name Married Financial Resource Strain Social Documentation 2/13/20	Number of Years Children Education For Food Insecurity: Worry Ina as of 2/16/2020 last reviewed by Brenda J Hotocut 1 month prior to admission.	Education Level od Insecurity: bility	Language English Transp Medica	Ethnicity Non- Hispanic ortation Needs	Provider Race Source White or — Caucasian, Not Hispanic :: Transportation Needs
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Page 3



Informant Other

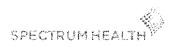
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BUTTERWORTH HOSPITAL 100 Michigan St NE Grand Rapids MI 49503-2560 Abraham, Gregory Anthony MRN: 18702148, DOB Sex: M

Patient (continued)

Current Medications	
furosemide (LASIX) 40 MG tablet	
Instructions: Take 40 mg by mouth Every morning. Entered by: Danielle Fron, CPHT	Entered on: 2/6/2020
lactulose (CONSTULOSE) 20 GM/30ML SOLN	
Instructions: Take 30 mL by mouth Every morning. Entered by: Danielle Fron, CPHT	Entered on: 2/6/2020
magnesium oxide (MAG-OX) 400 (241.3 Mg) MG tablet	
Instructions: Take 400 mg by mouth 2 times daily (with meals). Entered by: Danielle Fron, CPHT	Entered on: 2/6/2020
potassium chloride (K-TAB) 10 MEQ tablet	
Instructions: Take 10 mEq by mouth Every morning. Entered by: Danielle Fron, CPHT	Entered on: 2/6/2020
Prenatal Vit-Fe Fumarate-FA (PRENATAL PLUS) 27-1 MG TA	BS
Instructions: Take 1 tablet by mouth Daily. Entered by: Danielle Fron, CPHT	Entered an: 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	

Page 4



Abraham, Gregory Anthony MRN: 18702148, DOB:

Visit date: 2/14/2020

, Sex: M

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

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CT ABDOMEN AND 2/14/2020 3:00 PM	PELVIS WITHOUT IV CONTRAST	Comp	pleted	
Time	Provider	Department		Lengtl
3:00 PM	BL CT 01	SHBL IMAG CT	gilan (suumber dab), sijili pemuk dia fispera viiha tiperkapa, joer 2 suurindiandianus julii diili kalaja gaf 2 kees	30 mil
Referrat Provider: Enc Form Number.	VUTLA, BALAJI 32936600	Arrval Time;	2:42 PM	
History Made On: 2/1	4/2020 2:08 PM	By: George	L Dobias, RTR	E
	4/2020 2:42 PM		/ B Twiss, RTR	E
EOD Status: 2/1	8/2020 11:03 PM	By: Backgro	und, Cadence	£



Where? When?

Which is your dominant hand?

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

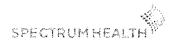
MRN: 18702148, DOB: Acct #: 99105609860 , Sex: M

Visit date: 2/14/2020

02/14/2020 - Appoin	tment in Spectrum H	Visit date: 2/14/2020 ealth Hospitals Blodgett C	T (continued)	
ging	-			
то по при	utalah sela 1854 1854 1854 1854 1854 1854 1854 1854	jout despenseurs jeu vegajuskyd en jir nach droed program droeger verkenaage; de de meder meder van jeung in aldereger en littings jakaaj ontder Droed in jeung verkenaar jeung verkej verkej verkenaar jeung verkenaar jeung in 1944 jeung verkej verkej jeung van jeung jeung verkej	ka jampi, palgi mangadi Maramana ni Sargamagangan (jau) igadabatan an ilaligi. Jammida (ani minimining (man Migu) Maramana ni minimining kangangan ni mangangangan ni minimining kangangan ni minimining kangangan ni minimining	
CT ABDOMEN AND PELVIS WITHO	UT IV CONTRAST (Final re	esult)		
Electronically signed by: Balaji Vutla		ликония континенти и постоя и постоя постоя в почения постоя почения почения почения почения почения почения п 57	Status: Complet	
This order may be acted on in anothe Ordering user: Balaji Vutla, MD, MPH		Ordering provider: Balaji Vulla,	MD MPH	
Authorized by: Balaji Vutla, MD, MPF		Ordering mode: Standard	WO, WILL	
Frequency: Routine Once 02/14/20 1		Class: Hospital Performed		
Quantity: 1		Lab status: Final result		
Indications comment: Abdominal dist	ention, warsening	Instance released by: Balaji Vu	tla, MD, MPH (auto-released)	
leukocytosis		2/14/2020 1:57 PM		
Questionnaire	The line with the Property of the Control of the Co	ingles on the second control of the second control of the control	alasan mahalan kalangiar laka sa ada farafarak on mengangkan pendagan pendagan behila dalah dalah menjeri menga	
Question	monte des Appartiques dem armonoment maneram y lang daga valença que anamanos cas entagricas regençants est	Answer	os freguesas legimas glas er lig producijas viņus virhijosajas, dieda martijas ar idas gija virdis direktiva (dar 1 hiertema (r. 17).	
Rule Out/Verify/Other Pertinent H		Abdominal infectious etiology		
What are the patient's sedation re		No Sedation		
Initiate Rad Pre Procedure Protoc	OOE?	Yes		
Initiate CT Contrast Protocol?	tangent against a PT for a of 1.2	Yes		
De you want PO contrast adminis	itered prior to CT Imaging?	No		
Screening Form	r zijawyaro, oco ajim i kifelo sanganimamo sijavyan ya shozyammayolo sanjajim siyawiya yayaldaliin siyyon	at magay pana anno തുന്നിൽപൂർവർ എടപ്പിൂർവിടത്തുപോല സര്മാ ക്ക (സമ് സൂര്) സർ നൽത്വെന്റർ കിറ്റ്വേഷർർവിൽ പാറ്റ്? കിർത്തത്തെ വ്വേദ	kija belaikhakan libuwa Debalai wa katalai kata waten kimungandha da kun sata situ sa katalai kata kata kata k	
General Information				
Patient Name: Abraham, G	regory Anthony	MRN: 18702148		
Date of Birth: 5/22/1963		Home Phane: 313-903-0379		
Legal Sex: Male				
Procedure	Ordering Provider	Authorizing Provider	Appointment Information	
CT ABDOMEN AND	Balaji Vutla, MD, MPH	Balaji Vutla, MD, MPH	2/14/2020 3:00 PM	
PELVIS WITHOUT IV	⁶ 616-391-3139	^C 616-391-3139	BL CT 01	
CONTRAST	©(616)479-5626	[©] (616)479-5626	SHBL IMAG CT	
Screening Form Questions				
No questions have been ar	swared for this form	eran garantan fenomen en statenteg inter etterfatte van materiale och statente statente etterte kat till en te	onge, engeneration byen streen, seneralism upper vers or him players pair distantingment for eras annealization district the extension of the distantial for the ex-	
Begin Exam Questions	Answer		aalistuuputsi soomaanid oo maraasii oo maraasii oo maraasii oo o	
Correct Patient?	Yes	n sakusen moss summat sistesumers nyongan han titlah haangan titar nadistidan signi ajannaan summadad sing nasandanosya.	Mer E E B. America (St. 1986) - Service Color (St. 1986) - Service (St.	
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		And the second s	
Patient given reason for imagin		· · · · · · · · · · · · · · · · · · ·		
Pain?	on an arter a second			
Where?				
Duration?		and the second s		
Injury?				
What?				
When?				
Any relevant images outside S	pectrum			
Health?	p = 2 Will			
Mhoro2				

Printed on 8/26/20 10:57 AM Page 6

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

an a water in the superior and the companies of the passes of a passes of the passes of the passes of the pass Answer

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

each below):

Patient factors for deviation:

Please specify reason for motion:

Technical factors for deviation:

Please specify reason for IV problems:

Please specify reason why unable to

visualize anatomy:

Imaged in error (IE modifier)

Research Protocol Followed?

Did the patient have a possible contrast

reaction?

Medication Lot Number

Was there a possible extravasation

during this exam?

Estimated volume of extravasation

Contrast media injection method

Contrast Rate

Was there a possible MRI Thermal

burn?

On site RN and/or Physician notified

Full name of RN notified

Notified Ordering Provider

Full name of provider notified

Patient sent to Emergency Department

for evaluation/treatment?

Is this a special needs patient?

CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST

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

Namative:

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.

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 vicanously excreted contrast.

Pancreas: The pancreas is normal.

Printed on 8/26/20 10:57 AM Page 7



Abraham, Gregory Anthony

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

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

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

, Sex: 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

Order status: Completed Filed by: Kimberly B Twiss, RTR 02/14/20 1501

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

Accession number: 4078958

Resulting lab; EXTERNAL LAB

Testing Performed By

Valid Date Range Lab - Abbreviation Name Director Address 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

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

Codin	g Summary	

Account	Information
ACCOUNT	mormation

***: 4	omiešta žininė farantinia. Oždinė rai ir garandina metodybaninėmi, metodybaninėmi tripini diau diau ir dienimo	i kankanan geberasi nganggag Milandar ngang kanan katan katan ing kandar na kangan biban kanan kanan kanan kan	property contractions process and an explain the contraction of the explainable contraction o	matrica from conduct of the company of the conduction of the condu
	Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
No.	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	Point 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 المراب المقال المقال المقال المعارض والمعارض والمعارض المعارض والمعارض والمعارض والمعارض والمعارض والمعارض	raid or humalistical and produced and ordered and record or the contract of th	entition in the print and the following the property of the pr
Code	Description		Comments	
فالها فالمار بالمنظم المالية والمحافظ والمعاقية فليأته فيأتها فعاليا والمرابع	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 المسترب والمائية الميسان بالراب المراب	- Colomination of the contract	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

Printed on 8/26/20 10:57 AM



Grand Rapids MI 49506-2921 Acct #: 99105609860

MRN: 18702148, DOB: _____, Sex: M

Visit date: 2/14/2020

Abraham, Gregory Anthony

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

Code	Description	n	na Provider	Px Event
Procedures	(ICD-10-PCS)			
R68.0	Hypothermia, not associated with low environmental temperature	No	No	No
R34	Anuria and oliquria	No	No	No
K72.90	Hepatic failure, unspecified without coma (HCC)	Yes	No	No
K44.9	Diaphragmatic hernia without obstruction or gangrene	Yes	No	No
K21.0	Gastro-esophageal reflux disease with esophagitis	Yes	No	No
F43.10	Post-traumatic stress disorder, unspecified	Yes	No	No
540.40		POA reporting		N. Z
Z65.1	Imprisonment and other incarceration	Exempt from	No	IVO
F17.210	Nicotine dependence, cigarettes, uncomplicated	Yes	No	No No
F10.20	Alcohol dependence, uncomplicated (HCC)	Yes .	No	No.
110	Essential (primary) hypertension	Yes	No	No
K81.9	Cholecystitis, unspecified	No	No	No
K70.31	Alcoholic cirrhosis of liver with ascites (HCC)	Yes	No	No
K70.11	Alcoholic hepatitis with ascites	Yes	No	No .
D64.9	Anemia, unspecified	Yes	No	No
E87.5	Hyperkalemia	Yes	No .	No
Z66	Do not resuscitate	No	No	
Z51.5	Encounter for palliative care	No .	No	No No
E72.20	Disorder of urea cycle metabolism, unspecified (HCC)	No	CC	No
E51,2	Wernicke's encephalopathy	Yes	CC	No
D68.9	Coagulation defect, unspecified (HCC)	No	CC	No
D00.0	Acidosis	No	CC	No

Code	Description	Date	Performing Provider	Px Event
0W9G3ZZ	Drainage of Peritoneal Cavty, Percutaneous Approach	02/09/2020	Manish K Varma, MD	ugungaggar i merkhar i indirirladdig saddi tirdir. John big and grind flauthyririr flamilyririr (tai 15th
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	The Control of the Control of the Control of	and the state of t	11,045.76
Description: S	SEPTICEMIA OR SEVERE SE	PSIS W/O MV >96 HO	URS W MCC				4	
871	MS-DRG V37 (FY 2020))	1.8663		10			11.045.76
Description: S	SEPTICEMIA OR SEVERE SE	PSIS WIO MV >96 HO	URS W MCC					
871	MS-DRG V37 (FY 2020) HAC Dx Included	1.8663	018	10			11,045.76
Description: S	SEPTICEMIA OR SEVERE SEI	PSIS W/O MV >96 HO	URS W MCC					
720	APR-DRG V37 (FY		1.7194	018	10	4	4	
	2020)							
Description: S	SEPTICEMIA & DISSEMINATE	D INFECTIONS						
720	APR-DRG V37 (FY	Admission DRG	0.9133	018	10	3	3	
	2020)							
Description: S	SEPTICEMIA & DISSEMINATE	D INFECTIONS						
720	APR-DRG V37 (FY	PPC DRG	1.7194	018	10	4	4	
	2020)							
Description: S	SEPTICEMIA & DISSEMINATE	D INFECTIONS						
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



Checked In:

EOD Status:

2/14/2020 3:35 AM

2/18/2020 11:03 PM

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

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

ES

ES

Visit date: 2/14/2020

Nicole Moore, RTR

Background, Cadence

By:

Ву:

pointment Informati	on NG DUCTS WITH DOPPLER	the adigition of the suppose representatives they compare of a primary constraint of the compared to the suppose the compared to the compared	pleted	yan figanifikiji yikan Dana Philipiki, madi ali aru dargungsaya Da
2/14/2020 4:00 AM	MG BOOTS WITH BOFFEER	Con	preteu	
Time	Provider	Department		Length
4:00 AM	BL US 01	SHBL IMAG US	rakturung untah menggah katapatan para sebahanggap (10 - tep 1 perbahan untuk 19 Katapate) dapa terdahan keban Sebahan	60 mir
Referral Provider: Enc Form Number:	HOFFNER, BRENDA J 32920707	Arrival Time:	3:35 AM	



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)

anna	

Imaging

US LIVER INCLUDING DUCTS WITH DOPPLER (Final result)

Electronically signed by: Brenda J Hoffner, FNP on 02/14/20 0251

Status: Completed

This order may be acted on in another encounter.

Ordering user: Brenda J Hoffner, FNP 02/14/20 0251

Ordering provider: Brenda J Hoffner, FNP Ordering mode: Standard

Authorized by: Brenda J Hoffner, FNP

Class: Hospital Performed

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

Class: Hospital Performe Lab status: Final result

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

Questionnaire

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

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



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 ClAbronnat HV: X Normal Main E. Abnormal Norma Right Discomal Lett C'Abrormat Right X Mormai [Abnormat millin. ZWA: LOFINGY JACOURAL 13 Abcormal XINGIMAL PSVZH CITYSEE Li Abrormal PV: Main npv 12mm Vi Normal C. Absormal Rela た William **W**Normal Lett [[Absormat Document thrombus on image *** Abroraul in 15.7 cm unth reingrictisticon 10. leun 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



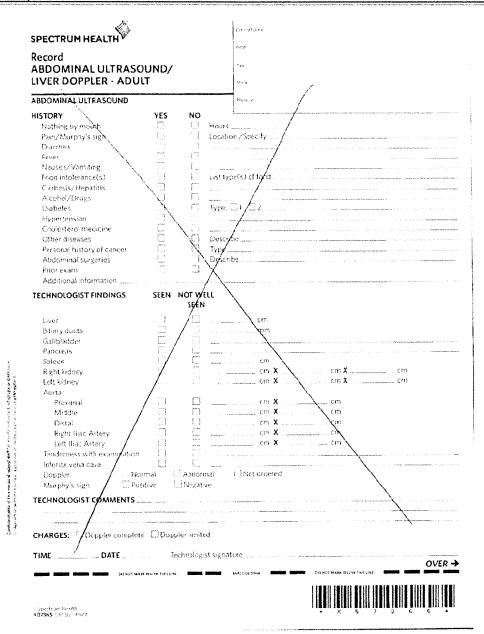
Abraham, Gregory Anthony MRN: 18702148, DOB:

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)



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

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

6 and Sign Commence 4070000

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

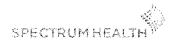
Accession number: 4076068

Narrative:

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 Acct #: 99105609860

Abraham, Gregory Anthony MRN: 18702148, DOB: J

, 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)

Coc	ling	Summary	

Account information	Account	Information	
---------------------	---------	-------------	--

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

ABRAHAM, GREGORY

ANTHONY

Admission Information

Arrival Date/Time: 02/06/2020 0335 02/06/2020 1725 IP Adm. Date/Time: Admit Date/Time: Admission Type: Emergency Point of Origin: **Emergency Room** Admit Category:

Means of Arrival: Ambulance Transfer Saurce:

Admit Provider: Jason R Biehl, MD

Primary Service: Service Area: Attending Provider: Balaji Vutla, MD,

General Medicine Secondary Service: Unit:

MPH

Referring Provider:

Brenda J Hoffner. **FNP**

02/06/2020 2315

Discharge Information

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

Hospitals Blodgett Ultrasound

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

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

Final Diagnoses (ICD-10-CM)

				Affects
Code	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
K76.6	Portal hypertension (HCC)	No	CC	No
N17.9	Acute kidney failure, unspecified (HCC)	No	CC	No

Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

, Sext M

Visit date: 2/14/2020

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

A09	Infectious gastroenteritis	and colitis, unscecilier	1	3	Yes	CC		No
E87.1	Hypo-esmolality and hyp				Yes	CC		No
E87.2	Acidosis	DOTISCOTTICE .			No	CC		No
D68.9	Coagulation defect, uns	pecified (HCC)			No	CC		No
E51.2	Wernicke's encephalopa				Yes	CC		No
E72.20	Disorder of urea cycle n		/HCC\		No	CC		No
Z51.5	Encounter for palliative		(1.00)		No	No		No
Z66	Do not resuscitate	care			No	No		No
E87.5	Hyperkalemia				Yes	No		No
D64.9	Anemia, unspecified				Yes	No		No
K70.11	Alcoholic hepatitis with a	aenitae			Yes	No		No
K70.31	Alcoholic cirrhosis of live				Yes	No		No
K81.9	Cholecystitis, unspecifie				No	No		No
110								No
	Essential (primary) hype				Yes	No .		
F10.20	Alcohol dependence, un				Yes	No		No
F17.210	Nicotine dependence, ci		c .		Yes	No		No
Z65.1	Imprisonment and other	incarceration			from POA reporting	No		No
F43.10	Post-traumatic stress di	enrear tinenarified			Yes	No		No
K21.0	Gastro-esophageal reflu		nitie		Yes	No		No
K44.9	Diaphragmatic hernia w				Yes	No		No
K72.90	Hepatic failure, unspecil				Yes	No		No
R34	Anuria and ofiguria	ileo wimour coma (moo	•)		No	No		No No
R68.0	Hypothermia, not assoc	to A and a state for an analysis and			No	No		No
Procedures (IC Code	Description	tens meter som sinds skallet gar i sommen en sid til det meller som som operader skalles som Som en som side til det skallet som side skallet skallet skallet skallet skallet skallet skallet skallet skall	Date	itale viim minim vale viike viim vale viim val	Performi	ng Provid	ler	Px Event
0W9G3ZZ	Drainage of Peritoneal C Approach	Cavity, Percutaneous	02/09/.	2020	Manish K	Varma, N	1D	
0W9G3ZZ	Drainage of Peritoneal (Approach	Cavity, Percutaneous	02/12/:	2020	Michael F	Knox, Mi	ס	
G Information	entreset men stjerning vin deposition to men vær gæriger en en skrætistjer stretaligerige men elle	engangan pengangan kalan dan menanggan kenanggan penganggan pengangan pengangan pengangan pengangan pengangan	musm eegevalus sussi maanusatamusta uysa mina s	lean han may parket parket before a fine	-ngs/septonesses	- North Carlotte (State Carlotte Carlot	e gjih oje žiri pikravanjenjen nipo osio obish	produce estilg and proportional leading a superioral learn subservable from all white-
DRG	DRG Type	Ph 11 Et		MDC	LOS	SOI	ROM	Exp Reim
		Qualifier	Weight	ALDO	an may enter the group of the property of the	الدمة لا والمستولين في من في من والواد الم		
871 [Billing] Description: SEF	MS-DRG V37 (FY 2020) PTICEMIA OR SEVERE SEF	Analyzed DRG	1.8663	018	10	ed regging, amerikanskepskepskeps, sid i novik		11,045.7
Description: SEF 871	MS-DRG V37 (FY 2020)	Analyzed DRG PSIS W/O MV >96 HOU)	1.8663 JRS W MCC 1.8663	had the private produced to great private pri	an may enter the group of the property of the	of regress over the energy substitution of a fundament		11,045.7
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871 Description: SEF 871	MS-DRG V37 (FY 2020) PTICEMIA OR SEVERE SEF MS-DRG V37 (FY 2020) PTICEMIA OR SEVERE SEF MS-DRG V37 (FY 2020) PTICEMIA OR SEVERE SEF APR-DRG V37 (FY) Analyzed DRG PSIS W/O MV >96 HOU) PSIS W/O MV >96 HOU) HAC Dx Included	1.8663 JRS W MCC 1.8663 JRS W MCC 1.8663	018	10 10	4	4	11,045.7
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Printed on 8/26/20 10:57 AM Page 17

2020)

Description: SEPTICEMIA & DISSEMINATED INFECTIONS



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

2/16/2020 11:03 PM

EOD Status:

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

Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

Meghan L Fegan, RN

Background, Cadence

, Sex: M

ES

ES

Visit date: 2/12/2020

ppointment Information IR PARACENTESIS WITH IMAGE GUIDANCE 2/12/2020 2:00 PM		Completed		्रिक् _ष ्रास्त्र _ा इत् वृद्धिः कुरुष्यास्त्रास्त्रः इत्तराज्ञाः न स्वत्यस्त्रापुत्रस्त्रीयः देशे प्रोत्तराज्ञास्त्रः इति ।
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2:00 PM	Connie J Vos. RN (Rad/Proc RN)	SHBL IMAG IR		60 mir
Referrat Provider: Enc Form Number:	VUTLA, BALAJI 32881864	Anival Time:	1:43 PM	

By:

By:

Printed on 8/26/20 10:57 AM Page 18



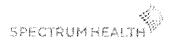
Abraham, Gregory Anthony

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

Visit date: 2/12/2020

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

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Authorized by: Balaji Vutla, MD, MPH		Ordering mode: Standard	
Frequency: Routine Once 02/12/20 094	#1 - 1 occurrence	Class: Hospital Performed	
Quantity: 1		Lab status: Final result	
Instance released by: Balaji Vutla, MD,	MPH (auto-released) 2/12	72020 9:41 AM	
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Question	PAN SAMESTAN	Answer	Contacts accommon acciono del contactorio con terror fore consecutivo accidentamentamente esta e contributa con Andre
Reason(s) for Exam/Signs and Sym	nptoms:	Cirrhosis	
Diagnostic or Therapeutic?		Therapeutic	
Rule Out/Verify/Other Pertinent His		Cirrhosis	
Does the patient have a contrast all	the state of the s	No	
Sleep apnea or other special sedati		No Sedation	
What are the patient's sedation requ	uirements?	No Sedation	
Screening Form			
General Information	rd med a abilitado estable estable coment fillenda, el arrivena empleo de empleto de medito de medito estable e	under det beschin with mit der beschieden der Beschinde Beschind der Steut im beschieden der der der der der d	on Charles and Cha
Patieni Name: Abraham, Gre	gory Anthony	MRN: 18702148	gg de regented de de trois de Comme de la comme de des métados de des de des de des de de de de de de de de de La commencia de
Date of Birth: 5/22/1963	3 ,,	Home Phone: 313-903-037	9
Legal Sex. Male			
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	^C 616-391-3139	BL IR 03
	616)479-5626	¹⁰¹ (616)479-5626	SHBL IMAG IR
Screening Form Questions			
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Abraham, Gregory Anthony

MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

Visit date: 2/12/2020

Accession number: 4067277

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

Imaging (continued)

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

IR PARACENTESIS WITH IMAGE GUIDANCE

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

Ordering provider: Balaji Vutla, MD, MPH 02/12/20 0941

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

Performed: 02/12/20 1412 - 02/12/20 1424

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

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.

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,	
			М	
			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

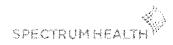
Filed by: Craig R Myers, RTR 02/12/20 1412

Accession number: 4067277

Order status: Completed

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

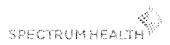


Abraham, Gregory Anthony MRN: 18702148, DOB: _____, Sex: M

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 associate	d with the log.	
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Timeout Details	and the second second control of the second	فالك والأنا المائية بالمنافقة والمراجعة المنافعة المناز المناطعة المنازع والمنافعة المنافعة والمنافعة والم
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Correct procedure? Yes		
Site marked? Yes		
H&P note completed? Yes		
Consents verified? Yes	•	
Radiology studies available? Y		
Relevant lab results available?		
	103	
Allergies reviewed? Yes		
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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)

Caca	631	468	(continued)	
Case	001	400	icontinueai	

Verification History		
Surviviore description of the street of the	$w_{i} = w_{i} + w_{i$	0.00000000000000000000000000000000000
Staff	Performed	Verified
Connie J Vos., RN	Wed Feb 12, 2020 1404	

Clinical Documentation

Case Tracking Events				
Event	The state of the s		Time In	
In Preprocedure	 4.6 A A (2) PROTECTION (1) A CONTROL OF THE ACTION (1) A CONTROL OF THE A	employed to the red and half the factor of the straight where we are agreed the recover break to make the part	1325	nny vederkijskeur i social Salam eilane i Sterioriske in die der der der 1935 in 1944 en 1940 in 1940 en 1940 e I
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:

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

, Sex: M

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

ing Summary	promoterior internation, data in includent part (for including the contract of	Children White Source to Jean Leville	Anna de la companio del companio de la companio de la companio del companio de la companio del la companio del la companio de la companio de la companio de la companio de la companio del la companio del la companio de la companio del	in the contract of the contrac	of the charge control of the first Act	- Operation City (Marketing the Arthritish and City See Arthritish (Marketing Arthritish	elektrica (der jedne
Account Information							
Hospital Account	Primary Payor	. Ole ilg film basid sodin yarib nugʻilan ugʻilin vap	Affiliated R	ecurring Acc	ounts	Combi	ined from HAR
99105609860 - ABRAHAM,GREGOR ANTHONY	8CBS [2] XY	en allei in vergitaad is och nävert äv set dated	None	adamin'ny fivondronan'i November (1994) ao amin'ny fivondronan'i November (1994) ao amin'ny fivondronan'i November (1994) ao amin'ny faritr'i November (1994) ao amin'ny farit	gelder fan wett nêder die wekry voor en dit kaan	None	
dmission Information							
Arrival Date/Time	02/06/2020 1343	Admit D	ale/Time:	02/06/2020	1725	IP Adm. Date/Time	e: 02/06/2020 2315
Admission Type:	Emergency	Point of	Origin:	Emergency	Room	Admit Category:	
Means of Arrival	Ambulance	Primary	Service:	General Med	dicine	Secondary Service	₽;
Transfer Source:		Service .	Area:			Unit:	
Admit Provider:	Jason R Biehl, MD	Atlendin	g Provider:	Balaji Vutla, MPH	MD,	Referring Provider	: Balaji Vetla, MD, MPH
ischarge Information							era pari i para el Alexan qui piete cicar que la dat ^a dell'angles elevanguagesta en sistem
Discharge Date/Time	e Discharge Disp	osition	Discharge I	Destination	Discha	arge Provider	Unit
02/16/2020 0254	Expired		None		None		Spectrum Health Hospitals Blodgett Interventional Radiolo
dmission Diagnoses /	en transmister de la companyación d	D-10-CM)	kano an ahaki poko akin akin basharin a	en registrodujos, no tradicionos cidades tradiciones sens	······································	roughe petrologica properties the through a service of the service	Spire synce, au browge soon hawe oug de sy e vikelakierweier 1905 wit dat 1904 in 1905.
and the control of th	Description	and the second second		antino po el magnificiano sull'um americano consecutados silver ham	ay ayan yaran daka bana iyaran b	Comments	Spager y consensation requirement prescripts previously the definition followed in the
K72.90 F	tepatic failure, unspeci	ifiad withou	it come (HC)	7.1			

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
A41.9 [Principal]	Sepsis, unspecified organism (HCC)	Yes	No	HAU.	Yes
K76.7	Hepatorenal syndrome (HCC)	No	MCC		Yes
R65.21	Severe sepsis with septic shock (HCC)	Yes	MCC		No
K65.2		Yes	MCC		No
K76.6	Spontaneous bacterial peritonitis (HCC)	No	CC		No
	Portal hypertension (HCC)		CC		
N17.9	Acute kidney failure, unspecified (HCC)	No			No .
A09	Infectious gastroenteritis and colitis, unspecified	Yes	CC		No
E87.1	Hypo-osmolality and hyponatremia	Yes	CC.		No , No
E87.2	Acidosis	No	CC		
D68.9	Coagulation defect, unspecified (HCC)	No	CC		No .
E51.2	Wemicke'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			
F 10 10	Dock to constitution of the advantage common alfined	reporting	No		No
F43.10 K21.0	Post-traumatic stress disorder, unspecified Gastro-esophageal reflux disease with esophagitis	Yes Yes	No		No

Page 24



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) (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 control of the second of the control of the con
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)

Code	Description	Date	Performing Provider	Px Event
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous	02/09/2020	Manish K Varma, MD	grav, dyr. jilongar, jalyky, agolf (oma omskjirtirann skilaryk) olikiser, mily, daglarddary'r Graf (dal la t)
0W9G3ZZ	Approach 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	to in and repair and and in the state of the second	ajay () vali menintiga () valimenteen vali jäh vali valima etemä () ete	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 HOU	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

Background, Cadence

Visit date: 2/9/2020

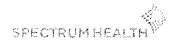
MRN: 18702148, DOB: Acct #: 99105609860

, Sex: M

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

pointment Informati	on				
IR PARACENTESIS WITH IMAGE GUIDANCE 2/9/2020 9:30 PM		Com	anger Affair Mei vicker a Affair deur Thair ann an Affair Affair An Air Ann an Aire Ann an Aire Ann Aire Ann a Thair	metrodramo (16 p. i Strog Papupia), agus	
Time	Provider	Department			Length
9:30 PM	BL IR 02	SHBL IMAG IR	gagit, glave vor imagem elokker (1953 filmspare) fakti typeset kall mit de filmfalker (1868 e meget overe	omencomising coleditionals and a policy of inflanciation risk on a six collection difference with	60 min
Referral Provider:	LOREE, COURTNEY M	Arrival Time:	9:35 PM		
Enc Form Number:	32803913				
History					
Made On: 2/9	9/2020_9:01 PM	ਰਿy: Jessica	A Yates, RN		ES
Checked In: 2/9	9/2020 9:35 PM	By: Jacob F	Rossman		ES

ES



Abraham, Gregory Anthony MRN: 18702148, DOB:

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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IR PARACENTESIS WITH IMAGE GUIDA	ANCF (Final result)	ing tidag sites ikadanakantka athas nethin Menedahasan esakat hidas inkes di das bekenetiti di Kessak kil delag Sites ikada sites ikadan di kada sethin Menedahasan esakat hidas inkes di das bekenetiti di Kessak kil delag Sites i Nib Alba	other countries and the visit annual left when the traditional and artifering and the fellowindow man throughout the miles admired
Electronically signed by: Christine S Mai	As some networks - recommended, recognizations to book constructions are not absent	edichares, un parcessocialiste charapeous como ma persociamente, bel una cidión escribita 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	ويتعلقت مدرس فيفطف فالمسابق والراء ويتم والمعير والميارات فيتوافعون فالاراد الإستهامات واستعكما الإيروانة	pitas przypiłaczytkocytocków opaczający czimowo pitastych – pitrocką spitowo je od 200 pitroczych i i przici p	- 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 meras anno sano sano in mano metros sa enas sobre se anno metro per e displombente e en establismo de e
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	anderstader stage einer entstellt dasse in Kanni fannskateringer en trege var proteste das in eine Antikelle der in Helen	ониционицион и усторо на рожащиници формальных портобря повыествах и истойнитерновый восточноствовый совествой до	nic majarka kelanda ja jerisele kula milietaki era jerinda dinitirasi kuta mata tingak di serambantak menitira
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 the second control of	Courtney M Loree, PA-C	Courtney M Loree, PA-C	ዸቒ፟ጜኯኯኯኯ፟ኯኯ፟ቘፙዄኯኯፘኯኯ፟ቔፙጚኯፙጚኇ፟ቜፙኯኯፙኯዀ፟ቔፙኯዄቔፙኯፙፙፙዀዀዀፙፙፙኯፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙፙ
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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	
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Previous Implant Safety Evaluation No previous implant docume 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 docume 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 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 Acct #: 99105609860

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

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

Ordering provider: Courtney M Loree, PA-C 02/06/20 2342

Order status: Completed

Resulted by: Manish K Varma, MD Performed: 02/09/20 2146 - 02/09/20 2337 Filed by: Edi, Rad Results In 02/09/20 2337

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Accession number: 4054270

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

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

Accession number: 4054270

Testing Performed By

Valid Date Range Lab - Abbreviation Name Director Address

Printed on 8/26/20 10:57 AM

Page 28



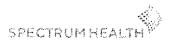
Abraham, Gregory Anthony MRN: 18702148, DOB: ______, Sex: M Acct #: 99105609860

Visit date: 2/9/2020

Signed

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

Page 29

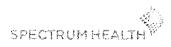


Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M Acct #: 99105609860

Visit date: 2/9/2020

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

gery Information	e o o o o o o o o o o o o o o o o o o o	ikan / terlaganan na katal telah kapita angan dari mengapan perman perman dari kelahari kahalan katal dari meng Katal katal katal katal katal penjangan penjangan penjangan penjangan katal katal katal katal katal katal katal
General Information		
Date: 2/9/2020	тельной перед на именять передовать по передовального на населения на предоставления по подова на подова на по Типе	Status: Posted
Location: SHBL IMAG IR	Room:	Service:
Patient class:	Case classification:	
Diagnosis Information		
No post-op diagnosis codes associa	ted with the log.	
Timeouts		roman er jan
Brett D Oman, RN at Sun Feb 9, 2	2020 2300 EST	on with the work of pour partners, or primarized in a dispersion of the contract of the contra
Timeout Details	inagana arang arang kang kang kang kang kang kang kang k	Sacrada e primario propor a material (May man beneficial) de la compansión de la compa
Timeout type: Pre Brief		
Timeout Questions		
Correct palient? Yes	organism (digital to demoly of the mark of the second control of t	g our may make the program of the second make
Correct site? Yes		
Correct side? Yes		
Correct position? Yes		
Correct procedure? Yes		
Site marked? Yes		
H&P note completed? Yes		
Consents verified? Yes		
Radiology studies available?	Yes	
Relevant tab results available		
Relevant tab results available Allergies reviewed? Yes	? Yes	
Relevant lab results available Allergies reviewed? Yes Have all team members beer	i? Yes r introduoad? Yes	
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Abraham, Gregory Anthony

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

Sun Feb 9, 2020 2145 Sun Feb 9, 2020 2305

Sun Feb 9, 2020 2333

Sun Feb 9, 2020 2334

Visit date: 2/9/2020

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

Staff Present		
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Manish K Varma, MD	Jacob Ros	
	Brett D Or	nan, RN
Verification History		
Staff	Performed	Verified
Brett D Omen, RN	Sun Feb 9, 2020 2300 EST	Sun Feb 9, 2020 2300 EST
sal Documentation	e a fra reggenerate (gerige fra fra 1 reggenerate fra a aport producerate) are also ton medicar explanations a	المنافقة المرافقة المرافقة والمرافقة
al Documentation ase Tracking Events	e al resonantiante have a less resonantes in automotivis translation had son automotive resonantialistication	andere a service de la marca de l'accessor de la casa d
ase Tracking Events Event		Time In

Event Tracking

In Room

Case Start
Case Finish

Out of Room

No event timings documented

Patient Preparation

None

Additional Items

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



Abraham, Gregory Anthony

MRN: 18702148, DOB: 1 Acct #: 99105609860

, Sex: M

Visit date: 2/9/2020

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

ounts Combined from HAR
None

providence in the responsibility of the providence of the second section of the section
Account Date (Turns)

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

Discharge Information

a terrament colore from a few sides sides a few colores and a few colores and a few colores and a few and	apper was inferrested from the particular which was to the properties and a professional contract interpretation of the	reflet bit i paramet per com per com personal encode, erroren personal esta com personal esta com com como como como como como como	20 VIII CHOCK COOK AND BENTALL TO VALUE TO CONTRACT TO	for drift, for 1618-collection of the setting of th
Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/16/2020 0254	Expired	None	None	Spectrum Health
	·			Hospitals Blodgett
				Interventional Radiology

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

de communicación de establicación de la company de la comp	tik saar protest om stelle som i tri eller van kronstelle sammen. Dit aktiv och stelle att sin att state talle	
Code	Description	Comments
K72.90	Hepatic failure, unspecifi	ed without coma (HCC)

Final Diagnoses (ICD-10-CM)

	ummanner manner men men men men men men die is ming delender die der die hauf versielle vergeliebe der die hauf der de die hauf de de die hauf de die				Affects
Code	Description Consider a national and paragraph or manual and paragraphic and manual in the paragraphic and manual interpretations	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
K76.6	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			
		reporting			
F43.10	Post-traumatic stress disorder, unspecified	Yes	No		No
K21.0	Gastro-esophageal reflux disease with esophagitis	Yes	No		No



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)

eryster of the second of the second of the			7 4 48 4 5 6 6 4 6 6	The control of the co
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

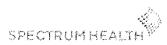
ICD Procedures (ICD-10-PCS)

Automotive regional and company and provided resemble to the second resemble and the second resemble a	tion gridge subtraction in the contraction and	الإدراعة المراجعة ويهاف القادو ومعارض الأحاسات المحادث الماد منود ودها استحييها	rya a tap tyddiothil a tyth af dlanag far ddoo taga a thyrafferant Brandhonffry aflig a glan af dalayfrag a Monthan a tharasta	esta a las caracterias estados de caracteristas de la caracterista de la caracterista de la caracterista de la
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	al in alternative place and the second	ndr (* 1773 mark). Professioner (EAP Kantha) (meh-sele	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 HOU	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: SEPTICEMIA & DISSEMINATED INFECTIONS



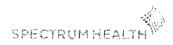
Abraham, Gregory Anthony

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 romay apparanci dan dipe		t mage Make a mart tills også mage av mag at til skyll for gat hang görstal. I	engle far opig v Ar bog oppgrag	e a qual escaba a establica e escaba formación e establica de establica de entre en establica de entre en esta		a ligger described for the contract and an experience of the contract of the c
ABDOMINAL PAIL	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 sebesad plakadaa oi sareag ooy e	Is ED?	ener nesudies disenses resultant exceptiges tiles il	nda omstatter valdenmen av eine	n hallen titlet hallen. Commission pager litte til der ill besorligtigt deget lend omstandet.	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	siantyaks sebasaitkaan	ekomponingo ur 1904 galaga karin harri ugarralanni instituta ka ugar schen papin inha
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 attribute in appropriate of it	Date Noted	- las emilijane glika sami anilje kalimen ligijik kilime salimi glimegan	Date Re	eolved	Pres	ent on Admission
Acute peritonitis (HCC)	office and the contract the contract of the co	and the state of t	02/07/2020	namadi yan 1990 (1994), ya 1904 nagalagi salahiri 1994 nagaga 1994 na 1994	and mon.		Yes	aan ja kuru itu aantayuu kanuu risuul misyastaa ritta, ee teliga vahisy selekelistek situs tiin viitee
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	
02/16/2020 0638	Expired	an an ann an Airlean (1905) The Market Market Ann an Airlean Ann an Airlean	None		Balaji \	/utla, MD, MPH		ctrum Health pitals Blodgett 1G

Page 34 Printed on 8/26/20 10:57 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)

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)
- 3. 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 As of Figh 45 (92)

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 Pat

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:

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)

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.

10

1942 Lactic acid elevated at 4.7

144

ED Course User Index

はだれば かいん 許多によい

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

- Alcohol abuse
- · Alcoholic hepatitis
- · Hypertension

Past Surgical History:

Procedure

Laterality

Date

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:

96/61 120 20

117 24

96/63 98 22

Temp: SpO2:

TempSrc:

95%

99/61

95%

98%

99%

Physical Exam

Printed on 8/26/20 10:57 AM

Page 37



Abraham, Gregory Anthony

MRN: 18702148, DOB: 4, 3 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

Red Cell Diameter Width
NRBC Absolute Count
NRBC Automated
Platelet
Nean Platelet Volume
Neutrophil Absolute
15.1
0.00
0.0
11.4 (*)
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

ED Provider Note (continued)	
Anion Gap	19 (*)
Glucose Level	78
Blood Urea Nitrogen	9
Creatinine	0.70
MDRD eGFR	>60
CG eCrCl	118
Calcium Level Total	9.3
Protein Total	7.5
Albumin Level	2.2 (*)
Bilirubin Total	7.1 (*)
Alkaline Phosphatase	191 (*)
Alanine	67 (*)
Aminotransferase	
Aspartate	197 (*)
Aminotransferase	
Hemolysis	
ACTIC ACID - Abnormal	A = (a)
Lactic Acid	4.7 (*)
ROTIME-INR - Abnormal	40.0 (4)
Prothrombin Time	16.6 (*)
INR	1.7 (*)
MMONIA LVL - Abnormal	04 (1)
Ammonia Level	91 (*)
Hemolysis	
AGNESIUM - Abnormal	4.5 (1)
Magnesium Level	1.5 (*)
IFFERENTIAL, MANUAL E	
Segmented Neutrophils	96 (*)
Manual	
Bands Manual	2
Lymphocytes Manual	1 (*)
Monocytes Manual	1 (*)
Eosinophil Manual	0
Basophils Manual	0 *Incomple
RBC Morphology	Normal
Hypergranular	Moderate
Neutrophils	Normal
Platelet Estimate	Normal
ANUAL DIFFERENTIAL B	
Segmented Neutrophils	97 (*)
Body Fluid	n
Mono/MacroBFL	2
Mesothelial Cell Body	1 (*)
Fluid Fatal Calla Caustad	100
Total Cells Counted OCT GLUCOSE NOVA ME	100
Glucose, POC	65 (*)
Narrative:	05 ()
- <i>Operator: Wurm, Nicole</i> DCT ISTAT CG8+ CARTRI	DOE VENOUS
bnormal	INDER RELEASED
	7.47 (*)
pH pCO2	7.47 (*)
	36 (*) 33
pO2	
Oxygen Saturation	68
Bicarbonate	27
Base Excess	3.0 (*)



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

48, DOB: _____, Sex: M

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)
ED Provider Note (continued)
   Sodium
                           132 (*)
                          5.8 (*)
   Potassium
   Hematocrit
                          55.0 (*)
   Glucose, POC
                          86
   Hemoglobin
                           18.7 (*)
   Ionized Calcium
                           1.15
   Narrative:
   Operator: Wurm, Nicole
POCT GLUCOSE NOVA METER AUTO - Abnormal
   Glucose, POC
                          105 (*)
   Narrative:
   Operator: Wurm, Nicole
LIPASE - Normal
   Lipase Level
                          40
APTT - Normal
   Activated Partial
                          23
   Thromboplastin Time
PHOSPHORUS - Normal
   Phosphorus Level
                          3.5
POCT ISTAT CREA CARTRIDGE - Normal
                          0.70
   Creatinine
   MDRD eGFR
                          >60.00
   Narrative:
   Operator: Wurm, Nicole
PERIPHERAL BLOOD CULTURE
   Cult Blood Peripheral
                          No growth
                          to date, less
                          than 24
                          hours
PERIPHERAL BLOOD CULTURE
   Cult Blood Peripheral
                          No growth
                          to date, less
                          than 24
                          hours
   Narrative:
   Draw from a different site than draw one.
BODY FLUID CULTURE
   Gram stain
                          WBCs
   Gram stain
                          No
                          organism
                           seen
BODY FLUID CELL COUNT WITH DIFFERENTIAL
   Specimen Source
                          Abdomen
   Color Body Fluid
                          Yellow
   Clarity Body Fluid
                          Hazy
   Total Nucleated Cell
                          7,890
   Count Body Fluid
   RBC Count Body Fluid
                          540
PH BODY FLUID
                          7.34
   pH Body Fluid
GLUCOSE BODY FLUID
   Glucose Body Fluid
                          56
LACTATE DEHYDROGENASE BODY FLUID
   Lactate Dehydrogenase 91
   Body Fluid
URINALYSIS
LACTIC ACID
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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)

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

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)

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.

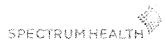
Annie Dermody 02/06/20 1916

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
17:25:05	Chief Complaints Updated	ABDOMINAL PAIN	Nicole A Wurm. RN
7:25:05	Trigger for Triage Start		Nicole A Wurm. RN
17:25:05	Triage Started		Nicole A Wurm RN
17:25:08	Arrival Complaint	abdominal pain	
17:27:58	Chief Complaints Updated	ABDOMINAL PAIN (Pt coming from kent county jail after staff noticed he c/o abdomianl pain after lunch. Pt has distended abdomen. Staff reports decreased LOC. baseline A&O x1-2. BG 62 oral glucose en route.)	
7;30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 5.4	Background. Analytics
7:30	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



Abraham, Gregory Anthony MRN: 18702148, DOB:

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

Acct #: 99105609860

, Sex: M

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

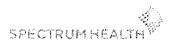


Abraham, Gregory Anthony

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



BLODGETT HOSPITAL 1840 Wealthy St SE

Abraham, Gregory Anthony

MRN: 18702148, DOB: Grand Rapids MI 49506-2921 Acct #: 99105609860

, Sex: M

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
13:00	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



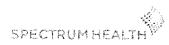
Abraham, Gregory Anthony

MRN: 18702148, DOB:

, Sex: M

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

18:00:26	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; 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
18:03:38	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 Wurm RN
18:04:19	Orders Completed	POCT Glucose Nova Meter - Once	Nicole A Wurm
18:04:19	POCT Glucose Nova Meter - Once Completed	POCT Glucose Nova Meter - Once	Nicole A Wurm 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



Abraham, Gregory Anthony

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

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

18:12	Interpreter Services	Initial Information Preferred Language: English Interpreter Needed: No	Nicole A Wurm RN
18:12	Retired Pain (Adult)	Pain (Adult) Presence Of Pain: denies	Nicole A Wurm RN
18:12	Quick Triage Complete/Acuity	Acuity/Destination/Quick Triage Complete Patient Acuity: 1 Quick Triage Complete: Quick Triage Complete	Nicole A Wurm RN
18:12	Stroke Screening	Stroke Screening Is the patient presenting with stroke symptoms starting within the last 24 hours?: No	Nicole A Wurm
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	Nícole A Wurm RN
18:12:38	Acuity 1 Selected		Nicole A Wurm RN
18:12:38	Quick Triage Completed		Nicole A Wurm RN
18:12:40	Allergies Reviewed		Nicole A Wurm RN
18:14	Collect Complete Blood Count w/Differential Completed	Complete Blood Count w/Differential - Type: 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 Wurm RN
18:14	Collect Lipase, Blood Level Completed	Lipase, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurm RN
18:14	Collect Magnesium, Blood Level Completed	Magnesium, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurm RN
18:14	Collect Phosphorus, Blood Level Completed	Phosphorus, Blood Level - Type: Blood; Source: Blood, Venous	Nicole A Wurm 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 Wurm RN
18:14:59	Orders Completed	POCT FSTAT CG8+ Cartridge	Nicole A Wurm



Abraham, Gregory Anthony MRN: 18702148, DOB:

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

, Sex: M

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	lmaging 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
18:16	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 Rale source: Monitor Respirations: 33 ² (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/MEWS AVPU Scale: Alert Oxygen Therapy SpO2: 94 % (Device Time: 18:14:25) Pulse Oxmetry Device: Continuous bedside oximeter Device (Oxygen Therapy): room air Vitals Timer Restart Vitals Timer: Yes	Nicole A Wurm. RN
18/20	POCT ISTAT cg8+ Cartridge Venous Resulted	Abnormal Result Collected: 2/6/2020 18:11 Last updated: 2/6/2020 18:20 Status: Final result pH: 7.47 ^ [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: 14.0 - 18.0] Ionized Calcium: 1.15 mmol/L [Ref Range: 1.12 - 1.40]	Lab, Background User
18:20:24	Orders Placed	POCT iSTAT cg8+ Cartridge Venous	Edi, Incoming Poct Results
13:25	Specimens Collected	Peripheral Blood Culture - ID: 20037BWM01084 Type: Blood	Julio 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	Sepsis Predictive Model	Background,



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

Abraham, Gregory Anthony

MRN: 18702148, DOB:

, Sex: M

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

18:30	Vitals	Vitals Timer	Nicole A Wurm
	Reassessment	Restart Vitals Timer: Yes	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;	Nicole A Wurn RN
		nonskid shoes/slippers when out of bed; law enforcement officer present	
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 (tachycardic) Cardiac Rhythm: regular Peripheral/Neurovascular WDL Peripheral Neurovascular WDL Cognitive/Neuro/Behavioral 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: 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 Safety WDL: WDL	Nicole A Wom RN
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 Wurn RN
18:31:20	Orders Placed	dextrose 50 % injection 25 mL	Nathan C Fritz



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

Abraham, Gregory Anthony

, Sex: M

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

M Health Hospitals Blodgett 1G (continued)

18:31:20	Orders	New - dextrose 50 % injection 25 mL	Nicole A Wurn
18:32	Acknowledged Medication Given	dextrose 50 % injection 25 mL - Dose: 25 mL; Route: Intravenous; Line; Peripheral IV 02/06/20 Left Forearm; Scheduled Time: 1905; Linked override order: dextrose 50 % injection - Pyxis Override Pull	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	Completed 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, Body Fluid - Type: Body Fluid; Source: Ascites	Nicole A Wuri RN
18:25	Collect Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) Completed	Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) - Type: Body Fluid ; Source: Ascites	Nicole A Wun RN
13:35	Specimens Collected	Body Fluid Celf Count Only - ID: 20037BWH01823 Type: Body Fluid Body Fluid Culture - ID: 20037BWM01099 Type: Body Fluid Celf Count w/ Differential, Body Fluid - ID: 20037BWH01823 Type: Body Fluid Glucose, Body Fluid - ID: 20037BWC03318 Type: Body Fluid Lactate Dehydrogenase (LDH), Body Fluid (Non-CSF) - ID: 20037BWC03318 Type: Body Fluid Manual Differential, Body Fluid - ID: 20037BWH01823 Type: Body Fluid	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	Print Label for Cell Count w/ Differential, Body	Cell Count w/ Differential, Body Fluid - Type: Body Fluid; Source: Abdomen	Nicole A Wurr RN
18:36	Fluid Completed Collect pH, Body Fluid Completed	pH, Body Fluid - Type: Body Fluid; Source: Abdomen	Nicole A Wurr



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)

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
13:53	Specimens Collected	Lactic Acic, Blood Level - ID: 20037BWC03322 Type: Blood Ammonia, Blood Level - ID: 20037BWC03323 Type: Blood	Laurel D Eichor
18:54:53	Orders Placed	Differential, Manual Blood	Nathan C Fritz.
16:57		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 [Re/ 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: 14.0 - 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: 0.10 x10*3/uL [Ref Range: 11.0 - 16.0] RRBC 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: 14.0 - 400] Mean Platelet Volume: 11.4 fL* [Ref Range: 7.4 - 11]	Karen A Kooíma



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)

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



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 Care Timeline (contin	rued)	ıd۱	ed)
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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

User

Lab, Background

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 Lab, Background Level Resulted Lipase Level: 40 U/L [Ref Range: <=50] User 19:07 Magnesium, Blood Abnormal Result Lab, Background Collected: 2/6/2020 18:14 Level Resulted User Last updated: 2/6/2020 19:07 Status; Final result Magnesium Level: 1.5 mg/dL * [Ref Range: 1.6 - 2.5]

> Lab, Background User

19:07 Level Resulted

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

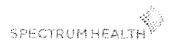


Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

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

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,



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

, Sex: M

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
19:18	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 iISOVUE-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: 47 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



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

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	Imaging 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 Amidon RTR
19:39:05	Imaging Exam Ended	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Hailey C Armstrong, RTR
19:40:11	Imaging Exam Started	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Hailey C Armstrong, RTR
19:40:37	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
19:47:36	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
		**	



Abraham, Gregory Anthony MRN: 18702148, DOB:

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

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

19:52	ED Adult PCS Body System	Pain/Comfort/Sleep POSS (Pasero Opioid-Induced Sed Scale): 1 - Awake and alert Presence Of Pan: complains of pain/discomfort RASS (Richmond Agitation-Sedation Scale) RASS (Richmond Agitation-Sedation Scale): Alert and calm Adult Pain Assessment/Reassessment Status Adult Pain Reassessment: 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, Backgroun 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 Crossle
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

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



Disposition Selected

Disposition

Selected

20:42:43

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

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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, Background User
20:10:27	Orders Placed	ED BED US NEEDLE GUIDANCE	Nathan C Fritz,
20:10:27	Ultrasound Ordered	ED BED US NEEDLE GUIDANCE	Edi, Incoming Orders From Opath
20:11:05	Lab Resulted	(Preliminary result) BODY FLUID CELL COUNT WITH DIFFERENTIAL	Lab, Background 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 Opath
26:15	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, Billrubin 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, Backgroun User
20:30	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
20:42:43	Hospitalized	ED Disposition set to Hospitalized	Nathan C Fritz,

Printed on 8/26/20 10:57 AM Page 58

DO

DO

Nathan C Fritz,



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

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

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



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

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, Rl
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, RI
20:55	Custom Formula Data	Other flowsheet entries Average of Mean BP: 87.7 Mean BP (mmHg): 72.67	Gillian Brown, RI
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
21:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
21:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gillian Brown, RI
24:00	Adult Vitals Simple	Vitals Pulse: 117 (Device Time: 21:00:21) BP: 87/62 ! (Device Time: 21:00:00) MAP (mmHg): 70 (Device Time: 21:00:00) Respirations: 24 (Device Time: 21:00:21) Oxygen Therapy SpO2: 98 % (Device Time: 21:00:21)	Gillian Brown, RI
21:00	Custom Formula Data	Other flowsheet entries Average of Mean BP: 87.47 Mean BP (mmHg): 70.33	Gillian Brown, Rf
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, RI
21:04	Remove Nurse	Danae H Van Stelle, RN removed as Registered Nurse	Gillian Brown, RI
21:07	Transfer Center Intake	Provider Paged/Called Intake Considerations: LIFE EMS called with alert of patient transferring to Blodgett.	Michelle M Crag 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, RI



Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

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

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 User
21:49	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	Lab, Background User
2批编	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
21:23:12	Orders Placed	Lactic Acic, Blood Level	User Nathan C Fritz,
21:23:51	Orders Placed	lactulose (CONSTULOSE) 20 GM/30ML Unit Dose 30 mL	DO 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		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



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)

21:41	Medication Stopped	magnesium sulfate injection 2 g/50mL (Premix) - Route: Intravenous ; Line: Peripheral IV 02/06/20 Left Forearm ; Scheduled Time; 2141	Gillian Brown, RN
21.41	Intake/Output	magnesium sulfate injection 2 g/50mL (Premix) Volume (mL): 50	Gillian Brown, RN
21:41:11	Registration Completed		Olivia A Sleighter
21:45	Sepsis Predictive Model	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
21:49	Remove Nurse	Gillian Brown, RN removed as Registered Nurse	PA-C 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
22:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Stelle, RN 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 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
22.00	MEWS	MEWS SCORE MEWS Filed Score: 6	Automatic Discharge
22:02	Transfer Center Intake	Provider Paged/Called Reason for Call: Transfer Intake Considerations: shelby, Life EMs called ro give ready status, also informed Amber. CN !1H that patient will be accomangied by police officers	Provider Michelle L Cannon, RN
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
			Campon, ray

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Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

Grand Rapids MI 49506-2921 Acct #: 99105609860

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: Mcnitor 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 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
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
22:32:57	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//LIB [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 Stelle, RN
22:46;14	Patient transferred to OTF		Danae H Van Stelle, RN
22:52:26	Team Member Removed	Annie Dermody removed as Scribe	Annie Dermody
23:00	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 13.6	Background, Analytics
23:15	Patient admitted	To department SHBL 1H	Donna R



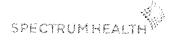
Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M

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

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

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, Rh
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

Printed on 8/26/20 10:57 AM Page 64



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)

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.

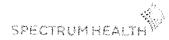
Past Medical History:

Diagnosis

Date

Printed on 8/26/20 10:57 AM

Page 65



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

· Smokeless tobacco:

Current User

Types:

Chew

Substance Use Topics

· Alcohol use:

Yes

Comment: Unable to articulate amount at this time

· Drug use:

Not Currently

Objective

OBJECTIVE:

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

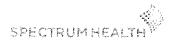
Labs personally reviewed Imaging personally reviewed

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 Vulla, 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	gardi Maria	g Pauliter	ि भूँ Date Noted	РОА
Altered mental status	1 12.		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

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)

Assessment & Plan Note

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

Author: Wael K Berjaoui, MD Filert: 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:

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

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

Clinical Notes (group 1 of 3) (continued)

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

Author: Wael K Berjaoul, 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:

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 Servi Filed: 2/7/2020 3:08 PM Date Editor: Wael K Berjaoui, MD (Physician)

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

Sex: M

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

Printed on 8/26/20 10:57 AM Page 71



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 Serjaoul, MD at 2/7/2020 3:10 PM

Printed on 8/26/20 10:57 AM Page 72

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

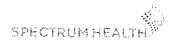
High MELD score

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

Printed on 8/26/20 10:57 AM Page 73



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.

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 176-1 Part 8 Filed 08/14/23 Desc Exhibit Page 15 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 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

Status: Addendum

Filed: 3/9/2020 4:15 PM Date of Service: 2/12/2020 2:36 PM

Cosignar: Thomas H Rupp, MD at

3/9/2020 5:02 PM

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

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

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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)

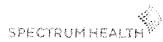
- · Alcohol abuse
- · Alcoholic hepatitis
- Chronic anemia
- · Severe sepsis (HCC)
- · Lactic acidosis
- Acute peritonitis (HCC)

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- · Hepatic encephalopathy (HCC)
- End stage liver disease (HCC)

Past medical, surgical, family and social history reviewed.

,	·					
Current Facility-Admir	nistered i	Medications				
Medication	Dose	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		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	8alaji 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 at acming 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))

Transfer transfer from the property and transfer	17		
Comprehensive Metabolic Panel (CMP)	Status: Abnormal		
Result	Value	Ref 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 mg/dL	Final
Protein Total	6.4	6.0 - 8.0 g/dĽ	Final



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 (H)	10 - 40 IU/L	Final
Aspartate Aminotransferase	121 (H)	10 - 40 IU/L	Final
Hemolysis			Final
Complete Blood Count without Differential	Status: Abnormal		
Result	Value	Ref Range	Status
White Blood Cell	20.41 (H)	4.00 - 10.80 x10*3/uL	Final
Red Blood Cell	3.87 (L)	4.60 - 6.00 x 1016/uL	Final
Hemoglobin	12.9 (L)	14.0 - 18.0 g/dL	Final
Hematocrit	37.8 (L)	42.0 - 52.0 %	Final
Mean Cell Volume	97.7	80.0 - 100.0 fL	Final
Mean Cell Hemoglobin	33.3 (H)	27.0 - 33.0 pg	Final
NRBC Absolute Count	0.02 (H)	0.00 - 0.01 x10*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: /	Abnormal		
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		0.70	es.
Result	Value	Ref Range	Status
Ammonia Level	86 (H)	0 - 60 umol/L	Final
Hemolysis	We and the second		Final
IR PARACENTESIS WITH IMAGE GUIDANC	E 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 guadrant 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.

Page 78 Printed on 8/26/20 10:57 AM



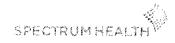
Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M Acct #: 99105609860

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)

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



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

Service: Infectious Disease Filed: 2/14/2020 11:34 AM

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

Printed on 8/26/20 10:57 AM Page 80



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

HX HERNIA SURGERY

IR PARACENTESIS WITH IMAGE GUIDANCE

IR PARACENTESIS WITH IMAGE GUIDANCE

Laterality

Date

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

Alcohol/week:

30.0 standard drinks



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)

02/06/2020 - ED to Hosp-Ad	imission (Discharged) in Spectrum Health Hospitals Blodgett 1G (continued)
Clinical Notes (group 1 of 3) (continue	ed)
Types:	20 Cans of beer, 10 Standard drinks or equivalent per week
Comment: Unable to articu	late amount at this time
• Drug use:	Not Currently
 Sexual activity: 	Not on file
Lifestyle	
 Physical activity 	
Days per week:	Not on file
Minutes per session:	Not on file
• Stress:	Not on file
Relationships	
 Social connections 	
Talks on phone:	Not on file
Gets together:	Not on file
Attends religious service:	Not on file
Active member of club or organization:	Not on file
Attends meetings of clubs or organizations:	Not on file
Relationship status:	Not on file
Other Topics	Concern

· Not on file

Social History Narrative

2/13/20

Arrested in Pentwater about 1 month prior to admission. His parents have property in Pentwater, MI

Lives on east side of the state

Divorced 6 months ago due to alcoholism

FAMILY MEDICAL HISTORY

Reviewed on this admission and noncontributory to current problem.

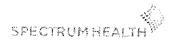
Allergies:

Patient has no known allergies.

Medications:

Current Facility-Adr	ninister	ed Medications				
Medication	Dose	Route	Frequency	Provider	Last	Last
					Rate	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	DIT	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

Printed on 8/26/20 10:57 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 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:

Printed on 8/26/20 10:57 AM Page 83



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

Printed on 8/26/20 10:57 AM Page 84



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)

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

AKL

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. Lexplained 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

Page 85 Printed on 8/26/20 10:57 AM

Case 23-90086 Claim 176-1 Part 8 Filed 08/14/23 Desc Exhibit Page 26 of 60



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

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)

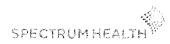
Hypertension

Date

2/13/2020 2/7/2020

FAMILY HISTORY

Printed on 8/26/20 10:57 AM



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)

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,
- 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

Page 87 Printed on 8/26/20 10:57 AM



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)

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 5 ml Output Net 3751 ml

LABORATORY

Lab Results		
Component	Value	Date
SODIUM	142	02/14/2020
POTASSIUM	4.6	02/14/2020
CHLORIDE	109	02/14/2020
HCO3	#2 (1.)	02/14/2020
ANIONGAP	2144	02/14/2020
BUN	50 (14)	02/14/2020
CREATININE	2.57 (H)	02/14/2020
EGFR	25 (4)	02/14/2020
MAGNESIUM	2.5	02/14/2020

Lab Re	suits
--------	-------

Component	Value	Date
CALCIUM	9.0	02/14/2020
PHOSPHORUS	\$3.65 (††)	02/14/2020
ALBUMIN	2.0(4.1	02/14/2020

Lab Results

Component	Value	Date
WBC	37.73 (HP)	02/14/2020
HGB	14.8 (1.)	02/14/2020
HCT	35 A (L)	02/14/2020
MCV	104.3 (A)	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

Page 88 Printed on 8/26/20 10:57 AM

Case 23-90086 Claim 176-1 Part 8 Filed 08/14/23 Desc Exhibit Page 29 of 60



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.

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Clinical Notes (group 1 of 3) (continued)

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)

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
 dextrose 5% with sodium bicarbonate 150 mEq premix infusion 1000 mL 	100 mL/hr	Intravenous	Continuous	James A Visser, MD	100 mL/hr at 02/14/2 0 1655	100
 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]	5 mg	Oral	Daily	Balaji Vutla, MD, MPH		

2/15/2020] MPH phytonadione (MEPHYTON) tablet 5 mg piperacillin-3,375 g Intravenous q8h SCH Brenda J Hoffner, 200 3.375 g FNP mL/hr at at tazobactam (ZOSYN) 3.375 g in 02/14/2 02/14/2 0 1604 sodium chloride 0 1604 (MINIBAG PLUS) 0.9% 100 mL IVPB rifAXIMin 550 mg Oral BID Lucas J Zwart, 550 mg (XIFAXAN) tablet PA-C at 02/14/2 550 mg 0.0858 Courtney M PRN · sodium chloride 3 mt Intravenous

3 mL

thiamine tablet 100 100 mg Oral Daily Courtney M 100 mg mg

Loree, PA-C at 02/14/2

Vancomycin per Other Unscheduled Balaji Vutla, MD, Pharmacy

No Known Allergies

flush 0.9 % syringe

Loree, PA-C

0.0859



Abraham, Gregory Anthony MRN: 18702148, DOB:

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

Unable to perform ROS; mental status change

Objective

OBJECTIVE:

BP 118/78 | Pulse 114 | Temp 36.3 °C (Axillary) | Resp 20 | Ht 1.753 m | Wt 68.4 kg | SpO2 91% | BMI 22.28 kg/m²

Physical Exam

Constitutional:

Appearance: He is Trappearing and toxicrappearing.

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: Tachycalola 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 dispriemed. 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

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
Data 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, DOR:

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: — Data 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

Page 95 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

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: — Filed: 2/9/2020 11:05 PM Date of Service:

Date of Service: 2/9/2020 11:04 PM

Author Type: Registered Nurse

Sex: M

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 Filed: 2/7/2020 8:07 AM

| Bervice: — | | Date of Service: 2/7/2020 | 8:06 AM Author Type: Registered Nurse

Status: Signed

Editor: Stephanie L Petersen, RN (Registered Nurse)

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Ongoing, progressing Flowsheets (Taken 2/7/2020 0804)

Progress: improving

Plan of Care Reviewed With patient

Outcome Summary: Blood pressure improved after Albumin, did not require vasopressors. Lactic remains elevated.

Acsites present and abdomen tender.

Electronically signed by Stephanie L Peterson, RN at 2/7/2020 8:07 AM



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 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

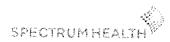
Discharge Needs Assessment

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:

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)

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



Service: Radiology

Abraham, Gregory Anthony MRN: 18702148, DOB:1

, 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)

Author Type: Physician

Status: Signed

IR Procedure Note **Brief Operative Note**

Date of Service: 2/9/2020 11:17 PM

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



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)

Michael F Knox, MD at 2/12/2020 2:08 PM

Author: Michael F Knox, MD Filed: 2/12/2020 2:09 PM

Editor: Michael F Knox, MD (Physician)

Service: Radiology Author Type: Physician

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

IR Procedure Note Brief Operative Note

PROCEDURE DETAILS:

PRE-PROCEDURE DIAGNOSIS: Cirrhosis with recurrent ascites.

POST PROCEDURE DIAGNOSIS:

same

PRIMARY OPERATOR: Michael F Knox, MD

SECONDARY OPERATORY: None

PROCEDURE PERFORMED:

US guided paracentesis

SIGNIFICANT FINDINGS:

Clear yellow fluid removed

COMPLICATIONS:

none

CONDITION:

stable

TYPE OF SEDATION/ANESTHESIA: See MAR

ESTIMATED BLOOD LOSS: < 5 ml

FLUIDS GIVEN: See nursing flowsheet

SPECIMEN: none requested.

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

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



Abraham, Gregory Anthony MRN: 18702148, DOB:

Acct #: 99105609860

Sex: N

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)

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-

Date of Service: 2/7/2020 6:20 AM

Certified Status: Signed

Filed: 2/7/2020 2:49 PM Date of Service: 2/ Editor: Courtney M Loree, PA-C (Physician Assistant-Certified)

SPECTRUM HEALTH

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

Page 119



Abraham, Gregory Anthony MRN: 18702148, DOB:

8702148, 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)

orioorrore - ED to Hosp-Admis	sion (Discharged) in	Spectrum meanin no:	spitals blodgett 10 (continued)
Clinical Notes (group 3 of 3) (continued)			
Ultrasound guidance: yes	m filosoficker (n.g. of 14 filosopie tell) i office in Bladwell (1 met delektrone (1 m. 12 open bladvelgen Hyd af der maarte).	бо пророжения по под под под под под под под под под	angiya ngogogo, ngogang guran a ngu mangin ang mga programa inan singhu mga guran, a ang gamuran ng guran and mga guran basha ng mga guran basha ng guran ba
Puncture site: R lower quadrant			
Fluid removed amount: 60ml			
Fluid appearance: Yellow and cloud	tv		
Dressing: Adhesive bandage	•		
Post-procedure details:			
Patient tolerance of procedure: Tole	erated well no immediati	e.	
complications	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
	s: None (Preliminary re	(1)	
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	N-2020 08:08		
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	55 (2)	, a comgrat	
Operator: Wurm, Nicole			
•	: 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
		m2	
Narrative			
Operator: Wurm, Nicole			
POCT iSTAT cg8+ Cartridge Venous	Status: Abnormal		
Result	Value	Ref Range	Status
Hq	7.47 (H)	7.32 - 7.42	Final
pCO2	36 (L)	38 - 52 mm/Hg	Final
pO2	33	24 - 48 mm/Hg	Final
Oxygen Saturation	68	65 - 100 %	Final
Bicarbonate	27	22 - 32 mmol/L	Final
Base Excess	3.0 (H)	-2.0 - 2.0 mmol/L	Final
Sodium	132 (L)	134 - 146 mmol/L	Final
Potassium	5.8 (H)	3.4 - 5.0 mmol/L	Final
Hematocrit	55.0 (H)	42.0 - 52.0 %	Final
Glucose, POC	86	70 - 99 mg/dL	Final
Hemoglobin	18.7 (H)	14.0 - 18.0 g/dL	Final
Ionized Calcium	1.15	1.12 - 1.40 mmol/L	Final
Narrative			
Operator: Wurm, Nicole			
Complete Blood Count w/Differential	Status: Abnormal		
Result	Value	Ref Range	Status
White Blood Cell	10.38	4.00 - 10.80 x10*3/uL	Final
Red Blood Cell	4.08 (L)	4.60 - 6.00 x10*6/uL	Final



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)			
Hemoglobin	13.5 (L)	14.0 - 18.0 g/dL	Final
Hematocrit	39.8 (L)	42.0 - 52.0 %	Final
Mean Cell Volume	97.5	80.0 - 100.0 fL	Final
Mean Cell Hemoglobin	33.1 (H)	27.0 - 33.0 pg	Final
Mean Cell Hemoglobin Concentrati	on 33,9	32.0 - 37.0 g/dL	Final
Red Cell Diameter Width	15.1	11.0 - 16.0 %	Final
NRBC Absolute Count	0.00	0.00 - 0.01 x10*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 (Ch	. ,		
Result	Value	Ref Range	Status
Socium 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
Calcium Level Total	9.3	8.6 - 10.4 mg/dL	Final
Protein Total	7.5	6.0 - 8.0 g/dL	Final
Albumin Level	2.2 (L)	3.5 - 5.0 g/dL	Final
Bilirubin Total	7.1 (H)	0.2 - 1.0 mg/dL	Final
Alkaline Phosphatase	191 (H)	40 - 129 IU/L	Final
Alanine Aminotransferase	67 (H)	10 - 40 IU/L	Final
Aspartate Aminotransferase	197 (H)	10 - 40 IU/L	Final
Hemolysis			Final
Lipase, Blood Level Status: Norm	at		
Result	Value	Ref Range	Status
Lipase Level	40	<=50 U/L	Final
•	Abnormal	- 00 D/L	
Result	Value	Ref Range	Status
Magnesium Level	1.5 (L)	1.6 - 2.5 mg/dL	Final
hosphorus, Blood Level Status:		1.0 - 2.0 mg/dL	1 11143
Result		Rof Range	Status
	Value 3.5		
Phosphorus Level		2.5 - 4.5 mg/dL	Final
	Abnormal	23 . Z 23 .	eria
Result	Value	Ref Range	Status
Segmented Neutrophils Manual	96 (H)	35 - 80 %	Final
Bands Manual	2	0 - 10 %	Final
Lymphocytes Manual	1 (L)	20 - 50 %	Final
Monocytes Manual	1 (L)	2 - 12 %	Final
Eosinophil Manual	0	0 - 6 %	Final
Basophils Manual	0	0 - 2 %	Final
RBC Morphology	Normal		Final
Hypergranular Neutrophils	Moderate		Final
Platelet Estimate	Normal		Final
	Status: None		
Narrative			
Spectrum Health			
Exam Date: 2/6/2020			
Exam Date: 2/0/2020 Exam Type: GB			
LAGITI LYPS. GD			

Page 122



Abraham, Gregory Anthony MRN: 18702148, DOB:

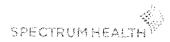
, Sex: M

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)	etteriotek kir. Nye ingelegen adalah dingen melari kan dan pangula yan periotek melalik di dinasar dan bendunt	t oord 1840 w . 1° am 1864 yn 1846 han dieddoniaeth gan am yn o 1841 wyd o'i mae dige 1844 1840 1840 1840 1840 1	
Attending: Fritz, Nathan			
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 PARACENTESI	S		
Interpretation (Full Report in EMR Do	cumentation):		
Images:	,		
eripheral Blood Culture Status: No	ne (Preliminary result)		
Result	Value	Re! Rance	Status
Cult Blood Peripheral	No growth to date, less		Preliminary
	than 24 hours		1 Chillingly
Prothrombin Time (PT with INR) Sta	tus: Abnormal		
Result	Value	Ref Range	Status
Prothrombin Time	16.6 (H)	9.7 - 12.6 second(s)	Final
INR	* *		
Activated Partial Thromboplastin Time	1.7 (H)	0.9 - 1.2 Ratio	Final
reuvaleu Faruar imomoopiasun Time Result			4*** .
	Value	Ref Range	Status
Activated Partial Thromboplastin Time	23	21 - 32 second(s)	Final
Body Fluid Culture Status: None (Pr			
Result	Value	Ref Range	Status
Gram stain	WBCs		Proliminary
Gram stain	No organism seen		Preliminary
Cell Count w/ Differential, Body Fluid	Status: None		
Result	Value	Ref Range	Status
Specimen Source	Abdomen	24	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
Slucose, Body Fluid Status: None	0,0	700	1 11 (4)
Result	Value	Ref Range	Status
Glucose Body Fluid	56	mg/dL	Final
actate Dehydrogenase (LDH), Body F		s: None	1 III CI
lesuit	- Value		Contraction of the Contraction o
		Ref Range	Status
Lactate Dehydrogenase Body Fluid	91	U/L	Final
	s: Abnormal	** ***	
Pesult	Value	Ref Range	Status
Segmented Neutrophils Body Fluid	97 (H)	<=25 %	Final
Mono/MacroBFL	2	%	Final
Mesothelial Cell Body Fluid	1 (H)	<=0 %	Final
Total Cells Counted	100		Final
H, Body Fluid Status: None			
esult	Value	Ref Range	Status
pH Body Fluid	7.34	•	Final
eripheral Blood Culture Status: No	ne (Preliminary result)		
Huee	Value	Ref Range	Status
Cult Blood Peripheral	No growth to date, less	w.	Preliminary
	than 24 hours		
Narrative	STEER CONTRACTOR CONTRACTOR		
Draw from a different site than draw o	ne		
	· • .		



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

Narrative

EXAMINATION: Frontal and Lateral View Chest

EXAM DATE: 2/6/2020 7:40 PM

TECHNIQUE: Frontal and lateral views

INDICATION: confusion, fever.

COMPARISON: Chest x-ray of 1/10/2010

ENCOUNTER: Not applicable



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

Sex: M

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

Clinical Notes (group 3 of 3) (continued)

FINDINGS:

The lung volumes are low. Heart is not enlarged. There are bilateral pleural effusions larger on the left than on the right. There are areas of atelectasis posteriorly at both lung bases. The pulmonary vascularity is normal. There is no pneumothorax

Impression

Bilateral pleural effusions larger on the left than the right

Lactic Acid, Blood Level Status: Abnormal

Lacife Acia, Blood Level Status: Abi			
Result	Value	Ref Range	Status
Lactic Acid	4.2 (HP)	0.0 - 2.0 mmol/L	Final
Narrative			
Critical results reviewed by tech			
Comprehensive Metabolic Panel (CMP) Status: Abnormai		
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 (Ĥ)	10 - 40 IU/L	Final
	: Abnormal		
Result	Value	Ref Range	Status
Calcium Ionized	1.11 (L)	1.12 - 1.40 mmol/L	Final
Magnesium, Blood Level Status: Nor	mal		
Result	Value	Ref Range	Status
Magnesium Level	1.8	1.6 - 2.5 mg/dL	Final
Phosphorus, Blood Level Status: No	rmal	Ü	
Result	Value	Ref Range	Status
Phosphorus Level	4.4	2.5 - 4.5 mg/dL	Final
Complete Blood Count without Differen			
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
Hematocnt	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	0.0	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



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 c	of 3) (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	Ref Range	Status
Prothrombin Time	18.5 (H)	9.7 - 12.6 second(s)	Final
INR	1.9 (H)	0.9 - 1.2 Ratio	Final
Ammonia, Blood Level Status	: Normal		
Result	Value	Ref Range	Status
Ammonia Level	44	0 - 60 umol/L	Final
Lactic Acid, Blood Level 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:

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-

, Sex: M

Cer

Date of Service: 2/7/2020 2:54 PM

Certified Status, Signed

PÓA

Unknown

Editor: Courtney M Loree, PA-C (Physician Assistant-Certified)

Unit Transfer Summary

ADMISSION DATE: 2/6/2020

PRESENTING PROBLEM: Hepatic encephalogathy (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

Diagnosis Date Noted
- Sepsis (HCC) 02/06/2020

Resolved Hospital Problems No resolved problems to display.

Fre-Existing Active Problems

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

REASON FOR TRANSFER: Change in level of acuity, patient no longer requires ICU level care

DATE OF TRANSFER: 2/7/2020

TRANSFER DESTINATION: GMB with telemetry

BRIEF SUMMARY OF CARE:

56 yo M with history of alcohol abuse, alcoholic hepatitis, Wernicke's encephalopathy, and HTN. Presented to ED from prison with abdominal pain, fever, encephalopathy. CT A/P showed large ascites and right sided colitis. Received 2.5L IVF in ED. Albumin administered after admission with improvement in blood pressure. NE ordered, but not required. Diagnostic paracentesis performed showing 7890 WBC (97% segs), culture pending. IR scheduled for therapeutic paracentesis which is planned for 2/8. On Zosyn. Lactate slowly trending down. Mental status stable, continuing lactulose.

CONSULTS:

NA

PROCEDURES PERFORMED:

NA

RECOMMENDATIONS AT TRANSFER:

Sepsis

Abdominal source- SBP and/or colitis
Diagnostic paracentesis showing 7890 WBC (97% segs)
Blood cultures NTD
Did not require vasopressors, responded to IVF/albumin
Continue Zosyn

Case 23-90086 Claim 176-1 Part 8 Filed 08/14/23 Desc Exhibit 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 Berjaoul, 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), mcbility, 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.

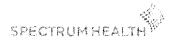
Will monitor.

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

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 Filed: 2/8/2020 1:18 PM

Service: Hospitalist Date of Service: 2/8/2020 1:06 PM

Author Type: Physician Status: Addendum

Editor: Stefano M Crescentini, MD (Physician)



CHIEF COMPLAINTS

Sepsis

Assessment/Plan

ASSESSMENT PLAN:

Septic shock, decompensated cirrhosis

Culture negative SBP/colitis

CT abdomen pelvis; large ascites, right-sided colitis, distal esophagitis

Diagnostic paracentesis showing 7890 WBC (97% segs)

Blood cultures NTD

P.r.n. albumin for hypotension, limit IV fluid resuscitation

Continue Zosyn

Blood cultures no growth to date

Lactic acidosis, persistent

Secondary to above

Continue to trend, expect some underlying elevation given decompensated cirrhosis

Mild hyponatremia, related to below

Continue monitor BMP

Treatment as above

Alcoholic hepatitis

Decompensated cirrhosis

Hepatic encephalopathy, history of Wernicke encephalopathy

Ascites

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

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

IR consulted for repeat therapeutic paracentesis

Underwent paracentesis 2-6

INR 1.9 today, Vit K 5mg PO x 1 given 2/7

Continue monitor INR



Abraham, Gregory Anthony MRN: 18702148, DOB:

. Sex: M

Ordered

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ient

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

Christine S Martin, PA-C

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

Start

2/6/2020 2338

GI PPX: none

Dietary Orders (From admission, onward)

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	Diet Type:		Low Fat (Adult) 40-5	60a	
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	Code				Cont
Date Active	Status	Order	Comments	User	ext

Questions for Current Code Status

Full Code

Decision made by	Patient	66. Europi 865 Deutster die statistische Lauter (2000) für deutsche 1905 Statistische Statistisc	Commence of the Commence of th
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uestions for Current Code Statu	\$		

Subjective

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SUBJECTIVE:

2439830

80

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.

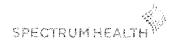
Ear/Nose/Mouth/Throat: No nasal congestion.

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 176-1 Part 8 Filed 08/14/23 Desc Exhibit 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 Service: Hospitalist Author Type: Physician Filed: 2/9/2020 10:11 AM Service: 2/9/2020 10:06 AM 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	Be white at the translational partition and approximately provided the contract of the cont			Ordered
02/09/20	Adult Diet DIET EFFECT	IVENOW	Miller Philippin (Color of State of Color of Col	02/09/20
1006	Question	Answer	Comment	1005
	Diet Type:	General	 Bitter under effer den i des regime, es a sour vivre propriet ett, i des motories et en propriet des en en en de propriet et de propriet et de la propriet de la entre et en en	
	Fluid Restriction?	2000 ml daily/1200 with meals		
	Sodium Restriction:	2 gram sodium		

Current Code Status	3				
Date Active	Code Status	Order	Comments	User	Cont
2/6/2020 2338	Full Code	2439830 08	OVERNATORISTA	Christine S Martin, PA-C	ext Inpat ient
Questions for Curre	nt Code Status		Answer	Comment	
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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-

Filed: 2/10/2020 3:39 PM

Date of Service: 2/10/2020 10:21 AM

Certified 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:	the same to the time to the same than the	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 vezauez		
Component	Value	Date
WBC	10.70	02/10/2020
RBC	3.42 (L)	02/10/2020
HGB	11.5 (4)	02/10/2020
HCT	33.2 (L)	02/10/2020
MCV	97.1	02/10/2020
PLATELET	160	02/10/2020

2/10/202010:21 AM

Rebecca A Vande Griend, PA-C

616.479.4677 or available via perfect serve

616.479.8300 Blodgett APP

616.479.8200 Butterworth APP

ARS: 232



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:

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)

Stefano M Crescentini, MD at 2/10/2020 12:14 PM

Author: Stefano M Crescentini, MD

Filed: 2/10/2020 12:18 PM

Service: Hospitalist
Date of Service: 2/10/2020 12:14 PM

Author Type: Physician

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, 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



Abraham, Gregory Anthony MRN: 18702148, DOB:

OB: Sex: M

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

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

Clinical Notes (group 3 of 3) (continued)

Will start oral Aldactone given need for frequent repeat paracentesis, closely monitor K

History of alcohol abuse

Admitted for ETOH withdrawal in 1/2020

Presumably no current ETOH intake as patient has been in prison prior to this current admission

Disposition: Patient is slightly more confused this morning. Patient not having bowel movement yesterday or today, eating very little though. Lactulose titrated up to 2 times a day. Continue monitor for confusion. Underwent paracentesis yesterday given tachypnea and distension, 6 L removed, given albumin. Continue monitor renal function. Continue Zosyn. Possible discharge back to can't county jail in the next 24-48 hours pending improvement in mentation and ability to titrate to regular bowel movement with lactulose. Initiate Aldactone, monitor renal function and potassium

VTE PPX: Early Ambulation

GI PPX: none

Dietary Orders (From admission, onward)

Start	,			Ordered
02/09/20	Adult Diet DIET EFFECT	TIVE NOW	eets, da wuxuu jul da'i albu aand isatsi oo too oo ka galkiin jarrii waxa kiitoon oo liistiin oo da qaa seele rii an a	02/09/20
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	Fluid Restriction?	2000 ml daily/1200 with meals		
	Sodium Restriction:	2 gram sodium		
Current Code St	atus			
	Code			Cont
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Date Active	Status	Order	Comments	User	6X(
 2/6/2020 2338	Full Code	2439830	nger man juli i commissioneme engang in namen i dien eighe i den den habe, ig in Bibliothem i white de toom	Christine S Martin, PA-C	Inpat
		08			ient

Questions for Current Code Status		
Question	Answer	Comment
Decision made by	Patient	

Subjective

If there is a discrepancy between this documentation and other providers notes please accept the information listed here as accurate for billing/coding purposes. Thank you,

This note has been dictated using dictation software, apologies for any misspelling or error in translation. Please contact me directly for clarification if needed in regards to medical record information.

SUBJECTIVE

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

Case 23-90086 Claim 176-1 Part 9 Filed 08/14/23 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

-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

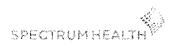
Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

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



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, onward)

Start				Ordered
02/09/2	Adult Diet DIET EFFECT	IVENOW		02/09/2
0 1006	Question	Answer	Comment	0 1005
	Diet Type:	General		
	Fluid Restriction?	2000 ml daily/12	00 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	an a san ang at i sampan ng gilagan di dan matanan an an a a a a a a an ang di malay in matan ni matan di dalam Matanan ang at i sampan ng gilagan di dan matanan an a a a a a a a a a a a a a a a	Christine S Martin, PA-C	Inpa
, ,		008			tient

Questions for Current Code Status

Questions for current code stat	.315		
Question	Answer	Comment	ists felocus) (Nourse haumschammelanne, Galles Baumauter hanne an Salament, Tr. (18 Salament
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:

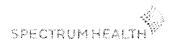
Patient seen and examined at the bedside. Guard at bedside. Patient appeared confused. Oriented only to self.

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

Case 23-90086 Claim 176-1 Part 9 Filed 08/14/23 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

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

Acct #: 99105609860

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

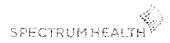
Liver doppler US 1/10/2020 w/o evidence of biliary dilation, portal vein clot. Concern for cirrhosis w/ coarsened echotexture, nodular liver margin.

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

Page 151 Printed on 8/26/20 10:57 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)

-also Underwent paracentesis 2/6/2020

INR 1.9 today. Vit K 5mg PO x 1 given 2/7/2020

Continue monitor INR

Continue lactulose, increased to 3 times a day, titrate to at least 3 BMs per day

CT head negative for acute change

Increase Aldactone dose given need for frequent repeat paracentesis, closely monitor potassium level

IR consulted for repeat paracentesis. IV Albumin ordered with paracentesis.

Consult Gastroenterology.

Vitamin K given for elevated INR.

History of alcohol abuse

Admitted for ETOH withdrawal in 1/2020

Presumably no current ETOH intake as patient has been in prison (since 1/7/2020) prior to this current admission.

Disposition: Patient remains slightly confused, Encourage oral intake, Lactulose increased to 3 times a day. Continue monitor for confusion. Monitor renal function on Aldactone. Continue Zosyn, Discharge back to Kent county jail if there is improvement in mentation.

VTE PPX: Early Ambulation

GI PPX: none

Dietary Orders (From admission, onward)

Start				Ordered
02/09/2	Adult Diet DIET EFFECT	IVENOW	ACCOUNTS OF THE PROPERTY OF TH	02/09/2
0 1006	Question	Answer	Comment	0 1005
	Diet Type:	General	gryping-agustam _{ag} s, to a registrate time it governmently that I belled a latter out committee to the committee of	The second secon
	Fluid Restriction?	2000 ml daily/1200 wit	th	
		meals		
	Sodium Restriction:	2 gram sodium		

Current Code Status

late Active	Status	Order (Comments	User	ext
/6/2020 2338	Full Code	243983	rium (ngu) mang kati kulan lija munang di katika mang tali kati ang mag mag na mang balan () m	Christine S Martin, PA-C	Inpa
		008			tient

Question	Asswer	Comment	adag niphawanga - Manadalaga nipa no borapana bigibbandan anala a spendika
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:

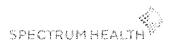
Intake/Output Summary (Last 24 hours) at 2/12/2020 1027

Last data filed at 2/11/2020 1431

Gross per 24 hour 770 ml

Net 770 ml

Current Facility-Administered Medications							
Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose	
 heparin (porcine) 5000 UNIT/ML injection 5,000 Units 	5,000 Units	Subcutaneous	q8h SCH	Courtney M Loree, PA-C		5,000 Units at 02/12/2 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			

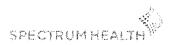


BLODGETT HOSPITAL Abraham, Gregory An 1840 Wealthy St SE MRN: 18702148, DOE Grand Rapids MI 49506-2921 Acct #: 99105609860

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



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.

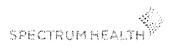
Was given oxycontin last night for back pain.

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

Page 155



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)

Tirbiola le perform ROS; mental status charge

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 sich.

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

Skin:

Findings: Bruising present.

Neurological:

Comments: Alert but not oriented

asterixis Psychiatric:

Comments: Confused, restless

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

IR PARACENTESIS WITH IMAGE GUIDANCE Status: None

Narrative

EXAMINATION: Ultrasound-Guided Paracentesis

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

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

INDICATION: Cirrhosis. Recurrent ascites

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

PROCEDURE:

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

Estimated blood loss: Less than 2 mL

Impression

Uncomplicated ultrasound guided therapeutic paracentesis.

Ammonia, Blood Level Status: Abnormal

 Result
 Value
 Ref Range
 Status

 Ammonia Level
 81 (H)
 0 - 60 umol/L
 Final

 Hemolysis
 Final

Comprehensive Metabolic Panel (CMP) Status: Abnormal

Result Value Ref Range Status

Printed on 8/26/20 10:57 AM

Page 156



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
Aspartate 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 - m	
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)

Date of Service: 2/13/2020 2:27 PM

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 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

Page 158 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 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 eller	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	Code Status	Order	Comments	User	Cont ext
2/6/2020 2338	Full Code	243983 008	n ach nach nach nach nach de deutschen der der beiter der der der der der der der der der d	Christine S Martin, PA-C	Inpa tient

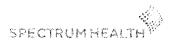
Question	Answer	Comment	, ggiya signo siyar diganakkin qard kilas dikanakan kan sinni digan dah mad si pengan tigan nima namin 180
Decision made by	Patient		

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SUBJECTIVE

Page 159 Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

Sex: M

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

Acct #: 99105609860

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

Net

OHIXCHAVE

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 429 ml

Current Facility-Adminis	tered Med Dose	ications Route	Frequency	Provider	Last Rate	Last
 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

Page 160 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 3 of 3) (continued)

Brenda J Hoffner, FNP at 2/14/2020 1:35 AM

Author: Brenda J Hoffner, FNP Service: Hospitalist Filed: 2/14/2020 3:06 AM Date of Service: 2/1

Date of Service: 2/14/2020 1:35 AM

Author Type; Nurse Practitioner

Status: Addendum

Editor: Brenda J Hoffner, FNP (Nurse Practitioner)

Brief hospitalist update

Discussed with bedside nurse. Patient seen and examined. He is cachectic, jaundice and encephalopathic. His skin is warm and dry. Abdomen is distended. Patient follows simple commands.

Phlebotomy had difficulty drawing labs that were ordered at 10:00 p.m..

Repeat lactate up to 6.4, creatinine rising to 2.4, bicarb 13.1 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

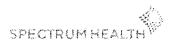
Nephrology and ID consults pending

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: _____, Sex: M Acct #: 99105609860

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

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

Clinical Notes (group 3 of 3) (continued)

Balaji Vutla, MD, MPH at 2/14/2020 1:49 PM

Author: Balaji Vutla, MD, MPH

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

LOCALIST
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

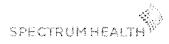
Underwent paracentesis 2/6/2020, 2/9/2020 (6 liters) & 2/12/2020 (3.5 liters)

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.



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

Editor: Balaji Vutla, MD, MPH (Physician)

Service: Hospitalist

Date of Service: 2/15/2020 11:20 AM

Author Type: Physician

Status: Signed



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	A proposed progress of the second progress of	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 mode: Standard Class: Hospital Performed Lab status: Final result

Ordering provider: Nathan C Fritz, DO

Instance released by: Edi, Incoming Orders From Qpath (auto-released) 2/6/2020 8:10 PM

Questionnaire

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

ED BED US NEEDLE GUIDANCE

Order status: Completed

Accession number: 4047716

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

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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

Page 263 Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony

MRN: 18702148, DOB: _____, Sex: M

Acct #: 99105609860

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Answer

Page 264

Comment

End Exam Questions

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



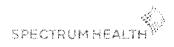
BLODGETT HOSPITAL 1840 Wealthy St SE MRN: 18702148, DOE Grand Rapids MI 49506-2921 Acct #: 99105609860

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 S	pectrum Health Hospitals Blodgett 1G (continued)				
maging (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				
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Ordering provider: Nathan C Fritz, DO 02/06/20 1746	Order status: Completed				
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Resulted by: Andrew K Nash, MD Performed: 02/06/20 1927 - 02/06/20 1927					
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Resulted by: Andrew K Nash, MD Performed: 02/06/20 1927 - 02/06/20 1927 Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES Narrative: EXAMINATION: CT head without contrast EXAM DATE: 2/6/2020 7:27 PM TECHNIQUE: Standard protocol CT images of the head were of	Filed by: Edi, Rad Results in 02/06/20 1933 Accession number: 4047598				
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Resulted by: Andrew K Nash, MD Performed: 02/06/20 1927 - 02/06/20 1927 Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES Narrative: EXAMINATION: CT head without contrast EXAM DATE: 2/6/2020 7:27 PM TECHNIQUE: Standard protocol CT images of the head were of 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 increased for age volume loss. No midline shift or other significant mass effect. No abnormal file	Filed by: Edi, Rad Results in 02/06/20 1933 Accession number: 4047598 Subtained without intravenous contrast. Corenal and sagittal sulcal spaces are unchanged; there is again evidence of mildly uid collections. Gray-white differentiation is maintained; no				
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Page 265

Impression:



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.

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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 HEAD WITHOUT IV CONTRAST

Resulted: 02/06/20 1927, Result status: In process

Ordering provider: Nathan C Fritz, DO 02/06/20 1746

Resulted by: Andrew K Nash, MD

Performed: 02/06/20 1927 - 02/06/20 1927

Resulting lab: EXTERNAL LAB

Order status: Completed

Filed by: David A Jones Jr., RTR 02/06/20 1927

Accession number: 4047598

Testing Performed By

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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 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

The construction and the confidence of the construction of the con	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)

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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)

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 Order status; Completed Filed by: Edi, Rad Results in 02/06/20 1947

Accession number; 4047600

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

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 atelectasis. Heart size is within normal limits. There is a moderatesized 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.

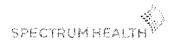
Kidneys, Ureters, & Bladder: Both kidneys have a normal size and there is no hydronephrosis. Both ureters have a normal caliber and the urinary bladder is unremarkable.

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: _____, 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 provider: Nathan C Fritz, DO

Ordering mode: Standard



Abraham, Gregory Anthony

MRN: 18702148, DOB:

Acct #: 99105609860

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

Frequency, STAT Once 02/06/20 1746 - 1 occu	grance	Class: Hospital Pe	eformed	d rhadowardshile man
- Prequency, STAT Once 02/06/20 1746 - 1 Occu - Quantity: 1	arence	Lab status, Final r		
Instance released by: Nathan C Fritz, DO (auto-	released) 2/6/2		-	
Questionnaire				
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Reason(s) for Exam/Signs and Symptoms:		confusion, fever		
Rule Out/Verity/Other Pertinent History:		infection		
Where performed?		Department		
Initiate Rad Pre Procedure Protocol?		Yes		
Begin Exam Questions				
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Correct Patient?	a participate de la compansión de la secono de la ciliade de la ciliade de la ciliade de la ciliade de la cili	rapida pilagandar i tilaga baka tilaga i tilaga tilaga tilaga tilaga maganga om menting yang pilaga baya.	owing to any operation of the prophetical character manifold convenient allowing the convenient and the conv	4
Correct Exam?			,	
Correct Ordor?				
Correct Part?				
Correct Reason?				
Patient given reason for imaging today?				
Pain?				
Where?				
Duration?				
Injury?				
What?				
When?				
Any relevant images outside Spectrum				
Health?				
Where?				
When?				
Which is your dominant hand?	Left			
William is your dominant hand.	LU:1			
End Exam Questions				
an intermediate for state (generally explicit extraorders of the designation of the state of the	Answer		Comment	
Did you deviate from the order?	janis minus yarfas mar da nin yanif ministra din samun ujimbi. meri	Programme Control of the Control of		
Select type of deviation (definition of				
each below):				
Patient factors for deviation:				
Please specify reason for motion:			and the second s	
Technical factors for deviation:			, and the second se	
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				



DR

Abraham, Gregory Anthony

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

MRN: 18702148, DOB:

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

CR machine?

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

Ordering provider Nathan C Fritz, DO 02/06/20 1746

Resulted by: Steven L. Bezinque, DO

Performed: 02/06/20 1940 - 02/06/20 1940

DR CHEST 2 VIEWS FRONTAL AND LATERAL

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

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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Electronically signed l	oy Steven L Bezinque	e, DO on 2/6/20 at	1945 EST	

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Ordering user: Christine S			Ordering provider: Courtn	
Authorized by: Courtney M			Ordering mode: Standard	
Frequency: Rouline Once (02/06/20 2343 - 1 oc	currence	Class: Hospital Performed	d
Quantity: 1	time outlined by or	and a color of the color	Lab status: Final result	
Instance released by. Chris	sune S Martin, PA-C (auto-released) 2/6	2020 11:42 PM	
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 ajiya bahada da mari
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	
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 വിജ്ജിക്കില് പാർഷ്ട്രിക്ക് ശിൽപ്രത്തി പ്രദേശത്തില് പ്രസര്ത്തിന്റെ വരു	rry firmple samboran (spinosposos s, como em spinos y propaga prior no congressos so que apricamento no de estraposos controlas processos.
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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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No questions hav	re been answered for	uns iomi,		
Previous Implant S	afety Evaluations			
No previous i	mplant documentation	n available.	a pagamana na magamana na m	ായുക്കുള്ള പുത്ത എന്നു ഇത്വാകൂട്ടപുത്ത വാധ്യാക്കുള്ള വേശ്യാക്കുള്ള ഏക്കൊണ്ടെ വേശ്യാക്ക് വര്ത്ത് അവരെ വാധ്യാക്കു
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End Exam Questions				
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reaction?	•			
Medication Lot Num	ber			
Was there a possible	extravasation			
during this exam?				



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)

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

Marrative

EXAMINATION: Ultrasound-Guided Paracentesis

EXAM DATE: 2/9/2020 9:35 PM

TECHNIQUE: Ultrasound-Guided Paracentesis

INDICATION: ascites. COMPARISON: None

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

Order status: Completed

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

Accession number: 4054270

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: _____, Sex:

Acct #: 99105609860

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

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

Imaging (continued)

Ordering provider: Courtney M Loree, PA-C 02/06/20 2342

Resulted by: Manish K Varma, MD Performed: 02/09/20 2146 - 02/09/20 2337

Resulting lab: EXTERNAL LAB

Order status: Completed

Filed by: Jacob Rossman 02/09/20 2336

Accession number: 4054270

Testing Performed By

 Lab - Abbreviation
 Name
 Director
 Address
 Valid Date Range

 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

IR PARACENTESIS WITH IMAGE GUIDANCE (Final result)

Electronically signed by: Balaji Vutla, MD, MPH on 02/12/20 0941

Ordering providec Balaji Vulla, MD, MPH

Ordering user: Balaji Vutla, MD, MPH 02/12/20 0941 Authorized by: Balaji Vutla, MD, MPH

This order may be acted on in another encounter.

Frequency: Routine Once 02/12/20 0941 - 1 occurrence Quantity: 1

Ordering mode: Standard Class: Hospital Performed 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 agnea or other special sedation concerns?
 No Sedation

 What are the patient's sedation requirements?
 Ne Sedation

Screening Form

General Information

Patient Name: Abraham, Gregory Anthony

Date of Birth: 5/22/1963 Legal Sex: Male MRN: 18702148

Hame Phone: 313-903-0379

Procedure
IR PARACENTESIS WITH
IMAGE GUIDANCE

Ordering Provider

Balaji Vutla, MD, MPH

616-391-3139

(616-479-5626

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

(616)479-5626

Appointment Information 2/12/2020 2:00 PM BL IR 03

SHBL IMAG IR

Status: Completed

Screening Form Questions

No questions have been answered for this form.

Previous Implant Safety Evaluations

No previous implant documentation available.

Form History

 Status
 User
 Time

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

End Exam Questions



Abraham, Gregory Anthony

MRN: 18702148, DOB: _____, Sex:

Acct #: 99105609860

Order status: Completed

Accession number: 4067277

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

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

Comment

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?

reactions

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.

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 Groenville, 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 - AbbreviationNameDirectorAddressValid Date Range51000 - EXTEXTERNAL LABUnknownUnknown10/24/06 1424 - Present

Signed

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

US LIVER INCLUDING DUCTS WITH DOPPLER (Final result)

Electronically signed by: Brenda J Hoffner, FNP on 02/14/20 0251

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 02/14/20 0251

Ordering mode: Standard

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

Glass: Hospital Performed Lab status: Final result

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

Questionnaire

Printed on 8/26/20 10:57 AM

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

Where performed?

Department

Initiate Rad Pre Procedure Protocol?

Yes

Initiate Ultrasound Protocol

Yes

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

Status: Completed



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

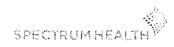
Abraham, Gregory An
MRN: 18702148, DOB
Acct #: 99105609860

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)	
SPECTRUMHEALTH RUTTS-TTM ST22/1/17 ABDOMINAL ULTRASOUND/ LIVER DOPPLER - ADULT (CONTINUED) ABDOMINAL ULTRASOUND/ LIVER DOPPLER - ADULT (CONTINUED) 18702/48	Enregory A.
HISTORY ON WILLIAM TO Programme Theory of tancer Chosesterol medicines Library of tancer Chosesterol medicines Weight loss Tombetes, Types Ch. 2 Positive Marphy's Sign TECHNOLOGIST DOPPLER FINDINGS (Direction of fow) HA: Xhormal Chabrorinal SPSV 2101 cm/sec EDV Library Chosesterol medicines Compass Compass Will Chosesterol medicines Compass Right HV Right HV Right PV Right PV	
, विकार र इसे Marath, X07965 (445) - १०५1	

Page 277

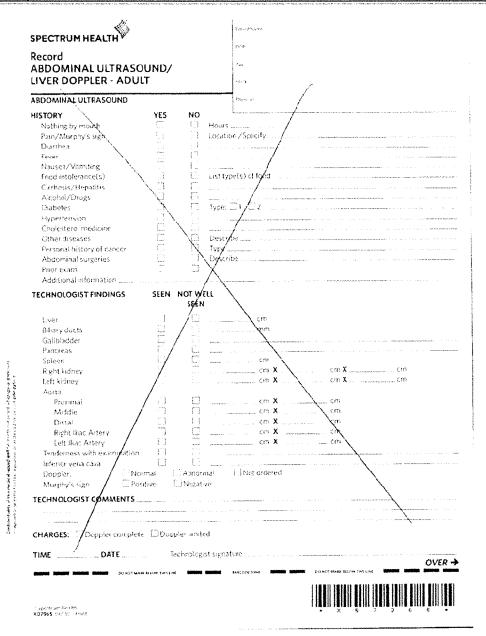


Abraham, Gregory Anthony
MRN: 18702148, DOB: Sex: M
Acct #: 99105609860

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

Varrative:

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

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

Ordering Provider
Balaji Vutla, MD, MPH

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

Balaji Vutla, MD, M 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: , 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)

(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

No

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?

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 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 [⇔](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

	Answer
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:

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

Acct #: 99105609860

, Sex: M

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

Imaging (continued) Which is your dominant hand? Left **End Exam Questions** Answer Comment Did you deviate from the order? Select type of deviation (definition of each below): Patient factors for deviation: Please specify reason for motion: Technical factors for deviation: Please specify reason for IV problems: Please specify reason why unable to visualize anatomy: Imaged in error (IE modifier) Research Protocol Followed? Did the patient have a possible contrast reaction? Medication Lot Number Was there a possible extravasation during this exam? Estimated volume of extravasation Contrast media injection method Contrast Rate Was there a possible MRI Thermal burn? On site RN and/or Physician notified Full name of RN notified Notified Ordering Provider Full name of provider notified Patient sent to Emergency Department for evaluation/treatment? Is this a special needs patient? CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST Resulted: 02/14/20 1603, Result status: Final result Ordering provider: 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

CT ABDOMEN AND PELVIS FINDINGS:

COMPARISON: February 6, 2020 ENCOUNTER: Not applicable

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
211000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI	07/13/12 1428 · Present
			Kelsey Campus 418 Washington Lakeview, Ml 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 Order status: Completed Filed by: Kimberly B Twiss, RTR 02/14/20 1501 Accession number: 4078958

Resulted: 02/14/20 1501, Result status; In process

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 provider: Nathan C Fritz, DO

Ordering mode: Slandard

Order status: Completed

Resulting lab: EXTERNAL LAB

Lab status: Final result

Class: Normal

MRN: 18702148, DOB: I Adm: 2/6/2020, D/C; 2/16/2020

, Sex: M Acct #: 99105609860

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

Status: Completed

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

Authorized by: Nathan C Fritz, DO

Frequency: Routine Once 02/06/20 2226 - 1 occurrence

Quantity: 1

instance released by: Nathan C Fritz, DO 2/6/2020 10:25 PM

Order comments. This order was created via procedure documentation

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

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

Narrativo:

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

Dressing: Adhesive bandage Post-procedure details:

Patient tolerance of procedure: Tolerated well, no immediate

complications

Testing Performed By

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

Page 285 Printed on 8/26/20 10:57 AM



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	lgy	Pro	oce	dui	res

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

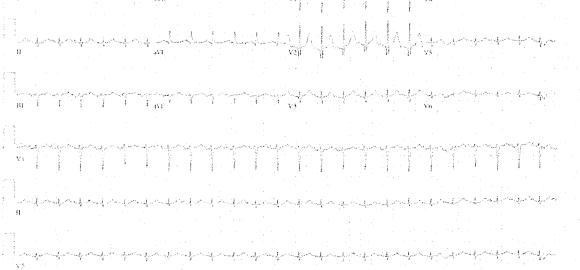
Class: Hospital Performed Lab status: Final result

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, GREGORY		(1) 01 (102) 48	100-111-2009 17-34-85	SPECTROM BEAUTH HOSPITAL FRO ROUNS, RECORD
20MAY-1963 Straig Male Camputa Ream 3t Log 10	Vent rote PR interval ORS dictance OF OR P-R-F avec	49 9824 418 cm 54 cm 54 cm 264 405 cm 52 cm	Some inclinated at Left pass consistent Amountail CO When consisted with LCG of The JAN 2028 Ven a tack has no seemed BY 50 BPO LWAYC in cross one object evident in Intern Confirmed by BISHOP (Do. NATHAN) La	าม ริงเหลือ
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			Retered to 15°S	Commed by Salttash Linston 160
	and the second second			



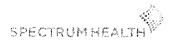
Specimen Information

ID T	ype Source		
MUSE229641010 -		02/06/20 1734	
0048578581			

Electrocardiogram, Complete

Idonesias (3dHz 2477 1281 241 Htz C49 1

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



Abraham, Gregory Anthony

MRN: 18702148, DOB: Sex: M

Acct #: 99105609860

Order status: Completed

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

Filed by: Edi, Incoming Card Results 02/07/20 1539

Resulting tab: SPECTRUM HEALTH CARDIOLOGY

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

Narrative:

Ventricular Rate 149 BPM Atrial Rate 149 BPM

P-R Interval 128 ms QRS Duration 64 ms

Q-T Interval 264 ms

QTC Calculation(Bazett) 415 ms Calculated P Axis -9 degrees

Calculated R Axis -30 degrees Calculated T Axis 63 degrees

Diagnosis Sinus tachycardia

Left axis deviation

Abnormal ECG

When compared with ECG of 10-JAN-2020 08:08,

Vent. rate has increased BY 50 BPM

T wave inversion no longer evident in Inferior leads

Confirmed by BISHOP DO, NATHANIEL (982) on 2/7/2020 3:39:21 PM

Testing Performed By

1990 Principles (SE 1990) in the contract of t	or, or was the other properties and and only one of the properties of the properties of the other or or,	majorije na nakomiti i je njavigima nakoni, se njekteri deposit distribusiva ngajajujeni, ma se	specialnes, proprietarios proprieta interpreta interpreta de la comprehensión de proprieta de la comprehensión	, we describe the constraint of the constraint
Lab - Abbreviation	Name	Director	Address	Valid Date Range
27 - Xcelera	SPECTRUM HEALTH CARDIOLOGY	Unknown	Unknown	02/20/13 0809 - Present

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

result

Ordering provider: Nathan C Fritz, DO 02/06/20 1733

Resulted by: Nathaniel C Bishop, DO

Collected by: 02/06/20 1734

Electrocardiogram, Complete

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 R Axis -30 degrees

Calculated T Axis 63 degrees

Diagnosis Sinus tachycardia

When compared with ECG of 10-JAN-2020 08:08,

Vent, rate has increased BY 50 BPM

T wave inversion no longer evident in Inferior leads

Order status: Completed

Filed by: Edi, Incoming Card Results 02/06/20 1738 Resulting lab: SPECTRUM HEALTH CARDIOLOGY

Calculated P Axis -9 degrees

Left axis deviation

Abnormal ECG

Testing Performed By

- Brown Richard Contract Contract Control Cont	esphere maybe, em maghe, phylosophic y spill (hamysicale aboli (arts) champed, 17,00 forghood figure, mag	et ministra principa sub-relativa en imperior di proprieta agrapa de la trava del di sub-transport proprieta consta d	فتعاولنا ومارينا والمهامين والمناسطة المراجع والمناس الماران والماران والمارات والما	$w_{i} = (1 + i + i + i + i + i + i + i + i + i + $
Lab - Abbreviation	Name	Director	Address	Valid Date Range
27 - Xcelera	SPECTRUM HEALTH CARDIOLOGY	Unknown	Unknown	02/20/13 0309 - Present



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

Abraham, Gregory Anthony MRN: 18702148, DOB:

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

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

Signed		and the state of t
Electronically signed by Nathaniel C Bishop, DO on 2/7/20 at	1539 EST	School and American Communication (Activities of the Communication of th
Electrocardiogram, Complete (Discontinued)		
Electronically signed by, Stefano M Crescentini, MD on 02/09/20	ny taona dia nahatra 1 lahara ana ara-ara-ara-ara-ara-ara-ara-ara-ara-ar	Status: Discontinued
Ordering user: Stefano 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, N Ordering mode: Standard Class: Hospital Performed Instance released by: Stefano M Crescentii 2/9/2020 5:49 PM	
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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 Strin - ORD Level Scan - Scan on 2/7/2020, 1:51 A	M by None Physician MD: SINHS TACHY PI	-III IPS (below)



Printed on 2/7/2020 01.51:43

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

81.19

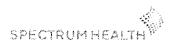
Acct #: 99105609860 Adm: 2/6/2020, D/C: 2/16/2020

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

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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

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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 Aria)
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Page 290



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

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

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

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Lab - Abbreviation

149 - Philips

Name

PHILIPS

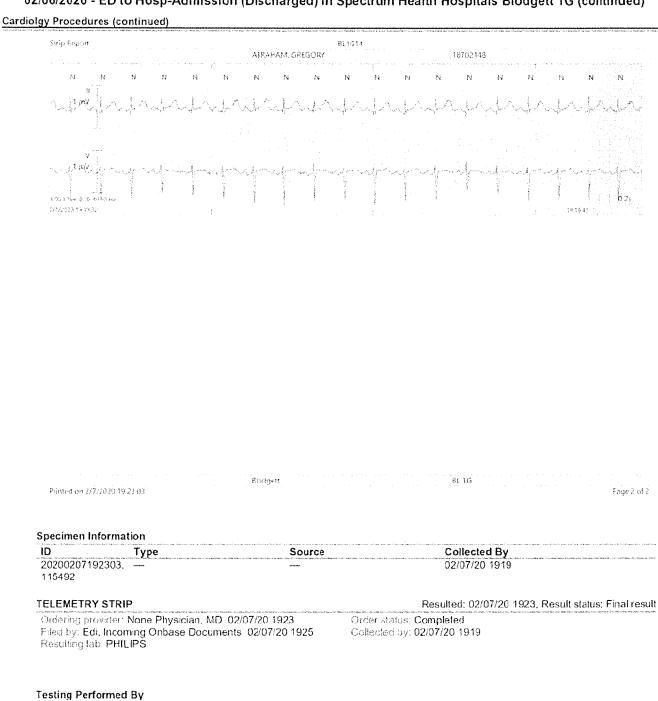
BLODGETT HOSPITAL 1840 Wealthy St SE Grand Rapids MI 49506-2921 Abraham, Gregory Anthony MRN: 18702148, DOB:

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)



Page 292 Printed on 8/26/20 10:57 AM

Director

Unknown

Address

Unknown

Valid Date Range

10/03/17 1633 - Present



Abraham, Gregory Anthony MRN: 18702148, DOB:

Visit date: 1/10/2020

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

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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)

กเทก

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

Authorized by: Kartik H Palel, 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

Initiate Ultrasound Protocol

Yes

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

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

Page 541 Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony

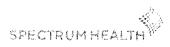
MRN: 18702148, DOB; Acct #: 99105392490 Visit date: 1/10/2020

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

Imaging (continued)

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

US Right Upper Quadrant With Doppler

Resulted: 01/10/20 1904, Result status: Final result

Ordering provider: Kartik H Patel, MD 01/10/20 1329 Resulted by: Kerry J Larson, MD

Performed: 01/10/20 1657 - 01/10/20 1734

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

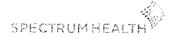
Namative:

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

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

Imaging (continued)

TECHNIQUE: Ultrasound imaging of the right upper quadrant

INDICATION: Acute alcoholic hepatitis, elevated total bilirebin 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.

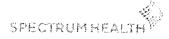
Small amount of ascites

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
2110000013 -	SPECTRUM	Unknown	Blodgett Campus 1840	07/13/12 1428 · Present
Jnknown HEALTH	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

01/10/2020 - Appointment in	Spectrum Hea	Ith Hospitals Blodgett X-Ray (con	tinued) 🦿
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Electronically signed by: Kristi E Artz, MD on This order may be acted on in another encoun Ordering user: Kristi E Artz, MD 01/10/20 0800 Authorized by: Kristi E Artz, MD Frequency: Now Once 01/10/20 0800 - 1 occu Quantity: 1	01/10/20 0800 ter.)	Ordering provider: Kristi E Artz, MD Ordering mode: Standard Class: Hospital Performed Lab status: Final result	Status: Complet
Instance released by: Kristi E Artz, MD (auto-r	eleased) 1/10/2020	8:00 AM	
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Correct Exam?	Yes		
Correct Order?	Yes		
Correct Part?	Yes		
Correct Reason?	Yes		
Patient given reason for imaging today?		mattant tur	
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Where?			
Duration?			
Injury?			
What?			
When?			
Any relevant images outside Spectrum			
Health?			
Where?			
When?			
Which is your dominant hand?	Left		
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Ordering provider: Kristi E Artz, MD 01/10/ Resulted by: Angela S Gonda, MD	20 0800	Order status; Completed Filed by: Edi, Rad Results In 01/10/20 0	350
Tanya Hice, DO Performed: 01/10/20 0825 - 01/10/20 0831 Resulting lab: SPECTRUM HEALTH ANCIL Narrative:		Accession number: 3934859	
EXAMINATION: Frontal and Lateral View C EXAM DATE: 1/10/2020 8:31 AM	hest		

Printed on 8/26/20 10:57 AM

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:

Angela S Gonda, MD

Tanya Hioe, DO

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

Resulting lab: EXTERNAL LAB

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

Accession number; 3934859

Testing Performed By

actividade Phonographic services planting caption from the consumer surgices and the planting services and the	بالراء ويؤاسمها فتعلق بنيان وويتر بطاؤون لأسام المواجعتين والمواجعتان والمعام المعاموري ومواجعات ووماته	وروية بالارابان يبغيهم والمدر والمستعل والدواء فكالمعور ماءوس	والمناصف والماد المعاول والمراد والمرادية والمساوعة والمدار والمساوعة والمناز والمدار والمدارعة والمتار والمساوية وم	الأفرجة بمخالف والمتعافر بالمعاصلية فالمواجئ والمراج والمدان والمسود وكواليا والمتعار المعاونات والماسات
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



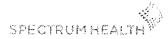
Abraham, Gregory Anthony MRN: 18702148, DOB: _____, Sex: M

Acct #: 99105392490

Visit date: 1/10/2020

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

ging		
CT Head Without IV Contrast (Final result)	giga, ndem sam dissimble, na simblendia, ngima ng mahamilikiki qa na mil a kalishkan na mitambiga, ng Kamban, mabibbb s	erar skrivillandik slob i Makhila. Per ngusislan aldiserbi schall den dem det bedarbis, 196 desembroken berseb (1960) (19 er Pr
Electronically signed by: Kristi E Artz, MD on 01/10/20 0800	adde elec established de la preside de electrica anten este alta para la la dan este (alt althouse) a con establishe	Status: Comple
This order may be acted on in another encounter.		
Ordering user: Kristi E Artz, MD 01/10/20 0800	Ordering provider: Kristi E	Artz, MD
Authorized by: Kristi E Artz, MD	Ordering mode: Standard	
Frequency: Now Once 01/10/20 0800 - 1 occurrence	Class: Hospital Performed	1
Quantity; 1	Lab status: Final result	
Indications of use: Altered level of consciousness (LOC).		sti E Artz, MD (auto-released) 1/10/2
unexplained	8:00 AM	
Questionnaire	on an amenditude on market states when the telephone at the telephone are the common for a finite telephone at the telephone and the telephone at the telephone	у усуунаат түүлүү бүрүүү түү түү түү түү түү түү түү түү тү
Question - A constraint of the constraint of th	Answer	ny iza yang kangkangan pagan aki sakan madakan mendakana mandakan menganan dalam mendakan beraksa dari dan dalam
Rule Out/Verify/Other Pertinent History:	bleed	
What are the patient's sedation requirements?	No Sedation	
Initiate Rad Pre Procedure Protocol?	Yes	
Initiate CT Contrast Protocol?	Yes	
Where performed?	Department	
Perform 3D imaging if indicated?	Yes	
Screening Form		
General Information	они они учени на продоливани од на потобрит и з стойностой по се бителение до отпринение били од в бого пефер	rang untug atas dapat gaya filamanang tingg man paman abad dahar dang filamahan puntu nyapandang atlah makas sam disentam ti terundah tilah melan
Patient Name: Abraham, Gregory Anthony	MRN: 18702148	ood joliogalan pirasaas oftenalassolisa (an esta republika) is foi kalais 20 m. 1924 (familias) at elektroles den seit or an dallit dallit teknisel
Date of Birth: 5/22/1963	Home Phone: 313-90	3-0379
Legal Sex: Male		
Procedure Ordering Provider	Authorizing Provide	r Appointment Information
CT HEAD WITHOUT IV Kristi E Artz, MD	Kristi E Artz, MD	1/10/2020 8:25 AM
CONTRAST 616-486-0385	^{t.} 616-486-0385	
CONTINATI 010-400-0303	1010-480-0303	BL CT 01 SHBL IMAG CT
CONTINUI UIU-400-0303	-010-460-0363	
Screening Form Questions	*610-480-0363	
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Screening Form Questions	**************************************	
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Screening Form Questions No questions have been answered for this form. Begin Exam Questions Answer Correct Patient? Correct Exam? Correct Order? Correct Part? Correct Reason? Verified Labs? Verified Contrast Allergies? Verified Steroid Prep? Patient given reason for imaging today? Pain? Where? Duration? Injury?		SHBL IMAG CT
Screening Form Questions No questions have been answered for this form. Begin Exam Questions Answer Correct Patient? Correct Exam? Correct Order? Correct Part? Correct Reason? Verified Labs? Verified Contrast Allergies? Verified Steroid Prep? Patient given reason for imaging today? Pain? Where? Duration? Injury? What?		SHBL IMAG CT
Screening Form Questions No questions have been answered for this form. Begin Exam Questions Answer Correct Patient? Correct Exam? Correct Order? Correct Part? Correct Reason? Verified Labs? Verified Contrast Allergies? Verified Steroid Prep? Patient given reason for imaging today? Pain? Where? Duration? Injury? What? When?		SHBL IMAG CT
Screening Form Questions No questions have been answered for this form. Begin Exam Questions Answer Correct Patient? Correct Exam? Correct Order? Correct Part? Correct Reason? Verified Labs? Verified Steroid Prep? Patient given reason for imaging today? Pain? Where? Duration? Injury? What? When? Any relevant images outside Spectrum		SHBL IMAG CT
Screening Form Questions No questions have been answered for this form. Begin Exam Questions Answer Correct Patient? Correct Exam? Correct Order? Correct Part? Correct Reason? Verified Labs? Verified Contrast Allergies? Verified Steroid Prep? Patient given reason for imaging today? Pain? Where? Duration? Injury? What? When? Any relevant images outside Spectrum Health?		SHBL IMAG CT
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Screening Form Questions No questions have been answered for this form. Begin Exam Questions Answer Correct Patient? Correct Exam? Correct Order? Correct Part? Correct Reason? Verified Labs? Verified Contrast Allergies? Verified Steroid Prep? Patient given reason for imaging today? Pain? Where? Duration? Injury? What? When? Any relevant images outside Spectrum Health?		SHBL IMAG CT



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 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

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
211000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown	Blodgett Campus 1840 Wealthy St Grand Rapids, MI Butterworth Campus 100 Michigan Grand Rapids, MI Kelsey Campus 418 Washington Lakeview, MI Lake Drive Campus 4069 Lake Dr Grand Rapids, MI Reed City Campus 300 N Patterson Reed City, MI United Campus 615 S Bower Greenville, MI	07/13/12 1428 - Pieserii

CT Head Without IV Contrast

Resulted: 01/10/20 0814, Result status: In process

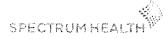
Ordering provider, Kristi E Artz, MD 01/10/20 0800 Resulted by: Angela S Gonda, MD

Filed by: Nancy L Carterrodriguez, RTR 01/10/20 0823

Order status: Completed

Printed on 8/26/20 10:57 AM

Page 571



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

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

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 BASID RED 1000

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

Repeat single view PA chest due to rotation to



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.

Printed on 8/26/20 10:57 AM Page 580

A000582



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)

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

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.

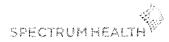
Psychiatric:

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)

ED Provider Note (continued)	sp-Admission (Discharged) in Spectrum Health Hospitals Diougett 12 (continued)
and a process of the company of the large transfer and approximate the company of	TODA
COMPLETE BLOOD COUNT 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	OLIC PANEL - Abnormal
Sodium Level	139
Potassium Level	3.7
Chloride	99
HCO3	17 (*)
Anion Gap	23 (*)
Glucose Level	99
Blood Urea Nitrogen	30 (*) 0.82
Creatinine 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 -	- Abnormal
Acetaminophen Level	<5.0 (*)
SALICYLATE LEVEL - Abn	
Salicylate Level	<0.3 (*)
URINALYSIS - Abnormal	
Urine Color	Amber
Urine Appearance	Hazy 1.024
Urine Specific Gravity U pH	5.0
Urine Glucose	Negative Section 1997
Urine Ketones	20 (*)
Urine Protein	100 (*)
Urine Blood	Large (*)
Urine Bilirubin	Small;
	Ictotest
	positive (*)
Urine Urobilinogen	4.0 (*)
Urine Nitrite	Negative
Urine Leukocyte	Negative

Page 582



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 kolkalinianyo o ay maangilay (miliga si ya Pilibanaay, milyo ni oori nga hi
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	4.2
Lactic Acid	1.6
URINE CULTURE	
AMMONIA LVL	r= 4
Ammonia Level	51
Hemolysis	
MAGNESIUM	
PHOSPHORUS PROTIME-INR	
APTT	
25T 13	

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

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)

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.

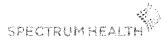
Jacob Jaboro 01/10/20 0848

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

1/10/2020	Event	Details	User
07:47	Patient arrived in ED		Margaret E Veltema, RN
07:47	Patient roomed in ED	To room 19	Margaret E Veltema, RN
07:47:31	Arrival Complaint	alcohol withdrawal	
07:47:47	Team Member Assigned	Jacob Jaboro assigned as Scribe	Jacob Jaboro
07:48	Quick Triage Complete/Acuity	Acuity/Destination/Quick Triage Complete Patient Acuity: 3 Quick Triage Complete: Quick Triage Complete	Margaret E Veltema, RN
07:48	Stroke Screening	Stroke Screening Is the patient presenting with stroke symptoms starting within the last 24 hours?: No	Margaret E Veltema, RN



Abraham, Gregory Anthony MRN: 18702148, DOB:

, Sex: M

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

01/10/2020 - FD 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

Page 585 Printed on 8/26/20 10:57 AM



Abraham, Gregory Anthony MRN: 18702148, DOB:

148, 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, N
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, M
97:59:16	Orders Placed	sodium chloride 0.9% bolus injection 1,000 mL; Acetaminophen, Blood Level; Salicylate, Blood Level; Electrocardiogram, Complete; Ammonia, Blood Level; Lastic Acid, Blood Level	Kristi E Artz, M
07:59:18	Lab Ordered	DRUG SCREEN, EMERGENCY PANEL	Kristi E Artz, M
07:59:18	ECG Ordered	ELECTROCARDIOGRAM, COMPLETE	Kristi E Artz, M
08:00:14	XR Ordered	DR CHEST 2 VIEWS FRONTAL AND LATERAL	Kristi E Artz, M
08:00:14	CT Ordered	CT HEAD WITHOUT IV CONTRAST	Kristi E Artz, M
08:00:14	Orders Placed	DR Chest 2 Views Frontal And Lateral; CT Head Without IV Contrast	Kristi E Artz, M
08:00:21	Lab Ordered	URINALYSIS	Kristi E Artz, M
08:00:21	Orders Placed	Urinalysis (UA)	Kristi E Artz, M
03:01	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2	Background, Analytics
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
08:01:35	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 Vellema, 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
	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

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 Ammonía. Blood Level Completed	Ammonia, Blood Level - Type: Blood : Source: Blood, Venous	Margaret E Veltema, RN
08:02	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
08:02	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	Lactic Acid, Blood Level - Type: Blood; Source: Blood, Venous	Margaret E Veltema, RN
08:07	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
90:80	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
03:09	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: 1

, 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
Ó8:09	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 Veltema, RN
08:10	Full Triage Completed		Margaret E Veltema, RN
08:10	Triage Completed		Margaret E Veltema, RN
08:10	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	Margaret E Veltema, RN

Page 588 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

Sex: M

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	venema, my
	, to be continented	Cardiac WDL: WDL	
		Peripheral/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	
		Genitournary WDL: WDL	
		Musculoskeletal WDL	
		Musculoskeletal WDL: .WDL except (patient complains of low back pain)	
		Skin WDL	
		Skin WDL: .WDL except; color Skin Colcr/Characteristics: yellow	
		Coping	
		Observed Emotional State: calm; flat	
		Safety WDL	
		Safety WDL: WDL	
08:12	Collect Drug of Abuse Screen with Alcohol, Emergency Department, Urine	Drug of Abuse Screen with Alcohol, Emergency Department, Urine - Type: Urine : Scurce: Urine, Voided	Evan J Berkas RN
	Completed		
08:12	Collect Urinalysis (UA) Completed	Urinalysis (UA) - Type: Urine; Source: Urine, clean catch	Evan J Berkas, RN
08:12	Specimens Collected	Drug of Abuse Screen with Alcehol, Emergency Department, Urine - ID: 20010BLC00221 Type: Urine Urinalysis (UA) - ID: 20010BLU00008 Type: Urine Urina Culture - ID: 20010BLC00221 Type: Urine	Evan J Berkas, RN
08:12:21	Print Label for Drug of Abuse	Drug of Abuse Screen with Alcohol, Emergency Department, Urine - Type: Urine; Scurce: Urine, Voided	Evan J Berkas, RN
	Screen with Alcohol, Emergency Department, Urine		
	Completed		49
08:12:21	Print Label for Urinalysis (UA) Completed	Urinalysis (UA) - Type: Urine; Source: Urine, clean catch	Evan J Berkas, RN
08:13	Patient Radiology	Other flowsheet entries	Margaret E
v e ~	Status	Patient Radiology/US/CT Status: Img Ready; CT Ready ! (0813)	Veltema, RN
08:14:56	Imaging Exam	CT Head Without IV Contrast	Nancy L
	Started		Carterrodriguez RTR
08:15	Sepsis Predictive	Sepsis Predictive Model	Background.
	Model	Sepsis Predictive Model Score: 2	Analytics



Abraham, Gregory Anthony MRN; 18702148, DOB;

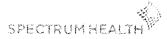
, Sex: M

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)

08:15	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

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.

02:42

Acetaminophen, **Blood Level** Resulted

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.)

Lab. Background

Lab, Background

User

User

Page 591



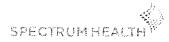
Abraham, Gregory Anthony MRN: 18702148, DOB: Sex: M

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

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

08:42	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
03:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 1.8	Background, Analytics
08:47	Urinalysis (UA) Resulted	Abnormal Result Collected: 1/10/2020 08:12 Last updated: 1/10/2020 08:47 Status: Final result Urine Color: Amber (Interpret Chemstrip results with caution due to interference by specimen color.) Urine Appearance: Hazy Urine Specific Gravity: 1.024 [Ref Range: 1.010 - 1,030] U pH: 5.0 [Ref Range: 5.0 - 9.0] Urine Glucose: Negative mg/dL [Ref Range: Negative] Urine Ketones: 20 mg/dL. 1 [Ref Range: Negative] Urine Protein: 100 mg/dL. 1 [Ref Range: Negative] Urine Blood: Large 1 [Ref Range: Negative] Urine Bilirubin: Small: Ictotest positive 1 [Ref Range: Negative] Urine Urobilinogen: 4.0 mg/dL. 1 [Ref Range: Normal] Urine Nitrite: Negative [Ref Range: Negative] Urine Leukocyte Esterase: Negative [Ref Range: Negative] Urine WBC: 35 /HPF 1 [Ref Range: 0 - 5] Urine RBC: 2 /HPF [Ref Range: 0 - 3] Urine Mucous: Many	Kathryn J Lauer
08:47:16	Lab Resulted	Urine Squamous Epithelial Cells: 2 /HPF [Ref Range: 0 - 9] Urine Hyaline Casts: 133 /LPF (Final result) URINALYSIS	Lab, Background User

Page 592 Printed on 8/26/20 10:57 AM



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

Lab, Background

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)

08:48

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] Cannabinoids screen, urine: Negative [Ref Range: Negative] Cocaine screen, urine: Negative [Ref Range: Negative] Benzodiazepine screen, urine: Negative [Ref Range: Negative] Methadone screen, urine: Negative [Ref Range: Negative] Opiate 300 screen, urine: Negative [Ref Range: Negative] Oxycodone screen ur

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 cross 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 Latera Resulted	Last updated: 1/10/2020 08:50 Status: Final result	Edi, Rad Results In
08:48:04	Lab Resulted	(Final result) DRUG SCREEN, EMERGENCY PANEL	Lab, Background User
08:50:3%	Imaging Final Result	DR Chest 2 Views Frontal And Lateral	Edi, Rad Results In
U3:50:39	Xray Final Result	(Final result) DR CHEST 2 VIEWS FRONTAL AND LATERAL	Edi, Rad Results
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
03:59:34	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 Veltema, RN
09:15	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 2.7	Background, Analytics
09:16:42	Orders Placed	LORazepam (ATIVAN) injection 1 mg	Kristi E Artz.
09:19:52	Hospitalized Disposition Selected	ED Disposition set to Hospitalized	Kristi E Artz, I
09:19:52	Disposition Selected		Kristi E Artz, I
09:19.52	Orders Placed	ED Hospital Bed Request	Kristi E Artz. I
09:19:53	ED IP Bed Requested	ED Hospital Bed Request - [239359547]	Kristi E Artz, I
09:19:53	Bed Requested	Requestoc: 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 Cha
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 Veltema, RN
09:33:10	Registration Completed		Veronica L Gonzalez
09:34:51	Imaging Exam Started	DR Chest Single View	Michelle L Rodriquez, R
09:35	Patient Radiology Status	Other flowsheet entries Patient Radiology/US/CT Status: Pt Done Img; Back in ED	Michelle L Rodriguez, R
09:35:18	Imaging Exam Ended	DR Chest Single View	Michelle L Rodriguez, R
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 Wie
09:40:38	Discontinued Orders Placed	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB	Kristi E Artz, i



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) BF 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 In

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Page 596



BLODGETT HOSPITAL 1840 Wealthy St SE MRN: 18702148, DOE 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 (contin

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ED Care Timeline (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	Morgaret E Vellema, 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
10:21:26	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 Rísk 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 IV: Mobility Related Risk Factors: 0 - None SECTION V: Traume/Surgery 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



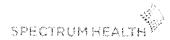
Abraham, Gregory Anthony MRN: 18702148, DOB:

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)

10:37	Patient class changed		Joshua A Thomas, PA-C
19:37:51	Team Member Assigned	Kartik H Patel, MD assigned as Admitting	Joshua A Thomas, PA-C
10:37:51	Hospitalized Disposition Selected	ED Disposition set to Hospitalized	Joshua A Thomas, PA-C
10:37:51	Disposition Selected		Joshua A Thomas, PA-C
10:37:51	Orders Placed	Admit to Impatient	Joshua A Thomas, PA-C
10:37:56	Patient Admitted from ED	Admit to Inpatient - [239407667]	Joshua A Thomas, PA-C
10:37:56	Orders Completed	Admit to Inpatient	Joshua A Thomas, PA-C
10:41:50	History Reviewed	Sections Reviewed: Medical	Joshua A Thomas, PA-C
10:41:57	History Reviewed	Sections Reviewed: Surgical	Joshua A Thomas, PA-C
10:42.03	History Reviewed	Sections Reviewed: Family	Joshua A Thomas, PA-C
10:42:36	History Reviewed	Sections Reviewed: Tobacco, Alcohol, Drug Use, Sexual Activity	Joshua A Thomas, PA-C
10:43	Medication Stopped	sodium chloride 0.9% bolus injection 1,000 mL - Route: Intravenous ; Line: Peripheral IV 01/10/20 Right Antecubital ; Scheduled Time: 1044	Margaret E Veltema, RN
10:43	Intake/Output	sodium chloride 0.9% bolus injection 1,000 mL Volume (mL): 1000	Margaret E Veltema, RN
10:44:00	Orders Acknowledged	New - Admit to Inpatient	Margaret E Veltema, RN
10:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4.4	Background, Analytics
10:45	Custom Formula Data	Other flowsheet entries Average of Mean BP: 102.5 Mean BP (mmHg): 119.33	Thomas D Wierenga
10;45	Vitals Signs	Vitals Pulse: 108 (Device Time: 10:45:23) Respirations: 21 (Device Time: 10:45:23) BP: 160/99 (Device Time: 10:45:00) MAP (mmHg): 110 (Device Time: 10:45:00)	Thomas D Wierenga
10:46	Deterioration Index Predictive Model	Deterioration Index Deterioration Index Score: 27.4	Background, Analytics
10:46	Prothrombin Time (PT with INR) Resulted	Abnormal Result Collected: 1/10/2020 10:21 Last updated: 1/10/2020 10:46 Status: Final result Prothrombin Time: 19.8 second(s) * [Ref Range: 9.7 - 12.6] INR: 2.1 Ratio * [Ref Range: 0.9 - 1.2] (Low intensity anticoagulation therapeutic range: 2.0-3.0	Lab, Backgroun User
		High intensity anticoagulation therapeutic range: 2.5-3.5	



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)

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
10:58	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 IVPB - 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
11:16	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
11:20:24	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
11:45	Sepsis Predictive Model	Sepsis Predictive Model Sepsis Predictive Model Score: 4,4	Thomas, PA-C Background, Analytics



Abraham, Gregory Anthony MRN: 18702148, DOB:

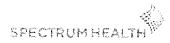
, Sex: M

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 Lella 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

Page 600 Printed on 8/26/20 10:57 AM



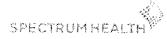
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Adm: 1/10/2020, D/C: 1/16/2020

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

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, MC
13:04.46	Charting Complete		Kaitlyn D Lella, RN
13:04:46	Charting Complete		Jacob Jaboro



Abraham, Gregory Anthony MRN: 18702148, DOB: J

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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)

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

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

Author Type: Physician's Assistant

Status: Attested 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

22

112/84 115 20

Temp: TempSrc: 22

36.5 °C Oral

SpO2: Weight:

98%

99% 68.5 kg

Height:

1.753 m

Gen: Pt is AAOx1 (oriented to year - not to place or person)

HENT: NC/AT

Eyes: PERRLA, + scleral icterus

CVS: S1S2, tachycardic

Lungs: good air entry b/l, no wheezing

Abd: soft, non-tender, +BS, no rebound tenderness or guarding, negative murphy's sign

Ext: no pedal edema

Brief history and medical decision making:

Pt is a 56 yr old M - presents from jail after being found down. Patient was jailed on 1/7 for parole violation. Pt had been drinking upto that point.

Upon eval - pt is awake, alert but confused. Concern for alcohol withdrawal vs DTs as well as alcohol withdrawal 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



Abraham, Gregory Anthony MRN: 18702148, DOB:

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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)

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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Abraham, Gregory Anthony MRN: 18702148, DOB: J

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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 Not on file

· Number of children: · 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: Tobacco Use

Not on file

· Smoking status:

Current Every Day Smoker Cigarettes

Types: · Smokeless tobacco:

Current User

Types:

Chew

Substance and Sexual Activity

· Alcohol use:

Yes

Comment: Unable to articulate amount at this time

· Drug use:

Not on file

· Sexual activity:

Not on file

Lifestyle

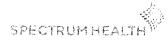
· Physical activity:

Days per week:

Not on file

Minutes per session:

Not on file



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)

H&P Notes (continued)

· Stress: Not on file

Relationships

· Social connections:

Talks on phone: Not on file Gets together: Not on file Attends religious service: Not on file Active member of club or Not on file organization;

Attends meetings of clubs or Not on file 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

Unable to preferm ROS: 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:

Printed on 8/26/20 10:57 AM Page 605



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)

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

Printed on 8/26/20 10:57 AM Page 606



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)

Discharge Summary Note

Discharge Summary by Jessica D Smith, MD at 1/16/2020 3:03 PM

Author Jessica D Smith, MD

Service: Hospitalist Filed: 1/18/2020 7:34 AM

Editor: Jessica D Smith, MD (Physician)

Date of Service: 1/16/2020 3:03 PM

Author Type: Physician

Status: Signed

BRIEF OVERVIEW:

Discharge Provider: Jessica D Smith, MD

Primary Care Provider: Not Available At Reg Physician, MD

Admission Date: 1/10/2020 Discharge Date: 1/16/2020

Active Hospital Problems

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:

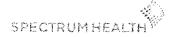
Altered mental status [R41.82]

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 altered mental status. According to the emergency department note, EMS personnel stated that the Kent County jail gave the patient a dose of Valium around 0345 the morning of presentation for suspected alcohol withdrawal. Then, around 7:00 a.m. he was found unconscious on the floor of his cell in a puddle of his own drool. EMS also reported that he was combative and irrational at the jail, but was able to follow commands. EMS also stated that he went to court on 01/07/2020 and then was brought to jail later that day. Evidently, he used to drink 2 drinks per day. However, the police officers present at bedside in the ED stated that he presented to court for discussion about his probation and he was noted to be heavily intoxicated. Per medical record review, he was seen at Henry Ford for alcohol abuse and alcoholic hepatitis in September 2019. In the emergency department, patient was afebrile and mildly tachycardic. CMP was significant for a bicarbonate level of 17 and anion gap of 23. Additionally, alk-phos was noted at 178, albumin 2.9, AST 328, ALT 67 and total bilirubin 6.8. Complete blood count was significant for a normocytic anemia with a hemoglobin 11.1 as well as thrombocytopenia with platelets of 120. Lactic acid was unremarkable. Coagulation studies revealed INR of 2.1 and PT of 19.8. Acetaminophen and salicylate levels were unremarkable. Urine toxicology screen was also unremarkable. Urinalysis revealed a few urine white

Printed on 8/26/20 10:57 AM Page 607



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)

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. RUO 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 outpatiert 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

Printed on 8/26/20 10:57 AM Page 608



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

Editor: Michelle M Manalac, MD (Physician)

Author Type: Physician Status: Addendum

Progress Note

CHIEF COMPLAINT:

Altered mental status

Assessment/Plan

ASSESSMENT / PLAN:

Principal Problem:

Altered mental status

Active Problems:

High anion gap metabolic acidosis

Alcohol abuse

Alcoholic hepatitis

Chronic anemia

1/11/2020

Hypoglycemia- d50 given initially 26-> >60, added D5 to IVF

Watch lytes closely

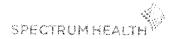
-if no sz activity in EEG, will start pofeeding, keep NPO for now except for meds

-passed bedside swallow per RN

Acute metabolic encephalopathy Possible seizure activity? Alcoholic hepatitis Coagulopathy History of alcohol abuse

- -reported patient arrived to court on 01/07/2020 intoxicated and was placed in jail following court appearance
- -found face down in jail cell, unwitnessed around 0700 am day of admit, no loss of bowel or bladder function reported
- -per chart review, patient seen at Henry Ford for alcohol abuse and alcoholic hepatitis in September of 2019
- -patient unable to articulate how much alcohol he currently uses/when his last drink was consumed, still confused although awake and alert
- -vital signs unremarkable, lactic acid normal, WBC count normal
- -alk-phos trending down, albumin 2.6, AST 499, ALT 92, total bilirubin 4.7, likley 2/2 etoh
- -ammonia level 51 on admission
- -INR was 2.1, PTT 19.8 upon admission
- -electrolytes, k,phos, mag low, will repalce with IV k and po kphos, mag, recheck in am
- -nutrition consult
- -acetaminophen and salicylate levels unremarkable, urine toxicology screen unremarkable
- -UA revealing a few urine white blood cells and large urine blood, urine culture obtained, no antimicrobial coverage at this time
- -CXR negative for acute cardiopulmonary disease
- -CT Head (1/10): No acute intracranial findings, mild global volume loss, slightly greater than expected for age
- -CK ordered, trending up, Cont 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

Printed on 8/26/20 10:57 AM Page 639



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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CT Head Without IV Contrast (Final	risona minara in de de començão monte de alemante de aprecionario de la començão de començ	d Miller other etter ett film i Schender forbesteren och er ette fotter i för et det falle observere film ette film ette ette film ette fotte falle och ette fotte fotte ette fotte falle fotte	ordo of American Protessioners (newson), it est is the large over the parties of the parties of the control of		
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Ordering user: Kristi E Artz, MD 01/1	10/20 0800	Ordering provider: Kristi E Artz	. MD		
Authorized by: Kristi E Artz, MD	Authorized by: Kristi E Artz, MD		Ordering mode: Standard		
Frequency: Now Once 01/10/20 080	10 - 1 accurrence	Class: Hospital Performed			
Quantity; 1		Lab status: Final result			
Indications of use: Altered level of co unexplained	ansciousness (LOC),		Artz, MD (auto-released) 1/10/20		
Questionnaire		8:00 AM			
Question	er Sons Book Mikhilan (1986-1951) sakah ani hasi Sappanja (1994-1994) ani penganangan kanasangan (1994-1994) a	19. Net Nethrigan style oli — mohaladi dasan a shallahasi ti minaq qilat dapma yaysaqisina misa nazmagi si gim	epimen monthly (cubicolor), who monthly the companies that the first black of the companies		
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What are the patient's sedation re		No Sedation			
Initiate Rad Pre Procedure Proto		Yes			
Initiate CT Contrast Protocol?	COL	Yes			
Where performed?		Department			
Perform 3D imaging if indicated?	•	Yes			
The state of the s		103			
Screening Form	dijendikki hikki Menintaskan i fojapanangsur karanasan history ya narangga sigosya sayanga.	er werden i der od der der er glieber om en describer den sliebenbeken om de de ken od bestekende de greg van gewende	procedurements. Processor responsible from the continuous procedure and the second responsible to the continuous and the contin		
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Patient Name: Abraham, G	Bregory Anthony	MRN: 18702148			
Date of Birth; 5/22/1963 Legal Sex; Male		Home Phone: 313-903-037	'9		
avgar vez, Maie					
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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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)

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

Performed: 01/10/20 0819 - 01/10/20 0823

Filed by: Edi, Rad Results In 01/10/20 0842

Accession number: 3934808 Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

EXAMINATION: CT Head without Contrast

EXAM DATE: 1/10/2020 8:23 AM

TECHNIQUE: Standard protocol axial CT images were obtained from the skull base to the vertex without contrast.

INDICATION: Altered level of consciousness (LOC), unexplained.

COMPARISON: None

HAND DOMINANCE: Left ENCOUNTER: Not applicable

FINDINGS:

1. There is no intracranial mass, midline shift, extraaxial fluid collection or hemorrhage.

- 2. There appears to be mild overall global volume loss, somewhat more than expected for age, with associated prominence of the ventricles and CSF spaces.
- 3. There are no suspicious area of altered attenuation.
- 4. There is no fracture. Few tiny foci of gas near the sella centrally, likely related to recent venous access,
- 5. The visualized aspects of the orbits, paranasal sinuses, and mastoid air cells are normal.
- 3-D imaging at an independent workstation: Not performed.

Impression:

- 1. No acute intracranial findings.
- 2. Mild global volume loss, slightly greater than expected for age.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
211000013 - Unknown	SPECTRUM HEALTH ANCILLARY SERVICES	Unknown		07/13/12 1428 · Present

CT Head Without IV Contrast

Resulted: 01/10/20 0814, Result status: In process

Ordering provider, Kristi E Artz, MD 01/10/20 0800 Order status: Completed Resulted by Angela S Gonda, MD

Filed by: Nancy L Carterrodriguez, RTR 01/10/20 0823



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)

|--|

Performed: 01/10/20 0819 - 01/10/20 0823

Resulting lab: EXTERNAL LAB

Accession number: 3934808

Testing Performed By

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

Signed

Electronically signed by Angela S Gonda, MD on 1/10/20 at 0835 EST

DR Chest 2 Views Frontal And Lateral (Final result)

Electronically signed by: Kristi E Artz, MD on 01/10/20 0800

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

Initiate Rad Pre Procedure Protocol?

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

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

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

Questionnaire

 Question
 Answer

 Reason(s) for Exam/Signs and Symptoms:
 altered mental status

Yes

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

Begin Exam Questions

Answer Comment

Correct Patient? Yes
Correct Exam? Yes
Correct Order? Yes
Correct Part? Yes
Correct Reason? Yes
Patient given reason for imaging today? Unable to obtain patient hx

Patent divertifies on for imaging today? Onable to obtain patient fix
Where?

where?
Duration?
Iniury?
What?
When?
Any relevant images outside Spectrum
Health?
Where?

Which is your dominant hand? Left

End Exam Questions

When?

Answer Comment

Was the study completed on a DR or DR

CR machine?

DR Chest 2 Views Frontal And Lateral

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

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

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

Angela S Gonda, MD

Printed on 8/26/20 10:58 AM



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 acrtic 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

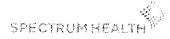
Resulting lab: EXTERNAL LAB

Accession number: 3934859

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

Order status: Completed

Printed on 8/26/20 10:58 AM Page 737



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)

(continued)

	ng Performed By
Tent have may n	demand and continued and the second of the continued and the conti

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

Signed

Electronically signed by Angela S Gonda, MD on 1/10/20 at 0848 EST

DR Chest Single View (Final result)

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

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

Ordering provider: Kristi E Artz, MD

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

Questionnaire

Question Answer

Reason(s) for Exam/Signs and Symptoms:

Rule Out/Verify/Other Pertinent History:

Where performed? Initiate Rad Pre Procedure Protocol? single PA chest, repeat for better positioning

mediastinal evaluation, enlarged on first view but likely due to

positioning Department

Yes

Begin Exam Questions

	Answer	Comment
Correct Patient?	Yes	menter francis interes interes en a antiquista de compressione de la compressione della compressione de la compressione della compressione della c
Correct Exam?	Yes	
Correct Order?	Yes	
Correct Part?	Yes	
Correct Reason?	Yes	
Patient given reason for imaging today?	recheck chest, compair to last image	
Pain?	No	
Where?		
Duration?		
Injury?	No	
What?		
When?		
Any relevant images outside Spectrum		
Health?		
Where?		
When?		
Which is your dominant hand?	Left	

End Exam Questions

per serval material recognition of the control of t				
The second secon	Answer	Comment		
Was the study completed on a DR or	DR	And committed in the committee of the co	under the Committee and on the A	
CR machine?				

DR Chest Single View

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

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

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

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Accession number: 3935271

Namalive:



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

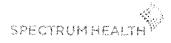
* No evidence of acute or new chest pathology.

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

recommendation of the second process of the second transfer and the second second second second second	months of Colores with a sales over a service and the colorest services.	A Ref Street Color	ter reference have been been been been been grant our signal construence apply and again	come and recommendation to the territories and all the continuous and account account and a common and the continuous and the c
Lab - Abbreviation	Name	Director	Address	Valid Date Range
51000 - EXT	EXTERNAL LAB	Unknown	Unknown	10/24/06 1424 - Present

Signed

Electronically signed by Robert D Deguzman, DO on 1/10/20 at 0959 EST

US Right Upper Quadrant (Discontinued)

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

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

Aethorized by: Joshua A Thomas, PA-C

Ordering mode: Standard Class: Hospital Performed

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

Instance released by: Rosalie Flores, RN (auto-released)

1/10/2020 1:29 PM

Discontinued by: Nicole L. Worrall, RDMS, RVT 01/10/20 1333 [Per Protocol]

Questionnaire

Question	R Therefore the contract of th		
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	Y4Y		

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:	Acute alcoholic hepatitis, elevated total bilirubin of 6.8
Rule Out/Verify/Other Pertinent History:	Suspected history of cirrhosis
What are the patient's sedation requirements?	No Sedation
Where performed?	Department
Initiate Rad Pre Procedure Protocol?	Yes
Initiate Ultrasound Protocol	Yes

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

Printed on 8/26/20 10:58 AM Page 740

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	\$35, C	om Alorah 5-82-6	nm, Gregory
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HISTORY	place to the	1. 12 . 1.	
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Prior exam		J. Cholesterel medicines	i 3 Aforgies
Pain, specify		l Nausea/Vomiting	[] Darrhea
Surgeries Surgeries Surgeries	. Weight loss Positive Murphy's Sign	1 Combosis	Abnormal liver function test
	1		
TECHNOLOGIST DOPPLER FINDIN			
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TECHNOLOGIST COMMENTS			
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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 cm 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 Order status: Completed

Ordering provider: Kartik H Patel, MD 01/10/20 1329

Resulted by: Kerry J Larson, MD

Performed: 01/10/20 1657 - 01/10/20 1734

Resulting lab: SPECTRUM HEALTH ANCILLARY SERVICES

Narrative:

EXAMINATION: Right Upper Quadrant Abdomen Ultrasound

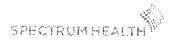
EXAM DATE: 1/10/2020 5:34 PM

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

Accession number: 3938299

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

Printed on 8/26/20 10:58 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)

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

Eded 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



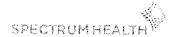
Abraham, Gregory Anthony MRN: 18702148, DOB: , Sex: M

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

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Ordering provider: Kartik H Patel, MD	onumue
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Inslance released by: Rosalie Flores, RN (auto-released 1/10/2020, 1:29 PM	1)
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Communicated by: Courtney L Smith	•
correctly for billing purposes	
Ordering provider: Joshua A Thomas, PA-C	
Class: Hospital Performed	
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Continuous W/Video	
Resulted: 01/12/20 1429, Result statu Result	is: Edite
- Order status: Completed	y nyi denia Naniy wasi dalar pe
Resulting lab: EXTERNAL LAB	
49	
	Answer Continuous w/Video O6 Status: Co Communicated by: Courtney L Smith correctly for billing purposes Ordering provider: Joshua A Thomas, PA-C Ordering mode: Per protocol: COSIGN required Class: Hospital Performed Lab status: Edited Result - FINAL 9:12 PM Answer Continuous w/Video Resulted: 01/12/20 1429, Result statu Result 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 745

Background: This recording was obtained during wakefulness.



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

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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: 01/12/20 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

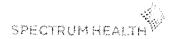
Nanative:

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

Communicated by: Courtney L Smith

Class: Hospital Performed

Order status: Completed

Resulting lab: EXTERNAL LAB

Ordering mode: Per protocol: COSIGN required

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

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:

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)

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

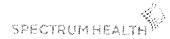
Testing Performed By

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

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

EEG

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

- THE TO PROPER TO PROPE						
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 Filed by: Shan E Abbas, MD 01/11/20 1412 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: 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)

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

Authorized by: Joshua A Thomas, PA-C

Ordering mode: Per protocol: COSIGN required

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

Class: Hospital Performed

2113 - Until Specified

Quantity: 1

Instance released by: Courtney L Smith (auto-released)

1/12/2020 12:30 AM

Discontinued by: Michelle M Manalac, MD 01/12/20 1423

Questionnaire

A Topic	теритерия и «Между» и принципарния и принципарния постирання постирання постирання постирання постирання пости Принципарния постирання постирання постирання постирання постирання постирання постирання постирання постирання	ker proj til til pågeligt i til projektioniske folgoming. Der playt filt til til til til til til til til til	and the state of the control of the state of
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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

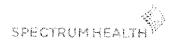
2113 - Until Specified

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: 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)

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		
Accession number: 3940616		Resulting lab: EXTERNAL LAB			
Procedures Performed			Chargeables		
VEEG EA 12-26HR II	NTMT MNTR [NEU97	an inganish da makan kanan da	th and Challe Extremeller had a 1990 The activations of her Extra Association (199 5) and ac ush selec , a C	ithtemende up et mittellier (mittellier ab vorsamby valuur vordam sielen pelekkt vil Herbach für muse mittelli	
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

Acct #: 99105392490

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

, Sex: M

Status: Discontinued

Status: Completed

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

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

Page 754 Printed on 8/26/20 10:58 AM



Abraham, Gregory Anthony MRN: 18702148, DOB: J

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)

Cardiolgy Procedures

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 Ordening provider: Kristi E Artz, MD

Authorized by: Kristi E Artz, MD

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

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

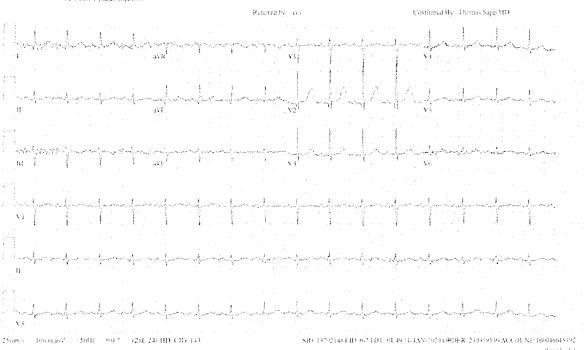
Questionnaire

Question Answer Reason for Exam: Suspected ingestion

ECG - ORD Level Scan - Scan on 1/10/2020 8:06 AM by Kristi E Artz, MD: EKG13 ELECTROCARDIOGRAM, COMPLETE MUSE (below)

VERAHAM, GREGORY 11) 618702148 16-JAN-2006-68-68-27 SPECIALISM IN MEDISPITAL BUTD. ROUTING RECORD Normal Super the then Probinged QT Alternated CC No province FCFs available Contained by Supe MD, Thomas (467) on 1 13:2024 449, 48 AM 22-MAY-0963426-50 Male cubes

Feetingson 15 (94163) Fest ad Supposed injection



Specimen Information

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ID Type	Source	Collected By	
MUSE227821010	-	01/10/20 0808	
0046645192			

Electrocardiogram, Complete

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

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



Abraham, Gregory Anthony

MRN: 18702148, DOB: I Acct #: 99105392490

Sex: M

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

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 Abnormal ECG

No previous ECGs available

Testing Performed By

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

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

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

Abnormal ECG

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

Signed

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

TELEMETRY STRIP (Final result)

Printed on 8/26/20 10:58 AM

Page 756

result



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)

Electronically signed by: E Ordering user: Edi, Incomi Authorized by: None Phys Frequency: - Lab status: Final result	ng Onbase Documen	2 Documents on 01 ls 01/10/20 1453		None Physician, MD tandard	Status: Complet
Telemetry Strip - OR	D Level Scan - Scan	on 1/10/2020 2:53 F	M by None Physicia	in, MD: ADMISSION PHILI	PS (below)
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Specimen Information					
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TELEMETRY STRIP			R	esulted: 01/10/20 1453, Rea	sult status: Final re
Ordering provider: Non	e Physician, MD 01/1	0/20 1453	Order status: Cor	npleted	CET MET THE SERVICE HERE THE MET OF THE METABLISH HE THE SERVICE HERE THE THE THE SERVICE HERE THE SERVICE H
Filed by: Edi, Incoming	Onbase Documents	01/10/20 1455	Collected by: 01/	10/20 1449	
Resulting lab: PHILIPS					
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Printed on 8/26/20 10:58 AM



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)

	PHILIPS	Unknown	Uni	known	1	0/03/17 16	33 - Present
ELEMETRY STRIP (Fin.	al result)						
Efectionically signed by, Ordering user: Edi, Incon Authorized by: None Phy Frequency: - Bb status: Final result Telemetry Strip - Of	ning Onbase Docume	nts 61/11/20 0102	Ordering p Ordering in Guantity: 1	rrovider: N node: Star I			Status: Complet PS (below)
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		ASRAHAM, GREGORY			18702148		
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Panted on 1/11/2020 01:02		Blodgett			AL TE		
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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)

Specimen Information ID Type Source Collected By 20200111010209. — 01/11/20 0059 026301 TELEMETRY STRIP Resulted: 01/11/20 0102, Result status: F Ordering provider: None Physician, MD 01/11/20 0102 Filed by: Edi, Incoming Onbase Documents 01/11/20 0106 Resulting lab. PHILIPS Telegraphic Philips Resulted: 01/11/20 0102, Result status: F Order status: Completed Collected by: 01/11/20 0059	ф Яеро п			B1, 1E-1		
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Planted on 1/11/2029 01-32 05 Bludgett Bit 1F						
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Specimen Information ID Type Source Collected By 20200111010209. — 01/11/20 0059 TELEMETRY STRIP Resulted: 01/11/20 0102, Result status: F Ordering provider: None Physician, MD 01/11/20 0102 Filed by: Edi, Incoming Onbase Documents 01/11/20 0106 Resulting lab. PHILIPS Type Source Collected By 01/11/20 0059 Collected By 01/11/20 0102, Result status: F Order status: Completed Collected by: 01/11/20 0059						
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Testing Performed By	imen Information Type 00111010209. — 301 EMETRY STRIP ering provider: None Pl	ıysidian, MD 01/	Source	C 0 Result Order status: Complet	ollected By 1/11/20 0059 ed: 01/11/20 0102, Re	
resung Performed By	imen Information Type 00111010209. — 301 EMETRY STRIP aring provider: None Ph	lysician, MD 01/ pase Documents	Source	C 0 Result Order status: Complet	ollected By 1/11/20 0059 ed: 01/11/20 0102, Re	
	imen Information Type 00111010209. 301 EMETRY STRIP aring provider: None Pl J by: Edi, Incoming Onbulling lab. PHILIPS	nysician, MD 01/ pase Documents	Source	C 0 Result Order status: Complet	ollected By 1/11/20 0059 ed: 01/11/20 0102, Re	
Lab - Abbreviation Name Director Address Valid Date Range 149 - Philips PHILIPS Unknown Unknown 10/03/17 1633 - Presen	imen Information Type 00111010209. — 301 EMETRY STRIP aring provider: None Pl J by: Edi, Incoming Onbuiling lab. PHILIPS	nysician, MD 01/ base Documents	Source	C 0 Result Order status: Complet	ollected By 1/11/20 0059 ed: 01/11/20 0102, Re	

Printed on 8/26/20 10:58 AM Page 759

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

Svc Date CPT® Rev Code NDC Description Qty Amount 01/10/20 20105534 0121 none HC MED/SURG ROOM 1 2,053.0 01/10/20 25005806 0250 633230184 FOLIC ACID 5 MG/ML SOLN 1 24.3
01/10/20 20105534 0121 none HC MED/SURG ROOM 1 2,053.0 01/10/20 25005806 0250 633230184 FOLIC ACID 5 MG/ML SOLN 1 24.3
01/10/20 25005806 0250 633230184 FOLIC ACID 5 MG/ML SOLN 1 24.3
40 40 141 1/141
10 10 ML VIAL
01/10/20 25005814 0250 009046007 LORAZEPAM 0.5 MG TABS 2 6.3
61
01/10/20 25005814 0250 009045492 MULTIVITAMIN WITH 1 6.1
61 MINERAL TABS
01/10/20 96360 0260 none HC ED IV HYDRATION 1 224.9
INFUSION INITIAL HOUR
01/10/20 27005642 0271 none SLEEVE SCD KNEE UP TO 1 64.5
21
01/10/20 27005688 0272 none WIRES LEAD TELEMETRY 1 66.5
LONG CAB
01/10/20 85610 0300 none HC PROTIME 1 26.0
01/10/20 36415 0300 none HC VENIPUNCTURE 1 15.0
01/10/20 80053 0300 none HC COMPREHENSIVE 1 57.1
METABOLIC PANEL
01/10/20 36415 0300 none HC VENIPUNCTURE 1 15.0
01/10/20 80076 0300 none HC HEPATIC FUNCTION 1 22.9
PANEL
01/10/20 36415 0300 none HC VENIPUNCTURE 1 15.0
01/10/20 83735 0301 none HC ASSAY OF MAGNESIUM 1 23.8
01/10/20 84100 0301 none HC PHOSPHOROUS LEVEL 1 17.1
01/10/20 82140 0301 none HC AMMONIA LEVEL 1 52.3
01/10/20 83605 0301 none HC LACTIC ACID 1 38.0
01/10/20 80329 0301 none HC ACETAMINOPHEN LEVEL 1 72.2
01/10/20 80329 0301 none HC SALICYLATES LEVEL 1 25.6
01/10/20 80307 0301 none HC DRUG SCREEN CLASS A 1 107.9
01/10/20 82550 0301 none HC CREATINE KINASE CPK 1 23.7
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	1	161.54	
				GC			
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	1	24.45	
				DIFFERENTIAL			
01/10/20	85007	0305	none	HC BLOOD SMEAR MANUAL	1	19.58	
04/40/00	07000	0000		DIFFERENTIAL		00.70	
01/10/20		0306	none	HC CULTURE URINE	1	29.78	
01/10/20	87077	0306	none	HC ID CULT AEROB EA ISOLATE	1	40.34	
01/10/20	97196	0306	none	HC MIC TEST	1	31.25	
01/10/20		0307	none	HC URINALYSIS	1	11.40	
01/10/20	01001	0007	Horic	AUTOMATED W		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	1	488.03	
				CONSTRAST			
	76705	0402	none	HC US ABDOMEN LIMITED	1	351.62	
01/10/20	99285	0450	none	HC ED VISIT CATEGORY 5	1	1,558.55	
01/10/20	J3411	0636		THIAMINE 100 MG/ML SOLN	1	30.51	
04/40/00	17000	0636	02	2 ML VIAL	1	100.01	
01/10/20	J7060	0030	11	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	109.91	
01/10/20	J7030	0636		SODIUM CHLORIDE 0.9%	1	109.91	
01/10/20	07000	0030	04	BOLUS 0.9 % SOLN		103.31	
01/10/20	J7030	0636		SODIUM CHLORIDE 0.9%	1	109.91	
01710720	0,000	0000	04	BOLUS 0.9 % SOLN		100.01	
01/10/20	J2060	0636	-	LORAZEPAM 2 MG/ML SOLN	1	23.59	
			01				
01/10/20	J7060	0636	003380017	DEXTROSE 5 % SOLN 100	1	109.91	
			18	ML FLEX CONT			
01/10/20	J3475	0636		MAGNESIUM SULFATE 2	4	182.56	
			24	GM/50ML SOLN			
01/10/20	J3480	0636		POTASSIUM CHLORIDE 20	10	154.68	
04/40/20	17020	0626	48	MEQ/100ML SOLN	4	100.01	
01/10/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9 % SOLN	1	109.91	
01/10/20	93005	0730	none	HC EKG COMPUTER	1	47.24	
	93975	0921	none	HC US ABD RETRO ART/VEN	1	520.46	
01/10/20	00010	3321	110110	DOP COMPLETE	'	520.40	
01/11/20	20105534	0121	none	HC MED/SURG ROOM	1	2.053.00	
01/11/20	25005806			DEXTROSE 50 % SOLN	1	109.91	
		_	01				
01/11/20	25005806	0250	763293301	DEXTROSE 50 % SOLN	1	109.91	



			01			
01/11/20	25005814	0250	01	MULTIVITAMIN WITH	1	6.18
01/11/20	23003614	0230	61	MINERAL TABS	- 1	0.10
01/11/20	25005806	0250		DEXTROSE 50 % SOLN	1	109.91
01/11/20	23003000	0230	763293301 01	DEATROSE 30 % SOLIN	1	109.91
01/11/20	25005906	0250		FOLIC ACID 5 MG/ML SOLN	1	24.20
01/11/20	25005806	0250		FOLIC ACID 5 MG/ML SOLN	1	24.30
04/44/00	25005014	0050	10	10 ML VIAL	4	2.00
01/11/20	25005814	0250		POTASSIUM PHOSPHATE	1	3.98
04/44/00	05005044	0050	01	(MONOBASIC) 500 MG TABS		0.00
01/11/20	25005814	0250		POTASSIUM PHOSPHATE	1	3.98
04/44/05	05005011	0050	01	(MONOBASIC) 500 MG TABS		
01/11/20	25005814	0250		POTASSIUM PHOSPHATE	1	3.98
			01	(MONOBASIC) 500 MG TABS		
01/11/20	25005814	0250	004861111		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	36415	0300	none	HC VENIPUNCTURE	1	15.00
01/11/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81
01/11/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10
01/11/20	82550	0301	none	HC CREATINE KINASE CPK	1	23.76
				TOTAL		
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20		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	i	28.27
01/11/20		0301	none	HC POC GLUCOSE	i	28.27
01/11/20		0301	none	HC POC GLUCOSE	i	28.27
01/11/20		0301	none	HC POC GLUCOSE	1	28.27
01/11/20		0301	none	HC CREATINE KINASE CPK	1	23.76
01/11/20	02000	0301	Holie	TOTAL	'	23.70
01/11/20	82947	0301	none	HC POC GLUCOSE	1	28.27
01/11/20	85027	0305	none	HC CBC PLATELET NO	1	24.45
01/11/20	03027	0303	none		'	24.45
01/11/20	E1709	0402	nono	DIFFERENTIAL HC URINE CAPACITY	1	150 07
01/11/20	31/98	0402	none		1	158.87
01/11/00	17020	0626	00220040	MEASURE BY US	4	100.04
01/11/20	J7030	0636		SODIUM CHLORIDE 0.9 %	1	109.91
04/44/00	10.475	0000	04	SOLN		477.00
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
		100 Pro 100 Pro 10	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	003380089	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	17060	0636	02	2 ML VIAL DEXTROSE 5 % SOLN 50 ML	1	109.91	
01/11/20	37000	0030	11	FLEX CONT	'	109.91	
01/11/20	J7042	0636		DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5-			
04/44/00	05700	0740		0.9 % SOLN		700.00	
01/11/20	95700	0740	none	HC VEEG CONT REC W/VIDEO BY TECH MIN 8	1	766.88	
				CHANNELS			
01/11/20	95715	0740	none	HC VEEG BY TECH EA INCR	1	1,471.36	
				12-26 HR INTERMITTENT			
04/40/00	00405504	0404		MNTR		0.050.00	
	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	
01112120		0200	10	10 ML VIAL		21.00	
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	
04/40/00	05005044	0050	01	(MONOBASIC) 500 MG TABS		0.00	
01/12/20	25005814	0250	004861111	POTASSIUM PHOSPHATE (MONOBASIC) 500 MG TABS	1	3.98	
01/12/20	25005814	0250	502680524	,	1	3.98	
01/12/20	20000014	0200	11	WEEKTONING TABO		0.00	
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	82947	0301	none	HC POC GLUCOSE	1	28.27	
01/12/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
01/12/20	82550	0301	none	HC CREATINE KINASE CPK	1	23.76	
				TOTAL			
01/12/20	82947	0301	none	HC POC GLUCOSE	1	28.27	
01/12/20	84443	0301	none	HC TSH	1	67.93	
01/12/20		0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
01/12/20	82947	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	i	52.31	
01/12/20		0421	none	HC PT THERAPEUTIC	2	189.74	
01/12/20	91330	0421	HOHE	FUNCTIONAL ACTIVITY	2	109.74	
01/12/20	97161	0424	none	HC PT LOW COMPLEX	1	241.97	
				EVALUATION			
01/12/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5-			
				0.9 % SOLN			



01/12/20	J3411	0636	633230013 02	THIAMINE 100 MG/ML SOLN 2 ML VIAL	1	30.51	
01/12/20	J7060	0636		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	10	154.68	
			48	MEQ/100ML SOLN			
01/12/20	J7042	0636	003380089 04	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	004096729	MAGNESIUM SULFATE 2	4	182.56	
			24	GM/50ML SOLN			
01/12/20	J3475	0636	445670420 24	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62	
01/12/20	17042	0636		DEXTROSE 5% AND	2	109.91	
01/12/20	07042	0030	04	SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN	2	103.31	
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		POTASSIUM PHOSPHATE	1	3.98	
01/13/20	23003014	0230	01	(MONOBASIC) 500 MG TABS	'	3.90	
01/13/20	25005814	0250		POTASSIUM CHLORIDE SA 20 MEQ TBCR	2	8.92	
01/13/20	25005814	0250		POTASSIUM PHOSPHATE	1	3.98	
01/10/20	20000014	0200	01	(MONOBASIC) 500 MG TABS		0.00	
01/13/20	25005814	0250	004861111		1	3.98	
			01	(MONOBASIC) 500 MG TABS			
01/13/20	25005814	0250		GLYCERIN-	1	44.77	
			67	HYPROMELLOSE-PEG 400 0.2-0.2-1 % SOLN 15 ML BOTTLE			
01/13/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/13/20	85610	0300	none	HC PROTIME	1	26.09	
01/13/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
01/13/20	00000	0000	HOHE	METABOLIC PANEL	'	37.14	
01/13/20	82550	0301	none	HC CREATINE KINASE CPK TOTAL	1	23.76	
01/13/20	82947	0301	none	HC POC GLUCOSE	1	28.27	
01/13/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
01/13/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5-			



				0.9 % SOLN			
01/13/20	J7042	0636		DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5- 0.9 % SOLN			
01/13/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5-			
01/14/20	20105534	0121	none	0.9 % SOLN HC MED/SURG ROOM	1	2,053.00	
01/14/20	25005814			POTASSIUM PHOSPHATE	1	3.98	
04/44/00	05005044	2050	01	(MONOBASIC) 500 MG TABS	•	0.00	
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			
01/14/20	25005814	0250	707101014	ML VIAL PHYTONADIONE 5 MG TABS	1	95.89	
01/14/20	20000014	0200	01	THE TOTAL STATE OF TABLE		00.00	
01/14/20	25005814	0250		MULTIVITAMIN WITH	1	6.18	
01/14/20	25005814	0250	61	MINERAL TABS POTASSIUM CHLORIDE SA	2	8.92	
01/14/20	20000014	0230	89	20 MEQ TBCR	_	0.52	
01/14/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/14/20	80048	0300	none	HC BASIC METABOLIC PANEL	1	42.24	
01/14/20	80076	0300	none	HC HEPATIC FUNCTION	1	22.91	
0 20				PANEL			
01/14/20		0300	none	HC VENIPUNCTURE	1	15.00	
01/14/20		0300	none	HC PROTIME	1	26.09	
01/14/20		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		0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
01/14/20		0301	none	HC CREATINE KINASE CPK	1	23.76	
				TOTAL			
01/14/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
01/14/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
01/14/20	J7042	0636	003380089	DEXTROSE 5% AND	2	109.91	
			04	SODIUM CHLORIDE 0.9% 5-			
				0.9 % SOLN			
01/14/20	J3475	0636	445670420 24	MAGNESIUM SULFATE 2 GM/50ML SOLN	4	177.62	
01/14/20	13475	0636		MAGNESIUM SULFATE 2	4	177.62	
31/14/20	00470	5000	24	GM/50ML SOLN	7	177.02	
01/14/20	J7050	0636	To 100 to	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	
01/15/20	20105534	0121	04 none	1,000 ML FLEX CONT HC MED/SURG ROOM	1	2,053.00	
01/15/20	25005814	0250	009045492		1	6.18	
01/10/20	23003014	0230	61	MINERAL TABS		0.10	
01/15/20	25005814	0250		PHYTONADIONE 5 MG TABS	1	95.89	
01/15/20	25005806	0250	004097295 01	POTASSIUM PHOSPHATES 45 MMOLE/15ML SOLN 15 ML VIAL	1	52.69	
01/15/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/15/20	80053	0300	none	HC COMPREHENSIVE	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 PANEL	1	129.67	
01/15/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/15/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
01/15/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
01/15/20	82550	0301	none	HC CREATINE KINASE CPK TOTAL	1	23.76	
01/15/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
01/15/20	J7120	0636	003380117		1	109.91	
			04	1,000 ML FLEX CONT			
01/15/20	J7050	0636	003380049	SODIUM CHLORIDE 0.9 %	1	109.91	
			02	SOLN 250 ML FLEX CONT			
01/15/20	J3475	0636	445670420 24	GM/50ML SOLN	4	177.62	
01/15/20	J7120	0636	003380117 04	LACTATED RINGERS SOLN 1,000 ML FLEX CONT	1	109.91	
01/15/20	J7120	0636	003380117 04	LACTATED RINGERS SOLN 1,000 ML FLEX CONT	1	109.91	
01/16/20	25005814	0250	707101014		1	95.89	
			01				
01/16/20	25005814	0250	009045492 61	MINERAL TABS	1	6.18	
01/16/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
01/16/20	80053	0300	none	HC COMPREHENSIVE METABOLIC PANEL	1	57.14	
01/16/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
01/16/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
01/16/20	97535	0431	none	HC OT ADL/SELFCARE/HMETRN	2	265.44	
01/16/20	07166	0424	nono	PER UNIT	1	205.24	
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

	temized Charges								
Svc Date	CPT® Code	Rev Code	NDC	Description	Qty	Amount			
02/06/20	20105515	0201	none	HC ICU ROOM	1	4,758.00			
02/06/20	25005806	0250	004097517 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	1	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	02043	0030	01	TAZOBACTAM 3-0.375	3	104.51
			01	GM/50ML SOLN		
02/06/20	Q9967	0636	002701316		125	59.36
02/00/20	Q9901	0030	95	IOPAINIDOL PER TIVIL	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	12475	0626	445670400	77- T-770-1	4	177.60
02/06/20	J3475	0636	445670420		4	177.62
00/00/00	17000	0000	24	GM/50ML SOLN		400.04
02/06/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9%	1	109.91
00/00/00	00005	0700	04	BOLUS 0.9 % SOLN		47.04
02/06/20	93005	0730	none	HC EKG COMPUTER	1	47.24
02/06/20	96375	0940	none	HC ED IV PUSH EACH	1	174.10
00/07/00	00405540	0000		ADDTL NEW SUBSTANCE		0.050.00
02/07/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00
00/07/00	05005044	0050	004044454	ROOM		7.00
02/07/20	25005814	0250	001211154		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	004060552 23	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
02/07/20		0301	none	HC PHOSPHOROUS LEVEL	1	17.10
	83605	0301	none	HC LACTIC ACID	i	38.06
02/07/20		0301	none	HC LACTIC ACID	1	38.06
02/07/20	83605	0301	none	HC LACTIC ACID	1	38.06
02/07/20	85027	0305	none	HC CBC PLATELET NO 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	SODIUM CHLORIDE PER 500 ML	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		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		ML HEPARIN (PORCINE) 5000	5	27.20	
02/08/20	20105518	0206	01 none	UNIT/ML SOLN 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	i	26.09	
02/08/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL			
02/08/20	85027	0305	none	HC CBC PLATELET NO 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	17050	0636	003380150	SODIUM CHLORIDE PER 500	1	109.91	
			30	ML			
02/08/20	J7030	0636	003380049 04	SODIUM CHLORIDE 0.9 % SOLN	1	109.91	
02/08/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05	
02/08/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91	
02/08/20	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 UNIT/ML SOLN	5	27.20	
02/09/20	20105518	0206	none	HC GR INTERMEDIATE ROOM	1	2,053.00	
02/09/20	25005814	0250	004060552 23	OXYCODONE 5 MG TABS	1	7.01	
02/09/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
02/09/20	25005814	0250		PANTOPRAZOLE 40 MG TBEC	1	6.65	
02/09/20	25005814	0250		MULTIVITAMIN WITH MINERAL TABS	1	6.18	
02/09/20	25005814	0250		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	36415	0300	none	HC VENIPUNCTURE	1	15.00	
02/09/20	The second second	0300	none	HC PROTIME	i	26.09	
02/09/20		0300	none	HC COMPREHENSIVE	i	57.14	
02/09/20	00033	0300	none	METABOLIC PANEL		37.14	
02/09/20	85025	0305	none	HC CBC AUTO COMPLETE DIFFERENTIAL	1	31.28	
02/09/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL	3	34.05	
02/09/20	J7050	0636	003389159 30	SODIUM CHLORIDE PER 500 ML	1	109.91	
02/09/20	J2543	0636		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-	3	68.41	
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	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
02/09/20	J1940	0636		UNIT/ML SOLN FUROSEMIDE 10 MG/ML	2	25.17	
02/09/20	J2543	0636	18 007813113	SOLN PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3-			
02/09/20	J7050	0636	003389159	0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500	1	109.91	
02.00.20			30	ML	•		
02/09/20	J2543	0636		PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL			
02/09/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91	
00/00/00	40000	0704	30	ML		0.047.00	
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	
				ROOM			
02/10/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.32	
02/10/20	25005814	0250		PANTOPRAZOLE 40 MG	1	6.65	
			61	TBEC			
02/10/20	25005814	0250	009045492 61	MULTIVITAMIN WITH MINERAL TABS	1	6.18	
02/10/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
			99				
02/10/20	25005814	0250		LACTULOSE 20 GM/30ML	1	7.32	
02/10/20	36/15	0300	30 none	SOLN HC VENIPUNCTURE	1	15.00	
02/10/20		0300	none	HC PROTIME	1	26.09	
02/10/20		0300	none	HC COMPREHENSIVE	i	57.14	
02/10/20	00055	0300	Hone	METABOLIC PANEL		37.14	
02/10/20	85025	0305	none	HC CBC AUTO COMPLETE	1	31.28	
00/40/00	105.40	0000	007040440	DIFFERENTIAL	•	04.05	
02/10/20	J2543	0636		PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
			90	0.375) G SOLR 1 EACH VIAL			
02/10/20	17050	0636	003380150	SODIUM CHLORIDE PER 500	1	109.91	
02/10/20	37030	0030	30	ML		109.91	
02/10/20	P9047	0636		ALBUMIN HUMAN 25 %	2	278.01	
			02	SOLN			
02/10/20	J2543	0636	007813113 90	PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	34.05	
			90	0.375) G SOLR 1 EACH VIAL			
02/10/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91	
			30	ML			
02/10/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN			



02/10/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL			
02/10/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91	
			30	ML	_		
02/10/20	J1644	0636	674570374 12	HEPARIN (PORCINE) 5000 UNIT/ML SOLN	5	31.34	
02/10/20	J2543	0636		PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3-			
02/10/20	.17050	0636	003389159	0.375) G SOLR 1 EACH VIAL SODIUM CHLORIDE PER 500	1	109.91	
JE/ 10/20	01000	3000	30	ML SOURCE FER SOU			
02/11/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00	
02/11/20	25005814	0250	009045492	ROOM MULTIVITAMIN WITH	1	6.18	
JE/ 11/20	20000014	3200	61	MINERAL TABS			
02/11/20	25005814	0250		SPIRONOLACTONE 25 MG	1	6.60	
02/11/20	25005806	0250	10 378640905	TABS THIAMINE 100 MG TABS	1	6.22	
02/11/20	2000000	0200	99	THE MAINTE FOR INC. TABLE		0.22	
02/11/20	25005814	0250		PANTOPRAZOLE 40 MG	1	6.63	
02/11/20	25005814	0250	11 001211154	TBEC LACTULOSE 20 GM/30ML	1	7.32	
			30	SOLN			
02/11/20	25005814	0250	695430379 01	POTASSIUM CHLORIDE 20	2	12.51	
02/11/20	25005814	0250		MEQ PACK 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	
02/11/20	J2543	0636	674570522	METABOLIC PANEL 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		HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN	_		
02/11/20	J2543	0636	674570522 00	PIPERACILLIN- TAZOBACTAM 3.375 (3-	3	68.41	
			00	0.375) G SOLR 1 EACH VIAL			
02/11/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
02/11/20	.11644	0636	30 633230262	ML HEPARIN (PORCINE) 5000	5	27.20	
JZ/11/20	01044	3030	01	UNIT/ML SOLN	5	21.20	
02/11/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3- 0.375) G SOLR 1 EACH VIAL			
				J.J.J. G GOLK I LACIT VIAL			



02/11/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
02/11/20	J1644	0636	30 633230262	ML HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN			
02/12/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00	
02/12/20	25005814	0250		SPIRONOLACTONE 25 MG	1	6.60	
02/12/20	25005814	0250	10	TABS PANTOPRAZOLE 40 MG	1	6.65	
02/12/20	25005614	0230	61	TBEC	'	0.03	
02/12/20	25005806	0250	378640905 99	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	707101014	PHYTONADIONE 5 MG TABS	1	95.89	
02/12/20	25005806	0250	01 004094276	LIDOCAINE 1 % SOLN	1	24.38	
OL/ IL/LO	2000000	0200	01			21.00	
02/12/20	25005814	0250	503830779 16	LACTULOSE 10GM/15ML SOLN 473 ML BOTTLE	1	19.16	
02/12/20	25005806	0250		STERILE WATER (BOTTLE) SOLN 1,000 ML PLAS CONT	1	109.91	
02/12/20	25005814	0250		OXYCODONE 5 MG TABS	1	7.06	
			23				
02/12/20	25005814	0250	656490303 03	RIFAXIMIN 550 MG TABS	1	135.89	
02/12/20	25005814	0250	001211154 30	LACTULOSE 20 GM/30ML SOLN	1	7.53	
02/12/20	27005642	0271	none	PACK DIAG RADIOLOGY	1	49.12	
				BTW			
02/12/20	36415	0300	none	HC VENIPUNCTURE	1	15.00	
02/12/20	85610	0300	none	HC PROTIME	1	26.09	
02/12/20	80053	0300	none	HC COMPREHENSIVE	1	57.14	
				METABOLIC PANEL			
02/12/20	84100	0301	none	HC PHOSPHOROUS LEVEL	1	17.10	
02/12/20	82140	0301	none	HC AMMONIA LEVEL	1	52.31	
02/12/20	83735	0301	none	HC ASSAY OF MAGNESIUM	1	23.81	
02/12/20	85027	0305	none	HC CBC PLATELET NO	1	24.45	
				DIFFERENTIAL			
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		1	109.91	
			30	ML			



02/12/20	J2543	0636		PIPERACILLIN-	3	68.41	
			00	TAZOBACTAM 3.375 (3-			
00/40/00	17050	0000	000000450	0.375) G SOLR 1 EACH VIAL		100.01	
02/12/20	J/050	0636		SODIUM CHLORIDE PER 500	1	109.91	
00/40/00	14044		30	ML	_	07.00	
02/12/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
00/10/00	105.40		01	UNIT/ML SOLN		04.05	
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		SODIUM CHLORIDE PER 500	1	109.91	
			30	ML	_		
02/12/20	P9047	0636		ALBUMIN HUMAN 25 %	2	236.36	
			91	SOLN	_		
02/12/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN	-		
02/12/20	P9047	0636		ALBUMIN HUMAN 25 %	6	788.45	
00/10/00	105.40		02	SOLN			
02/12/20	J2543	0636		PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3-			
00/10/00				0.375) G SOLR 1 EACH VIAL			
02/12/20	J7050	0636		SODIUM CHLORIDE PER 500	1	109.91	
00/10/00			30	ML	_		
02/12/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN			
02/12/20	49083	0761	none	HC ABD PARACENTESIS	1	2,047.39	
				WITH IMAGING			
02/13/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00	
				ROOM			
02/13/20	25005814	0250		RIFAXIMIN 550 MG TABS	1	135.89	
			03				
02/13/20	25005814	0250		LACTULOSE 10GM/15ML	1	19.16	
			16	SOLN 473 ML BOTTLE			
02/13/20	25005806	0250		STERILE WATER (BOTTLE)	1	109.91	
			00	SOLN 1,000 ML PLAS CONT			
02/13/20	25005814	0250		LACTULOSE 20 GM/30ML	1	7.53	
			30	SOLN			
02/13/20	25005814	0250		LACTULOSE 10GM/15ML	1	19.16	
			16	SOLN 473 ML BOTTLE			
02/13/20	25005806	0250		STERILE WATER (BOTTLE)	1	109.91	
			00	SOLN 1,000 ML PLAS CONT		45.00	
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	1	57.14	
00/40/00	26445	0200		METABOLIC PANEL		15.00	
02/13/20		0300	none	HC VENIPUNCTURE	1	15.00	
02/13/20	00048	0300	none	HC BASIC METABOLIC	1	42.24	
				PANEL			



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
		0301		HC PHOSPHOROUS LEVEL	1	17.10
02/13/20			none		-	
02/13/20		0301	none	HC ASSAY OF MAGNESIUM	1	23.81
02/13/20		0301	none	HC LACTIC ACID	1	38.06
02/13/20	82390	0301	none	HC CERULOPLASMIN	1	38.06
02/13/20	82784	0301	none	HC IGG IGM OR IGA EA	1	33.33
02/13/20	82784	0301	none	HC IGG IGM OR IGA EA	1	33.33
02/13/20	82784	0301	none	HC IGG IGM OR IGA EA	1	33.33
02/13/20		0301	none	HC ALPHA ANTITRYPSIN	1	48.48
02/13/20		0301	none	HC IRON	1	22.82
02/13/20		0301	none	HC IRON BINDING	1	31.36
02/13/20	03330	0301	Hone	CAPACITY	'	31.30
02/13/20	02720	0301	none	HC FERRITIN	1	48.48
		0301				59.88
02/13/20			none	HC AFP TUMOR MARKER	1	
02/13/20		0301	none	HC AMMONIA LEVEL	1	52.31
02/13/20		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
				ANTIBODY		
02/13/20	86038	0302	none	HC ANA SCREEN	1	57.87
02/13/20		0302	none	HC LIVKID MICRO AB MAYO	1	24.28
02/13/20		0305	none	HC CBC PLATELET NO	1	24.45
02/10/20				DIFFERENTIAL		
02/13/20	85008	0305	none	HC BLD COUNT SMEAR	1	19.58
02/13/20	03000	0303	Hone	MCRSCP W/O MNL DIFRNTL	'	19.50
				WBC COUNT		
00/40/00	05007	0205			4	24.45
02/13/20	85027	0305	none	HC CBC PLATELET NO	1	24.45
				DIFFERENTIAL		
02/13/20		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			30	ML		
02/13/20	.12543	0636		PIPERACILLIN-	3	34.05
02/10/20	02040	0000	90	TAZOBACTAM 3.375 (3-	•	04.00
			00	0.375) G SOLR 1 EACH VIAL		
02/12/20	11644	0626	622220262		_	27.20
02/13/20	J 1044	0636		HEPARIN (PORCINE) 5000	5	27.20
00/40/00	17056	0000	01	UNIT/ML SOLN		100.01
02/13/20	J/050	0636	003389159		1	109.91
			30	ML		



02/13/20	J2543	0636		PIPERACILLIN-	3	34.05	
			90	TAZOBACTAM 3.375 (3-			
02/12/20	17050	0636	002290150	0.375) G SOLR 1 EACH VIAL	1	100.01	
02/13/20	37030	0636	30	SODIUM CHLORIDE PER 500 ML		109.91	
02/13/20	17030	0636		SODIUM CHLORIDE 0.9%	1	109.91	
02/10/20	07000	0000	04	BOLUS 0.9 % SOLN		100.01	
02/13/20	J7030	0636		SODIUM CHLORIDE 0.9 %	1	109.91	
			04	SOLN			
02/13/20	J1644	0636	633230262	HEPARIN (PORCINE) 5000	5	27.20	
			01	UNIT/ML SOLN			
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	
02/12/20	12270	0626	04	BOLUS 0.9 % SOLN	3	20.72	
02/13/20	J3370	0636	01	VANCOMYCIN HCL 5 G SOLR 1 EACH VIAL	3	38.73	
02/13/20	J7050	0636		SODIUM CHLORIDE 0.9 %	2	109.91	
02/13/20	37030	0030	02	SOLN 250 ML FLEX CONT	2	103.31	
02/13/20	J1644	0636		HEPARIN (PORCINE) 5000	5	27.20	
02/10/20	01044	0000	01	UNIT/ML SOLN	•	27.20	
02/14/20	20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00	
				ROOM		_,	
02/14/20	25005814	0250	001211154	LACTULOSE 20 GM/30ML	1	7.53	
			30	SOLN			
02/14/20	25005814	0250	656490303	RIFAXIMIN 550 MG TABS	1	135.89	
			03				
02/14/20	25005806	0250		THIAMINE 100 MG TABS	1	6.22	
			99				
02/14/20	25005814	0250		PANTOPRAZOLE 40 MG	1	6.65	
00/44/00	05005044	0050	61	TBEC		0.40	
02/14/20	25005814	0250		MULTIVITAMIN WITH	1	6.18	
02/14/20	25005814	0250	61	MINERAL TABS PHYTONADIONE 5 MG TABS	2	185.73	
02/14/20	23003614	0230	01	PHITONADIONE 5 MG TABS	2	103.73	
02/14/20	25005814	0250		LACTULOSE 20 GM/30ML	1	7.53	
02/14/20	20000014	0200	30	SOLN		7.00	
02/14/20	25005806	0250		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	
				METABOLIC PANEL			
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		
02/14/20	76705	0402	none	HC US ABDOMEN LIMITED	1	351.62
02/14/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9 %	1	109.91
			04	SOLN		
02/14/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/14/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		
02/14/20	P9047	0636	685165216	ALBUMIN HUMAN 25 %	6	788.45
			02	SOLN		
02/14/20	J1644	0636	633230262	HEPARIN (PORCINE) 5000	5	27.20
			01	UNIT/ML SOLN		
02/14/20	J2543	0636	007813113	PIPERACILLIN-	3	34.05
			90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/14/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91
			30	ML		
02/14/20	J7030	0636	003380049	SODIUM CHLORIDE 0.9 %	1	109.91
			04	SOLN		
02/14/20	J2248	0636	004693211	MICAFUNGIN 100 MG SOLR	100	238.09
			10	1 EACH VIAL		
02/14/20	J7050	0636	003380553	SODIUM CHLORIDE 0.9 %	1	109.91
	-		18	SOLN 100 ML FLEX CONT		
02/14/20	J2543	0636		PIPERACILLIN-	3	34.05
		_	90	TAZOBACTAM 3.375 (3-		
				0.375) G SOLR 1 EACH VIAL		
02/14/20	J7050	0636	003389159	SODIUM CHLORIDE PER 500	1	109.91



		30	ML		
02/14/20 J2270	0636	700921380 36	MORPHINE 1 MG/ML IN NS 100MG/100ML SOLN	10	179.74
02/14/20 93975	0921	none	HC US ABD RETRO ART/VEN	1	520.46
02/15/20 20105518	0206	none	HC GR INTERMEDIATE	1	2,053.00
02/15/20 25005806	0250	001439681 25	GLYCOPYRROLATE 0.4 MG/2ML SOLN	1	30.12
02/15/20 25005814	0250	000543532 44	LORAZEPAM 2 MG/ML CONC	1	6.87
Total Charges					50,753.00

Payments

Type	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

Service Date	Code	Description	Diagnos es	Provider	Department	Charge Amt	Pay/Ad
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		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	F10.231, G93.41, K70.10	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					0.0
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					95.8
		INSURANCE PAYMENT- MEDICAID					57.0
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					52.0
1/10/20	99223	INITIAL HOSPITAL CARE/DAY		MD	SHMG HOSPITALIST 100	391.00	
		INSURANCE PAYMENT- BCBS	,,				0.0
		INSURANCE PAYMENT- BCBS					158.7

	CONTRACTUAL ADJUSTMENT					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 SBSQ HOSPITAL CARE/DAY	E87.2,F1 0.10,K70 .10,D53. 9,E16.2,	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00	
144400		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			SHMG HOSPITALIST 100	205.00	
	INSURANCE PAYMENT- BCBS					0.00
	INSURANCE PAYMENT- BCBS CONTRACTUAL					0.00 93.19
	ADJUSTMENT (INSURANCE)-BCBS INSURANCE PAYMENT-					58.24
	MEDICAID CONTRACTUAL ADJUSTMENT					53.57
1/11/20	(INSURANCE)-MEDICAID 95720 EEG PHYS/QHP EA INCR>12HR<26HR AFTER	R41.82, R56.9	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00	
	24HR W/VEEG INSURANCE PAYMENT-					229.60
	BCBS CONTRACTUAL ADJUSTMENT					97.47
	(INSURANCE)-BCBS INSURANCE PAYMENT-					0.00
	MEDICAID CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					84.93

1/12/2	99233	SBSQ HOSPITAL CARE/DAY		Manalac, MD	SHMG HOSPITALIST 100	205.00	
1/12/2	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER	G93.41, D68.9 R56.9,R 41.82	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00	
1/12/2	99233	24HR W/VEEG SBSQ HOSPITAL CARE/DAY	E87.2,F1	Manalac, MD	SHMG HOSPITALIST	205.00	
1/12/2	20 95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER	0.10,K70 .10,D53. 9,E16.2, G93.41, D68.9 R56.9,R 41.82	Shan E Abbas,	SHMG	412.00	
1/12/2	99233	24HR W/VEEG SBSQ HOSPITAL CARE/DAY	R41.82, E87.2,F1 0.10,K70 .10,D53. 9,E16.2,	Michelle M Manalac, MD	SHMG HOSPITALIST 100	205.00	
			G93.41, D68.9				
		INSURANCE PAYMENT- BCBS					0.00
		INSURANCE PAYMENT- BCBS					0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS INSURANCE PAYMENT- MEDICAID CONTRACTUAL					93.19 58.24 53.57
1/12/2	95720	ADJUSTMENT (INSURANCE)-MEDICAID)EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG INSURANCE PAYMENT-	R56.9,R 41.82	Shan E Abbas, MD	SHMG EPILEPSY 25	412.00	229.60
		BCBS CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					97.47
		INSURANCE PAYMENT- MEDICAID CONTRACTUAL					0.00 84.93
1/13/2	99232	ADJUSTMENT (INSURANCE)-MEDICAID SBSQ HOSPITAL CARE/DAY	G93.41, K70.10,F 10.20,D6 8.9,R18.	Manalac, MD	SHMG HOSPITALIST 100	144.00	
1/13/2	99232	SBSQ HOSPITAL CARE/DAY			SHMG PSYCH	144.00	
1/13/2	20 99232	SBSQ HOSPITAL CARE/DAY	70.10 R41.82,		2750 ICCB SHMG	144.00	
					HOSPITALIST		

				K70.10,F 10.20,D6 8.9,R18. 8,E87.2		100			
1	1/13/20	99232	SBSQ HOSPITAL CARE/DA	F10.10,K		SHMG PSYCH	144.00		
	1/13/20	99232	SBSQ HOSPITAL CARE/DA`	70.10 (R41.82, G93.41, K70.10,F 10.20,D6 8.9,R18. 8,E87.2		SHMG HOSPITALIST 100	144.00		
1			INSURANCE PAYMENT- BCBS					0.00	
		- /	INSURANCE PAYMENT-					0.00	
		l l	BCBS CONTRACTUAL					65.77	
			ADJUSTMENT (INSURANCE)-BCBS INSURANCE PAYMENT-					40.41	
			MEDICAID CONTRACTUAL					37.82	
			ADJUSTMENT (INSURANCE)-MEDICAID						
1	1/13/20		SBSQ HOSPITAL CARE/DAY	F10.10,K 70.10	David R Franzblau, MD	SHMG PSYCH 2750 ICCB	144.00		
			INSURANCE PAYMENT- BCBS		,			53.20	
			CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS					77.50	
			INSURANCE PAYMENT- BCBS					72.76	
		1	BCBS WITHHOLD					5.47	
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT					65.77	
	1/14/20		(INSURANCE)-BCBS SBSQ HOSPITAL CARE/DA`	R41.82, K70.10,F 10.20,D6 8.9,R18.		SHMG HOSPITALIST 100	205.00		
	1/14/20	99232	SBSQ HOSPITAL CARE/DA	8,E87.2 K70.10	Lucas J Triemstra, PA-	SHMG ENDO GASTRO BW	144.00		
	1/14/20	99233	SBSQ HOSPITAL CARE/DA`	G93.41, R41.82, K70.10,F 10.20,D6 8.9,R18. 8,E87.2		SHMG HOSPITALIST 100	205.00		
	1/14/20	99232	SBSQ HOSPITAL CARE/DA		Lucas J Triemstra, PA- C	SHMG ENDO GASTRO BW	144.00		
	1/14/20	99233	SBSQ HOSPITAL CARE/DA	G93.41, R41.82, K70.10,F 10.20,D6 8.9,R18. 8,E87.2	5	SHMG HOSPITALIST 100	205.00		

- 1		INSURANCE PAYMENT- BCBS					0.00
		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-	SHMG ENDO GASTRO BW	144.00	
		INSURANCE PAYMENT-		С			66.50
		BCBS CONTRACTUAL					77.50
		ADJUSTMENT (INSURANCE)-BCBS INSURANCE PAYMENT-					0.00
1/15/20	99232	BCBS SBSQ HOSPITAL CARE/DAY	E51.2.F1	Jessica D	SHMG	144.00	
			0.231,M 62.82,K7	Smith, MD	HOSPITALIST 100		
			0.10,D68 .9,E87.2, E87.6,E8 3.42,E83				
1/15/20	99232	SBSQ HOSPITAL CARE/DAY		Lucas J Triemstra, PA-	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		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

		ADJUSTMENT-BCBS INSURANCE PAYMENT-					0.00
		MEDICAID CONTRACTUAL					15.65
1/15/20		ADJUSTMENT (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	E51.2,F1 0.231,M 62.82,K7 0.10,D68 .9,E87.2, E87.6,E8 3.42,E83	Smith, MD	SHMG HOSPITALIST 100	217.00	
1/16/20	99239	HOSPITAL DISCHARGE DAY	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	
1/16/20	99239	HOSPITAL DISCHARGE DAY	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- BCBS	.39				0.00
		INSURANCE PAYMENT- BCBS					117.53
		CONTRACTUAL ADJUSTMENT					56.00
		(INSURANCE)-BCBS BCBS WITHHOLD					11.27
		ADJUSTMENT-BCBS INSURANCE PAYMENT- MEDICAID					0.00
		CONTRACTUAL ADJUSTMENT (INSURANCE)-MEDICAID					32.20
2/7/20		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	SHMG	566.00	
			5.0,K52. Berjaoui, MI 9,R65.20 ,K72.90, R18.8,K	D HOSPITALIST ICU 1840		
		INSURANCE PAYMENT-	44.9,K21 .0,E87.2			311.35
		BCBS BCBS WITHHOLD				23.44
		ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT				231.21
2/8/20	99233	(INSURANCE)-BCBS SBSQ HOSPITAL CARE/DAY		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	HOSPITALIST 100		
		INSURANCE PAYMENT- BCBS	.2,K52.9			103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS				7.83
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				93.19
2/9/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,R 65.21,K6 Crescentini, 5.2,K70. MD 31,E87.2 ,E87.1,K 72.90,F1 0.11	SHMG HOSPITALIST 100	205.00	
		INSURANCE PAYMENT- BCBS				103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS CONTRACTUAL				7.83 93.19
2/10/20	99233	ADJUSTMENT (INSURANCE)-BCBS 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- BCBS				103.98
		BCBS WITHHOLD ADJUSTMENT-BCBS				7.83
		CONTRACTUAL ADJUSTMENT (INSURANCE)-BCBS				93.19
2/11/20	99232	SBSQ HOSPITAL CARE/DAY	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				
	2/11/20	99232	SBSQ HOSPITAL CARE/DAY	10.21 K72.90,K Balaj 74.60,R6 MD, I 5.21,E87 .2,K70.3 0,Z86.61 ,Z48.89, K70.31,F		SHMG HOSPITALIST 100	144.00	
1			INSURANCE PAYMENT- BCBS					72.76
-	- 1		BCBS WITHHOLD					5.47
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT					65.77
-			(INSURANCE)-BCBS	l				
	2/12/20	99221	INITIAL HOSPITAL CARE/DAY	K70.31,K Thon 72.90,K6 Rupp 5.2		SHMG ENDO GASTRO BW	205.00	
	2/12/20	99233	SBSQ HOSPITAL CARE/DAY	K72.90,K Balaj 52.9,K20 MD, I .9,I95.9,		SHMG HOSPITALIST 100	205.00	
				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,K Thon 72.90,K6 Rupp 5.2		SHMG ENDO GASTRO BW	205.00	
-			INSURANCE PAYMENT-	5.2				101.50
-	- 1		BCBS BCBS WITHHOLD					7.64
-			ADJUSTMENT-BCBS CONTRACTUAL					95.86
-	- 1		ADJUSTMENT					
	2/12/20	99233	(INSURANCE)-BCBS SBSQ HOSPITAL CARE/DAY	K72.90,K Balaj 52.9,K20 MD, I .9,I95.9, E87.2,K7 0.30,Z86 .61,E72. 20,R18.8		SHMG HOSPITALIST 100	205.00	
				,R79.89, Z86.59				
			INSURANCE PAYMENT- BCBS					103.98
			BCBS WITHHOLD					7.83
			ADJUSTMENT-BCBS CONTRACTUAL ADJUSTMENT					93.19
	2/13/20	99232	(INSURANCE)-BCBS SBSQ HOSPITAL CARE/DAY	K70.30.K Thon	nas H	SHMG ENDO	144.00	
				65.2,K72 Rupp .90,Z83. 79		GASTRO BW		
	2/13/20	99232	SBSQ HOSPITAL CARE/DAY	K70.30,K Thon	nas H	SHMG ENDO	144.00	

			65.2,K72 F .90,Z83. 79	Rupp, MD	GASTRO BW		
		NSURANCE PAYMENT- BCBS	,				72.76
	E	BCBS WITHHOLD ADJUSTMENT-BCBS					5.47
		CONTRACTUAL ADJUSTMENT INSURANCE)-BCBS					65.77
2/13/20			A41.9,K7 (0.30,R65 (.21,K52.	Balaji Vutla, MD, MPH	SHMG HOSPITALIST 100	205.00	
			9,R18.8, K72.90,Z 86.61,E7 2.20,R79		100		
			29,Z83.7 9,N17.9, F10.21				
		NSURANCE PAYMENT- BCBS					103.98
	E	BCBS WITHHOLD ADJUSTMENT-BCBS					7.83
		CONTRACTUAL ADJUSTMENT INSURANCE)-BCBS					93.19
2/14/20		SBSQ HOSPITAL CARE/DAY	K70.9,K6 5.2,K72. 90,D72.8 29,Z83.7	Sarah C Roy, A-GNP	SHMG ENDO GASTRO BW	144.00	
2/14/20		NITIAL HOSPITAL CARE/DAY	D72.829, E E87.2,K7F 0.31,F10 .10,K52. 9,K82.9		SHMG INFECT DISEASE 230	277.00	
		NSURANCE PAYMENT-	9,002.9				147.30
		BCBS CONTRACTUAL ADJUSTMENT					129.70
2/14/20		INSURANCE)-BCBS BBSQ HOSPITAL CARE/DAY	K70.9,K6 5.2,K72. 90,D72.8 29,Z83.7 9	Sarah C Roy, A-GNP	SHMG ENDO GASTRO BW	144.00	
		NSURANCE PAYMENT- BCBS					66.50
		CONTRACTUAL ADJUSTMENT INSURANCE)-BCBS					77.50
2/14/20		POST-OP FOLLOW-UP VISIT			SHMG GEN SURG 1900	0.00	
2/14/20	99233	SBSQ HOSPITAL CARE/DAY	A41.9,K7 E 0.30,R65 I .21,K52. 9,R18.8, K72.90,Z 86.61,E7	Balaji Vutla,	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