

MACNAUGHTON & SHANAHAN PLLC

2038 Lexington
Houston, TX 77098
P: 713-522-3700
F: 713-522-3701
www.macshanlaw.com

Meredith MacNaughton
Jennifer Shanahan

+Adrienne S. Draper

Writers Email: jennifer@macshanlaw.com

+Board Certified/Worker's Compensation Law
Texas Board of Legal Specialization

June 13, 2025

Steve Kaminczak
5740 San Felipe St. Apt. #627
Houston, TX 77057

RE: Withdrawal of Representation

Dear Mr. Kaminczak,

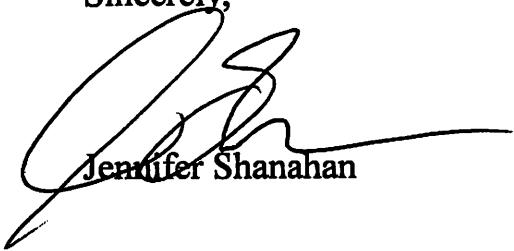
After careful consideration, we have decided to withdraw our representation of you in your workers' compensation claim. This office will not take any further action on your behalf to pursue or protect any of your rights and remedies regarding your Division of Workers' Compensation claim or any other matter that may have been discussed.

My decision to withdraw representation is based upon my review of the information provided and our conversations. Do not allow my opinion to discourage you from seeking any of your rights and remedies. Another attorney may have a different opinion of your claim and may be willing to accept employment. In the alternative, the Division of Workers' Compensation provides assistance to injured workers and you may contact the Division of Workers' Compensation for additional details.

Please be aware if you have been assigned to have reached maximum medical improvement and given an impairment rating, that must be disputed within ninety (90) days or it is considered final.

I would like to thank you for giving me the opportunity to represent you. Please note for future reference that I represent individuals who have been injured on the job, injured offshore, individuals with personal injury claims, and death claims. If you should have any questions, please do not hesitate to contact me at the number above.

Sincerely,



Jennifer Shanahan

A handwritten signature in black ink, appearing to read "J.S." followed by a stylized surname. Below the signature, the name "Jennifer Shanahan" is printed in a smaller, sans-serif font.

TX Result Report

P 1

06/13/2025 20:04

Serial No. AC76011001999

TC: 250773

Addressee	Start Time	Time	Prints	Result	Note
15128044378	06-13 20:00	00:03:24	004/004	OK	

Note TMR:Timer Tx, POL:Polling, ORG:Original Size Setting, FME:Frame Erase Tx,
 DPS:Page Separation Tx, MIX:Mixed Original Tx, CALL:Manual TX, CSRC:CSRC,
 FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
 FCODE:F-code, RTX:Re-Tx, RLY:Relay, MBX:Confidential, BUL:Bulletin,
 IPADR:IP Address Fax, I-FAX:Internet Fax IP-FAX: IP-FAX(SIP)

Result OK: Communication OK; S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 REJ: Reject, EL: No; Other Error, CONT: Continue, NO Ans: No Answer,
 REPS: Reprint, REFUSED: Busy, M-FULL:Memory Full, LOUR:Receiving length over,
 POUR:Receiving page over, FIX:File Error, DC:Decode Error, MDN:MDN Response Error,
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

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 Texas Board of Legal Specialization

FAX COVER SHEET

To/Attn: WC Claims
 Company: TDI
 Fax Number: 512-804-4378
 Pages: 4, including cover sheet
 Regarding: Steve Kaminczak
 From: Jennifer Shanahan
 Date: 06/13/2025
 Message: Please find Letter of Withdraw & DWC 150a.

Confidentiality Notice:

Unless otherwise indicated the information contained in this facsimile is privileged information and confidential and intended for the use of the individual or entity named above. If this fax is sent to you in error or you are not the intended recipient you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error please notify the sender by telephone and return the original message to MacNaughton & Shanahan PLLC, 2038 Lexington, Houston, TX 77098 via postal service at our expense. Thank you.

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June 13, 2025

VIA FACSIMILE: 512-804-4378
Attn: TDI

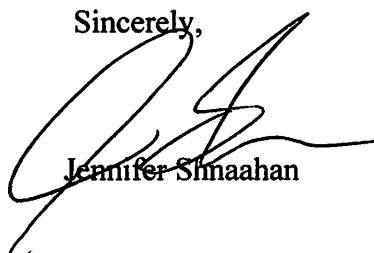
RE:

Name: Steve Kaminczak
DWC #: 25218944
SSI #: 458-71-8171
Employer: HISD

Dear Division:

Please be advised that this office no longer represents the above named individual. Please forward all communications to the Claimant. If you have any questions, please do not hesitate to contact me at the above number listed.

Sincerely,



Jennifer Shanahan



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
800-252-7031 | F:512-804-4378 | TDI.texas.gov | @TexasTDI

NOTICE OF WITHDRAWAL OF REPRESENTATION

I. GENERAL INFORMATION

1. Injured Employee's Name (Last, First, MI) Kaminczak, Steve		
2. Injured Employee's Address (Street or PO Box, City, State, ZIP) 5740 San Felipe St. Apt. #627 Houston, TX 77057		
3. Injured Employee's Phone Number 979-436-5969	4. Date of Injury (mm/dd/yyyy) 01/30/2025	5. DWC Claim Number 25218944
6. Beneficiary's Name* (Last, First, MI)		
7. Beneficiary's Address* (Street or PO Box, City, State, ZIP)		
8. Beneficiary's Phone Number* 713-522-3700	9. Beneficiary's SSN* 713-522-3701	10. Beneficiary Type*
11. Insurance Carrier's Name CCMSI		

*Beneficiary information only required when representing an individual in a death benefits claim.

II. REPRESENTATIVE INFORMATION

12. Representing: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Other				
13. Name (Last, First, MI) Shanahan, Gilda Jennifer			14. Firm Name (if applicable) MacNaughton & Shanahan, PLLC.	
15. Address (Street or PO Box, City, State, ZIP) 2038 Lexington St. Houston, TX 77098			16. Attorney's Bar Card Number 24056331	
17. Phone Number 713-522-3700	18. Fax Number 713-522-3701	19. Email Address (optional) jennifer@macshanlaw.com		

III. NOTICE OF WITHDRAWAL OF REPRESENTATION

20. Withdrawal Date 06/13/2025	For TDI Use Only
21. Claimant's Signature (optional)	
22. Representative's Signature 	

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the [Corrections Procedure](#) section at www.tdi.texas.gov.



Frequently Asked Questions
Notice of Withdrawal of Representation (DWC Form-150a)

When is notification of withdrawal required?

An attorney must submit the DWC Form-150a to notify the division of their withdrawal in cases where a motion for withdrawal under 28 Texas Administrative Code (TAC) §152.6(d) is not required, or when the attorney's client terminated the attorney's representation. The attorney must submit the notice of withdrawal to the division no later than the 10th day after the withdrawal, regardless of whether the attorney's client has already notified the division.

When is a motion to withdraw required?

A motion to withdraw is required when an attorney wishes to withdraw representation after notice of a scheduled benefit review conference (BRC) or contested case hearing (CCH) has been received and until resolution of the disputed issues through the division's dispute resolution process provided in Labor Code Chapter 410, Subchapter A – E. The motion to withdraw must be submitted to the division and approved before the attorney may be released from representation.

When is my withdrawal effective?

The attorney's withdrawal is effective at the point the attorney-client relationship is terminated. Submitting the DWC Form-150a is simply notifying the division of the withdrawal. However, if a motion to withdraw is required, the withdrawal is not effective until the Administrative Law Judge has approved the motion or, if required to continue representation, until resolution of the disputed issues through the division's dispute resolution process provided in Labor Code Chapter 410, Subchapter A – E.

How do I submit notice of withdrawal of representation?

Attorneys must submit the DWC Form-150a to TDI-DWC by:

- mailing the form to the address at the top of the form;
- faxing the form to 512-804-4378; or
- personally delivering the form to the division field office handling the claim or the central office of the division.

Attorneys must provide a copy of the notice to the attorney's client and opposing counsel by:

- personal delivery;
- first class mail; or
- email.

Who can use the DWC Form-150a?

Attorneys are required to submit the DWC Form-150a to the division no later than the 10th day following their withdrawal from representing a claimant or insurance carrier under §152.6(b)(1) or (b)(2). If the attorney's client submits the DWC Form-150a, the attorney is still required to comply with §152.6(b) by submitting the notice of withdrawal of representation to the division within the 10-day period.

NOTE: Other representatives, such as non-attorney representative under §150.3, are not required to notify the division when they end representation. Additionally, parties such as the injured employee, beneficiary, or insurance carrier are not required to notify the division when an attorney no longer represents them. However, other representatives and parties may submit the DWC Form-150a to notify the division.

Where can I find more information on the requirements of withdrawal?

More information is available in:

- 28 TAC §152.6, regarding attorney withdrawal; and
- the Texas Disciplinary Rules of Professional Conduct Rule, 1.15.

TX Result Report

P 1
 06/13/2025 20:05
 Serial No. AC76011001999
 TC: 250784

Addressee	Start Time	Time	Prints	Result	Note
19723867918	06-13 20:04	00:01:34	004/004	OK	

Note TMR:Timer Tx. POL:Polling. ORG:Original Size Setting. FME:Frame Erase Tx.
 DPG:Page Separation Tx. MIX:Mixed Original Tx. CALI:Manual Tx. CSRC:CSRC.
 FWD:Forward. PC:PC-FAX. BND:Double-Sided Binding direction. Sp:Special original.
 FCODE:F-Code. RTX:Re-Tx. RLY:Relay. MXC:Confidential. BUL:bulletin.
 IPADR:IP Address Fax. I-FAX:Internet Fax IP-FAX: IP-FAX(SIP)

Result OK: Communication OK. S-OK: Stop Communication. PW-OFF: Power Switch OFF.
 TEL: RX from TEL. NG: Other Error. Cont: Continue. No Ans: No Answer.
 Refuse: Receipt Refused. Busy: Busy. M-Full:Memory Full. LOVR:Receiving length over.
 POVER:Receiving page over. FILE:File Error. DC:Decode Error. MDN:MDN Response Error.
 DSN:DSN Response Error. PRINT:Compulsory Memory Document Print.
 DEL:Compulsory Memory Document Delete. SEND:Compulsory Memory Document Send.

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 Texas Board of Legal Specialization

FAX COVER SHEET

To/Attn: WC Claims
 Company: CCMSI
 Fax Number: 972-386-7918
 Pages: 4, including cover sheet
 Regarding: Steve Kaminczak
 From: Jennifer Shanahan
 Date: 06/13/2025
 Message: Please find Letter of Withdraw & DWC 150a.

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June 13, 2025

VIA FACSIMILE: 972-386-7918
CCMSI

RE:

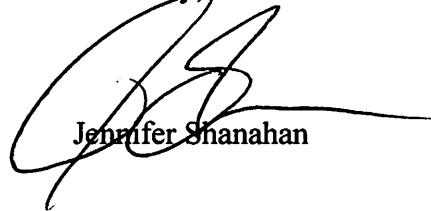
Name: Steve Kaminczak
DWC #: 25218944
SSI #: 458-71-8171
Employer: HISD

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Sincerely,

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I. GENERAL INFORMATION

1. Injured Employee's Name (Last, First, MI) Kaminczak, Steve		
2. Injured Employee's Address (Street or PO Box, City, State, ZIP) 5740 San Felipe St. Apt. #627 Houston, TX 77057		
3. Injured Employee's Phone Number 979-436-5969	4. Date of Injury (mm/dd/yyyy) 01/30/2025	5. DWC Claim Number 25218944
6. Beneficiary's Name* (Last, First, MI)		
7. Beneficiary's Address* (Street or PO Box, City, State, ZIP)		
8. Beneficiary's Phone Number*	9. Beneficiary's SSN*	10. Beneficiary Type*
11. Insurance Carrier's Name CCMSI		

*Beneficiary information only required when representing an individual in a death benefits claim.

II. REPRESENTATIVE INFORMATION

12. Representing: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Other			
13. Name (Last, First, MI) Shanahan, Gilda Jennifer		14. Firm Name (if applicable) MacNaughton & Shanahan, PLLC.	
15. Address (Street or PO Box, City, State, ZIP) 2038 Lexington St. Houston, TX 77098		16. Attorney's Bar Card Number 24056331	
17. Phone Number 713-522-3700	18. Fax Number 713-522-3701	19. Email Address (optional) jennifer@macshanlaw.com	

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20. Withdrawal Date 06/13/2025	For TDI Use Only
21. Claimant's Signature (optional)	
22. Representative's Signature	

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Meredith MacNaughton
Jennifer Shanahan

+Adrienne S. Draper, of Counsel

Writers Email: jennifer@macshanlaw.com

+Board Certified in Workers'
Compensation Law

March 24, 2025

Memorial Hermann Health System
Release of Information
7737 SW F C94
Houston, TX 77074

Re: Name: Steve Kaminczak
SS: 458-71-8171
Date of Injury: 1/31/2025
Employer: HISD

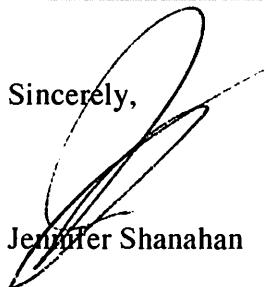
To Whom It May Concern:

Please be advised that the undersigned attorney represents the above-named injured worker in his Division of Workers' Compensation system. At this time this office is requesting a copy of **all medical records from DOI-present** in your possession regarding the above named individual. Please include all required medical reports and forms. I have enclosed a medical release allowing me to receive such medical records from your office. Pursuant to Division rules there is no charge for required medical reports to the injured worker or their representative.

As always, thank you for your attention to the matter and do not hesitate to contact me at 713-522-3700 or jennifer@macshanlaw.com if any additional information is needed.

Sincerely,

Jennifer Shanahan



Authorization for Medical Information

Patient Name: Steve A. Kaminczak

Health Record #: _____

Date of Birth: 05-28-1974

1. I authorize the use of the above named individual's health information as described below:

2. The following individual or organization is authorized to make the disclosure:

Address: Memorial Hermann Health System

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- problem list
- medication list
- list of allergies
- immunization record
- most recent history and physical
- most recent discharge summary
- laboratory results – inclusive of all dates
- x-ray and imaging reports-inclusive of all dates
- consultation reports
- entire record
- other
- billing records

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Organization: MacNaughton & Shanahan PLLC

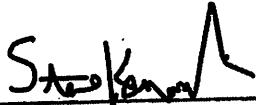
Address: 2038 Lexington Houston, Texas 77098

For the purpose of: I have retained MacNaughton & Shanahan PLLC to represent me in a legal matter.

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information

management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless revoked, this authorization will continue as long as MacNaughton & Shanahan PLLC represents me.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in C.F.R. 164.524. I understand any disclosure of information carries the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosures of my health information, I can contact my case manager.



Signature of Patient or Legal Representative

03-20-25

Date

If signed by legal representative, relationship to patient

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas Attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar Office of the General Counsel will provide you with information about how to handle a complaint. For more information, call 1-800-932-1900.

TX Result Report

P 1

03/24/2025 20:44

Serial No. AC76011001999

TC: 211257

Addressee	Start Time	Time	Prints	Result	Note
19723867918	03-24 20:41	00:02:48	004/004	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
 DPG:Page Separation, MEX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC,
 FWD:Forward, PNP:IP-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
 FCODE:FC-Code, RTX:RE-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin,
 IPADR:IP Address Fax, I-FAX:Internet Fax IP-FAX: IP-FAX(SIP)

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: RX from TEL, NG: Other Error, CONT: Continue, NO Ans: No Answer,
 REFUSE: Receipt Refused, BUSY: Busy, M-FULL:Memory Full, LOVR:Receiving length over,
 POUR:Receiving page over, FIT:File Error, DC:Decode Error, MDN:MDN Response Error,
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

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Company: CCMSI
Fax Number: 972-386-7918
Regarding: Steve Kaminczak
Pages: 4, including cover sheet
From: Jennifer Shanahan
Date: 3/24/25
Message: Transmitted please find LOR, DWC-150, & DWC-041

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Jennifer Shanahan

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Texas Board of Legal Specialization

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WC

Company:

CCMSI

Fax Number:

972-386-7918

Regarding:

Steve Kaminczak

Pages:

4, including cover sheet

From:

Jennifer Shanahan

Date:

3/24/25

Message:

Transmitted please find LOR, DWC-150, & DWC-041

Confidentiality Notice:

Unless otherwise indicated the information contained in this facsimile is privileged information and confidential and intended for the use of the individual or entity named above. If this fax is sent to you in error or you are not the intended recipient you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error please notify the sender by telephone and return the original message to MacNaughton & Shanahan PLLC, 2038 Lexington, Houston, TX 77098 via postal service at our expense. Thank you.

MACNAUGHTON & SHANAHAN PLLC

2038 Lexington
Houston, TX 77098
P: 713-522-3700
F: 713-522-3701
www.macshanlaw.com

Meredith MacNaughton
Jennifer Shanahan

+Adrienne S. Draper, Of Counsel

Writers Email: jennifer@macshanlaw.com +Board Certified- Workers' Compensation Law
Texas Board of Legal Specialization

March 24, 2025

BY FAX: 972-386-7918
CCMSI

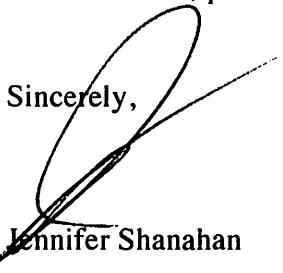
Name:	Steve Kaminczak
SS:	458-71-8171
Claim:	25F30M590202
Date of Injury:	1/31/2025
Employer:	HISD

To Whom It May Concern:

Please be advised that the undersigned attorney represents the above-named injured worker in his claim for benefits under the Division of Workers' Compensation system. Please direct all communications to this office.

At this time, I am requesting a complete copy of the file, including but not limited to, all medical records, RME reports, DD reports, all Plain Language Notices, DWC3 forms, all non-privileged correspondence relating to this claim to any person, peer review reports, and/or impairment ratings. **Please send the file as soon as possible.**

As always, if you need any additional information, please do not hesitate to contact me at the number listed above.

Sincerely,

Jennifer Shanahan



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
800-252-7031 | F: 512-804-4378 | TDI.texas.gov | @TexasTDI

NOTICE OF REPRESENTATION

I. GENERAL INFORMATION

1. Injured Employee's Name (Last, First, MI) Kaminczak, Steve A		
2. Injured Employee's Address (Street or PO Box, City, State, ZIP) 5740 San Felipe St, #627 Houston, TX 77057		
3. Injured Employee's Phone Number 979-436-5969	4. Date of Injury (mm/dd/yyyy) 01/31/2025	5. DWC Claim Number
6. Beneficiary's Name* (Last, First, MI)		
7. Beneficiary's Address* (Street or PO Box, City, State, ZIP)		
8. Beneficiary's Phone Number*	9. Beneficiary's SSN*	10. Beneficiary Type*
11. Insurance Carrier's Name		

*Beneficiary information only required when representing an individual in a death benefits claim.

II. REPRESENTATIVE INFORMATION

12. Representing:	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Insurance Carrier	<input type="checkbox"/> Other
13. Name (Last, First, MI)	<i>Shanahan, Jennifer</i>		14. Firm Name (if applicable) McNaughton & Shanahan PLLC	
15. Address (Street or PO Box, City, State, ZIP)	2038 Lexington St. Houston, TX 77098		16. Attorney's Bar Card Number <i>24056331</i>	
17. Phone Number 713-522-3700	18. Fax Number 713-522-3701	19. Email Address (optional) <i>jennifer@macshaniaw.com</i>		

III. NOTICE OF REPRESENTATION

20. I represent the interests of the party indicated in Box 12. Please check the appropriate box (optional):

My representation began on: 3/24/25. I am not aware of any other person or attorney representing this party at this time.

My representation began on: _____ . I am aware that _____ was previously representing this party.

NOTE: Under Labor Code §401.011 a representative is a person, including an attorney, authorized by the division to assist or represent a claimant or carrier. Under 28 Texas Administrative Code (TAC) §150.3(a), a non-attorney representative may not receive a fee or remuneration either directly or indirectly from the claimant.

21. Claimant's Signature (optional) <i>Steve A. Kaminczak</i>	Date Signed 03-20-2025	For TDI Use Only
22. Representative's Signature <i>Jennifer Shanahan</i>	Date Signed <i>3/24/25</i>	



Texas Department Of Insurance

Division of Workers' Compensation
Records Processing
7551 Metro Center Dr. Ste.100 • MS-94
Austin, TX 78744-1609
(800) 252-7031 (512) 804-4378 fax www.tdi.state.tx.us

DWC Claim#

Carrier Claim#

2SF30M590202

← Send the completed form to this address.

Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC Form-041)

Claim for workers' compensation must be filed by the injured employee or by a person acting on the injured employee's behalf within one year of the date of injury or within one year from the date the injured employee knew or should have known the injury or disease may be work-related.

I. INJURED EMPLOYEE INFORMATION

Name (First, Middle, Last) Steve A. Kaminczak	Social Security Number 458-71-8171	Date of birth (mm/dd/yyyy) 05-28-1974
Address (street, city/town, state, zip code, county, country) 5740 San Felipe St. #627, Houston TX 77057		
Phone Number 979-436-5969	E-Mail address kaminczak@gmail.com	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Race / Ethnicity <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander		
Do you speak English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, specify language _____		
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input checked="" type="checkbox"/> Divorced		
Do you have an attorney or other representation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of representative <i>Jennifer Schenck</i>		
Have you returned to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If returned to work, date returned (mm/dd/yyyy) 03/19/2025	Work status <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Restricted
Occupation at time of injury teacher		Date of hire (mm/dd/yyyy) 8/12/2019
Hired or recruited in Texas <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pre-tax wages (at the time of injury) \$ 1283	<input type="checkbox"/> hourly <input checked="" type="checkbox"/> weekly <input type="checkbox"/> monthly

II. INJURY INFORMATION

I am reporting an <input checked="" type="checkbox"/> injury or <input type="checkbox"/> occupational disease	Date of injury (mm/dd/yyyy) 01-31-2025	Time of injury 9:15AM
First work day missed (mm/dd/yyyy) 02/07/2025	Date injury was reported to the employer (mm/dd/yyyy) 01/31/25	
Where did the injury occur? County Harris	State TX	Country USA
If accident occurred outside of Texas, on what date did you leave Texas? (mm/dd/yyyy)		
Witness(es) to the injury (list by name) Seth Dewart		
Describe cause of injury or occupational disease, including how it is work related I have compression fractures in L3, L4, and L5. During a school fire drill, my foot got caught on the floor-mat and I fell completely to the ground on my left side. I did not realize the extent of the injury until I got an MRI. (I got an MRI in 12/2004 so can compare.) Key changes are: confirmation of discitis osteomyelitis with epidural phlegmon, worsening peripheral enhancement and diffusion restriction not detected in the initial non-contrast MRI.		
Body part(s) affected by the injury of L5 vertebral fracture from 20% to 30% height loss, and new inflammatory findings including peripheral enhancement and diffusion restriction not detected in the initial non-contrast MRI.		
If injury is the result of an occupational disease: 1. On what date was the employee last exposed to the cause of the occupational disease? (mm/dd/yyyy) 2. When did you first know occupational disease was work related? (mm/dd/yyyy)		

III. EMPLOYER INFORMATION (at the time of injury)

Employer name Houston ISD - Westbury HS	Employer address (street, city/town, state, zip code, county, country) 11911 Chimney Rock Houston, TX 77033
Employer phone number 713-723-6015	Supervisor name W. Mader

IV. DOCTOR INFORMATION

Name of treating doctor	Phone number
Address (street, city/town, state, zip code)	
Name of workers' compensation health care network, if any	

Seth K.

03-20-25

Date

Signature of injured employee or person filling out this form on behalf of injured employee

Printed name of injured employee or person filling out form on behalf of injured employee



TX Result Report

P 1

03/24/2025 20:49

Serial No. AC76011001999

TC: 211260

Addressee	Start Time	Time	Prints	Result	Note
15128044991	03-24 20:44	00:05:32	004/004	OK	

Note TMR:Timer Tx, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
 PGS:Page Separation Tx, MIX:Mixed Original Tx, CALL:Manual Tx, CSRC:CSRC,
 PW-OFF:Power OFF, PR:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
 FCODE:FCode, RTX:Re-Tx, RLY:Relay, MXC:Confidential, BUL:Bulletin,
 IPADR:IP Address Fax, I-FAX:Internet Fax IP-FAX: IP-FAX(SIP)

Result OK: Communication OK; S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: Rx from TEL, RE: Other Err, CONT: Continue, NO Ans: No Answer,
 REFUSE: Receipt Refused, BUSY: Busy, M-FULL:Memory Full, LOVR: Receiving length Over,
 PGR: Receiving page over, FILE: File Error, DC: Decode Error, MDN:MDN Response Error,
 DSNTDSN:Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document send.

MACNAUGHTON & SHANAHAN PLLC

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 Houston, TX 77098
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Meredith MacNaughton
 Jennifer Shanahan

+Adrienne S. Draper

Writers Email: jennifer@macshanlaw.com +Board Certified in Workers' Compensation Law
 Texas Board of Legal Specialization

FAX COVER SHEET

To/Attn: WC
 Company: TDI
 Fax Number: 512-804-4991
 Regarding: Steve Kaminczak
 Pages: 4, including cover sheet
 From: Jennifer Shanahan
 Date: 3/24/25
 Message: Transmitted please find LOR, DWC-150, & DWC-041

Confidentiality Notice:

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MACNAUGHTON & SHANAHAN PLLC

2038 Lexington St.
Houston, TX 77098
P: 713-522-3700
F: 713-522-3701
www.macshanlaw.com

Meredith MacNaughton
Jennifer Shanahan

+Adrienne S. Draper

Writers Email: jennifer@macshanlaw.com

+Board Certified in Workers' Compensation Law
Texas Board of Legal Specialization

FAX COVER SHEET

To/Attn: WC
Company: TDI
Fax Number: 512-804-4991
Regarding: Steve Kaminczak
Pages: 4, including cover sheet
From: Jennifer Shanahan
Date: 3/24/25
Message: Transmitted please find LOR, DWC-150, & DWC-041

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P: 713-522-3700
F: 713-522-3701
www.macshanlaw.com

Meredith MacNaughton
Jennifer Shanahan

+Adrienne S. Draper, Of Counsel

Writers Email jennifer@macshanlaw.com +Board Certified- Workers' Compensation Law
Texas Board of Legal Specialization

March 24, 2025

VIA FACSIMILE: 512-804-4991
TDI

Re: Name: Steve Kaminczak
SS: 458-71-8171
Date of Injury: 1/31/2025
Employer: HISD

Dear Division:

Please be advised that the undersigned attorney represents the above-named injured worker in her claim for benefits under the Division of Workers' Compensation system. Enclosed with this letter is a copy of the DWC 150 form. Pursuant to Division rules please direct all communications to this office.

As always, if you need any additional information, please do not hesitate to contact me at the number listed above.

Sincerely,

Jennifer Shanahan



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
800-252-7031 | F: 512-804-4378 | TDI.texas.gov | @TexasTDI

NOTICE OF REPRESENTATION

I. GENERAL INFORMATION

1. Injured Employee's Name (Last, First, MI)

Kaminczak, Steve A

2. Injured Employee's Address (Street or PO Box, City, State, ZIP)

5740 San Felipe St, #627 Houston, TX 77057

3. Injured Employee's Phone Number

979-436-5969

4. Date of Injury (mm/dd/yyyy)

01/31/2025

5. DWC Claim Number

6. Beneficiary's Name* (Last, First, MI)

7. Beneficiary's Address* (Street or PO Box, City, State, ZIP)

8. Beneficiary's Phone Number*

9. Beneficiary's SSN*

10. Beneficiary Type*

11. Insurance Carrier's Name

*Beneficiary information only required when representing an individual in a death benefits claim.

II. REPRESENTATIVE INFORMATION

12. Representing: Employee Beneficiary Insurance Carrier Other

13. Name (Last, First, MI)

Shanahan, Jennifer

14. Firm Name (if applicable)

McNaughton & Shanahan PLLC

15. Address (Street or PO Box, City, State, ZIP)

2038 Lexington St. Houston, TX 77098

16. Attorney's Bar Card Number

24056331

17. Phone Number

713-522-3700

18. Fax Number

713-522-3701

19. Email Address (optional)

jennifer@macshanlaw.com

III. NOTICE OF REPRESENTATION

20. I represent the interests of the party indicated in Box 12. Please check the appropriate box (optional):

My representation began on: 3/24/25. I am not aware of any other person or attorney representing this party at this time.

My representation began on: _____ . I am aware that _____ was previously representing this party.

NOTE: Under Labor Code §401.011 a representative is a person, including an attorney, authorized by the division to assist or represent a claimant or carrier. Under 28 Texas Administrative Code (TAC) §150.3(a), a non-attorney representative may not receive a fee or remuneration either directly or indirectly from the claimant.

21. Claimant's Signature (optional)

Date Signed

03-20-2025

For TDI Use Only

22. Representative's Signature

Date Signed





Texas Department Of Insurance

Division of Workers' Compensation
Records Processing
7551 Metro Center Dr. Ste.100 • MS-94
Austin, TX 78744-1609
(800) 252-7031 (512) 804-4378 fax www.tdi.state.tx.us

DWC Claim#

Carrier Claim#

Send the completed form to this address.

25F30M590202

Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC Form-041)

Claim for workers' compensation must be filed by the injured employee or by a person acting on the injured employee's behalf within one year of the date of injury or within one year from the date the injured employee knew or should have known the injury or disease may be work-related.

I. INJURED EMPLOYEE INFORMATION

Name (First, Middle, Last) Steve A. Kaminczak	Social Security Number 458-71-8171	Date of birth (mm/dd/yyyy) 05-28-1974
Address (street, city/town, state, zip code, county, country) 5740 San Felipe St. #627, Houston TX 77057		
Phone Number 979-436-5969	E-Mail address kaminczak@gmail.com	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Race / Ethnicity <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander		
Do you speak English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, specify language		
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input checked="" type="checkbox"/> Divorced		
Do you have an attorney or other representation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of representative <i>Jennifer Shemka</i>		
Have you returned to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If returned to work, date returned (mm/dd/yyyy) 03/19/2025	Work status <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Restricted
Occupation at time of injury teacher	Date of hire (mm/dd/yyyy) 8/12/2019	
Hired or recruited in Texas <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pre-tax wages (at the time of injury) \$ 1283 <input type="checkbox"/> hourly <input checked="" type="checkbox"/> weekly <input type="checkbox"/> monthly	

II. INJURY INFORMATION

I am reporting an <input checked="" type="checkbox"/> injury or <input type="checkbox"/> occupational disease	Date of injury (mm/dd/yyyy) 01-31-2025	Time of injury 9:15AM
First work day missed (mm/dd/yyyy) 02/07/2025	Date injury was reported to the employer (mm/dd/yyyy) 01/31/25	
Where did the injury occur? County Harris	State TX	Country USA
If accident occurred outside of Texas, on what date did you leave Texas? (mm/dd/yyyy)		
Witness(es) to the injury (list by name) Seth Dewart		
Describe cause of injury or occupational disease, including how it is work related I have compression fractures in L3, L4, and L5. During a school fire drill, my foot got caught on the floor-mat and I fell completely to the ground on my left side. I did not realize the extent of the injury until I got an MRI. (I got an MRI in 12/2004 so can compare.) Key changes are: confirmation of discitis osteomyelitis with epidural phlegmon, worsening of L5 vertebral fracture from 20% to 30% height loss, and new inflammatory findings including peripheral enhancement and diffusion restriction not detected in the initial non-contrast MRI.		
Body part(s) affected by the injury		
If injury is the result of an occupational disease: 1. On what date was the employee last exposed to the cause of the occupational disease? (mm/dd/yyyy) 2. When did you first know occupational disease was work-related? (mm/dd/yyyy)		

III. EMPLOYER INFORMATION (at the time of injury)

Employer name Houston ISD - Westbury HS	Employer address (street, city/town, state, zip code, county, country) 11911 Chimney Rock Houston, TX 7703
Employer phone number 713-723-6015	Supervisor name W. Mader

IV. DOCTOR INFORMATION

Name of treating doctor	Phone number
Address (street, city/town, state, zip code)	
Name of workers' compensation health care network, if any	

Steve A. Kaminczak

03-20-25

Signature of injured employee or person filling out this form on behalf of injured employee.

Date

Printed name of injured employee or person filling out form on behalf of injured employee



Orders (continued) (720h ago, onward)

contraindicated and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course			03/06/25 0804
03/06/25 0000	Walker rolling		03/06/25 0940
03/05/25 0300	Basic Metabolic Panel (Order Panel) Morning draw		03/04/25 2203
03/05/25 0300	Complete Blood Count w/Diff and Platelet (Order Panel) Morning draw		03/04/25 2203
03/05/25 0000	Walker rolling		03/05/25 1320
03/04/25 0051	Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily Until discontinued		03/04/25 0050
03/04/25 0050	Call physician for further orders if pain is unrelieved (Acute Pain/Anxiolytic Orders Panel) Until discontinued		03/04/25 0050
03/04/25 0050	Contact physician to discontinue all previous orders for "as-needed" analgesics. (Acute Pain/Anxiolytic Orders Panel) Until discontinued		03/04/25 0050
03/04/25 0050	If PCA is ordered, contact physician to discontinue all PRN Pain Medications on the MAR (Acute Pain/Anxiolytic Orders Panel) Until discontinued		03/04/25 0050
03/04/25 0050	Thermal Therapy (Acute Pain/Anxiolytic Orders Panel) Until discontinued Comments: Obtain Cold/Heat Pad and machine and apply to affected area for non-pharmacological pain control		03/04/25 0050
03/04/25 0049	Adult Diet Regular Diet effective now		03/04/25 0050
03/04/25 0049	Vital Signs Per Unit Guidelines		03/04/25 0050
03/04/25 0049	Pulse Oximetry Spot Check by Nurse Every shift Comments: Remove O2 prior to spot check		03/04/25 0050
03/04/25 0049	Notify MD If hypoglycemia persists for more than 30 minutes (Hypoglycemia Management Panel) Until discontinued		03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Contact physician to consider discontinuing all previous insulin orders if patient experiences hypoglycemic event.		03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD for blood glucose > 300 mg/dL or < 70 mg/dL		03/04/25 0050
03/04/25 0049	Notify MI (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD if patient becomes NPO or if parenteral/enteral nutrition is stopped (review insulin orders).		03/04/25 0050
03/04/25 0049	PT Eval and Treat (PT Eval and Treat) Until therapy completed		03/04/25 0050
03/04/25 0049	OT Eval and Treat (OT Eval and Treat) Until therapy completed		03/04/25 0050

Patient Lines/Drains/Airways Status

Active LDAs

Name	Placement Date	Placement Time	Site	Days
LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein	03/06/25	1455	Brachial vein	less than 1
Peripheral IV 03/02/25 Anterior Left Forearm	03/02/25	1918	Forearm	4 CCMSI

MAR 07 2025

41703

Orders (continued) (720h ago, onward)

medications or recent change in medication regime , and Safety eval s/p fall, hip or knee surgery 03/06/25 0803

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to Requires assistance with transfers and ambulation and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

03/06/25 0000	Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL Injection (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	heparin flush 100 units/mL solution (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	sodium chloride (NS) 0.9 % flush (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	Home IV line deposition. (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Home IV line care. (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Type of line. (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL Wet vial 600 mg (Referral to Home Infusion) Every 24 hours scheduled	03/06/25 0803
03/06/25 0000	Follow-up with provider (Anti-infectives). (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Lab Instructions - Select Labs. (Referral to Home Infusion) Comments: Discharge Labs: Complete Blood Count w/Diff and Platelet, CK, Total, C-Reactive Protein, Hepatic Function Panel, and Other BMP	03/06/25 0803
03/06/25 0000	Follow Up In Internal Medicine (Follow-Up (Schedulable))	03/06/25 0803
03/06/25 0000	Ambulatory referral to Home Health Comments: Special instructions:	

I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 3/6/2025 .

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.
Inability to safely perform ADL's, IADL, complex activities

CCMSI

MAR 07 2025

HISO

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to Requires supportive devices (example crutches, canes, wheelchairs, walkers), special transportation and/or the assistance of another person(s) to leave the home or leaving home is medically

Orders (continued) (720h ago, onward)

03/07/25 0000	acetaminophen (Tylenol) 500 MG tablet Every 6 hours scheduled	03/07/25 1429
03/07/25 0000	ibuprofen 800 MG tablet Every 8 hours PRN	03/07/25 1429
03/07/25 0000	melatonin 3 MG tablet Nightly PRN	03/07/25 1429
03/07/25 0000	methocarbamol (Robaxin) 500 MG tablet Every 6 hours scheduled	03/07/25 1429
03/07/25 0000	oxyCODONE (Roxicodone) 10 MG Immediate release tablet Every 6 hours PRN	03/07/25 1429
03/07/25 0000	sennosides (Senokot) 8.6 MG tablet Nightly	03/07/25 1429
03/07/25 0000	Discharge patient Instructions (specify)	03/07/25 1431

Comments: Instructions:
 Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

During this admission:

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they saw no intervention.

ID recommended:

- Daptomycin 8mg/kg Q24 until 3/16/25
 - Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP
- Please fax above labs to (281) 365-0085

Attention Dr Charles Ericsson

Outpatient follow up:

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khouri (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khouri
- Pain management doctor:

UT Pain clinics

Pearland Main Branch: 713-486-6000

MHOSH Pain Clinic: 713-486-6000

Bayshore Pain Clinic: 713-486-6325

CCMSI

MAR 07 2025

HISD

03/07/25 0000	Primary care provider (PCP)	03/07/25 1431
03/07/25 0000	Follow-up with provider (Provider)	03/07/25 1431
03/06/25 0000	Referral to Home Health for Home Infusion (Referral to Home Infusion) Comments: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 03/06/25	

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.
 Inability to safely perform ADL's, IADL, complex activities , Multiple

PRN Medication Administered Past 3 Days (continued) for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25		
glucagon injection 1 mg Dose: 1 mg Freq: As needed Route: IM PRN Comment: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo Start: 03/04/25 0048 Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.					
ibuprofen tablet 800 mg Dose: 800 mg Freq: Every 8 hours PRN Route: PO PRN Reasons: mild pain (1-3), headaches Start: 03/04/25 2016		0514-Given			
LORazepam (Ativan) tablet 1 mg Dose: 1 mg Freq: Daily PRN Route: PO PRN Reason: anxiety Start: 03/04/25 2023 Admin Instructions: Hold for sedation	2224-Given				
melatonin tablet 6 mg Dose: 6 mg Freq: Nightly PRN Route: PO PRN Reason: sleep Start: 03/05/25 2058					
naloxone (Narcan) injection 0.04 mg Dose: 0.04 mg Freq: As needed Route: IV PRN Reason: opioid reversal PRN Comment: every 2 mins PRN for Narcotic Reversal Start: 03/04/25 0049 Admin Instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT (Dilute 0.4 mg/ml in 9 ml of saline)					
oxyCODONE (Roxicodone) immediate release tablet 10 mg Dose: 10 mg Freq: Every 6 hours PRN Route: PO PRN Reason: severe pain (7-10) Start: 03/05/25 1307	1830-Given	0152-Given	0903-Given	1649-Given	0112-Given
sodium chloride (NS) 0.9 % flush 10 mL Dose: 10 mL Freq: As needed Route: IV PRN Reason: line care Start: 03/06/25 0938 Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.	@				0836-Given
tramADol (Ultram) tablet 100 mg Dose: 100 mg Freq: Every 6 hours PRN Route: PO PRN Reason: moderate pain (4-6) Start: 03/05/25 1308 End: 03/09/25 0048	1701-Given	0421-Given	1311-Given	2105-Given	1432

Orders (720h ago, onward)

Start	Ordered
03/08/25 0000	polyethylene glycol, PEG, 3350 (Miralax) 17 g packet Daily
03/07/25 1426	Discharge patient Once
03/07/25 1402	Candida Auris Fungal Culture Surveillance Once
03/07/25 0942	Creatine Kinase STAT
03/07/25 0000	DULoxetine (Cymbalta) 60 MG DR capsule Daily
03/07/25 0000	gabapentin (Neurontin) 600 MG tablet 3 times daily
03/07/25 0000	losartan (Cozaar) 100 MG tablet Daily

Intake/Output Detail Report (continued)

Shift	P.O.	IV Piggyback	Total	Urine	Total
Day 03/06/25 0700 - 03/06/25 1459	500	--	500	--	-- 500
Eve 03/06/25 1500 - 03/06/25 2259	490	--	490	--	-- 490
Noo 03/06/25 2300 - 03/07/25 0659	240	--	240	--	-- 240
Day 03/07/25 0700 - 03/07/25 1459	--	--	--	--	-- 0

Labor Summary Last refreshed 03/07/25 1449

Vitals

Reading	Time Taken
BP: 145/83	1300
Temp: 36 °C (96.8 °F) ? (Oral)	1300
Pulse: 64	1300
Resp: 18	1300
SpO2: 100 %	1300
Pain score: 0	0900
Max temperature before delivery 37.4 °C (99.3 °F)	03/04/25 1603

PRN Medication Administered Past 3 Days for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25
dextrose 50 % solution 12.5 g Dose: 12.5 g Freq: As needed Route: IV PRN Comment: If Blood Glucose 51- 69 mg/dL Start: 03/04/25 0048 Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.			CCMSI
dextrose 50 % solution 25 g Dose: 25 g Freq: As needed Route: IV PRN Reason: other PRN Comment: if Blood Glucose <= 50 mg/dL Start: 03/04/25 0048 Admin Instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.			MAR 07 2025 HISD

Recent Vitals (continued)

3/7/2025 0017	3/7/2025 0017	3/7/2025 0437	3/7/2025 0438	3/7/2025 0801	3/7/2025 0802	3/7/2025 0802	3/7/2025 1300
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Area:

Glasgow Coma Scale from 03/05/25 1449 to 03/07/25 1449

Date and Time	Best Eye Response	Best Verbal Response	Best Motor Response	Glasgow Coma Scale Score	Best Eye Response	Best Verbal Response	Best Motor Response	Pediatric Glasgow Coma Scale Score	User
03/07/25 0400	Spontaneous	Oriented	Follows command s	15	--	--	--	--	AG
03/07/25 0000	Spontaneous	Oriented	Follows command s	15	--	--	--	--	AG
03/06/25 2000	Spontaneous	Oriented	Follows command s	15	--	--	--	--	AG
03/06/25 1600	Spontaneous	Oriented	Follows command s	15	--	--	--	--	SP
03/06/25 1200	Spontaneous	Oriented	Follows command s	15	--	--	--	--	SP
03/06/25 0800	Spontaneous	Oriented	Follows command s	15	--	--	--	--	SP
03/06/25 U4UU	Spontaneous	Oriented	Follows command s	15	--	--	--	--	AG
03/06/25 0000	Spontaneous	Oriented	Follows command s	15	--	--	--	--	AG
03/05/25 2000	Spontaneous	Oriented	Follows command s	15	--	--	--	--	AG
03/05/25 1600	Spontaneous	Oriented	Follows command s	15	--	--	--	--	II

Respiratory

Lab Data (Last 48 hours)

None

O2/Vent Data (Last 4)

	03/07 0017	03/07 0438	03/07 0802	03/07 1300
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)
SpO2 (%)	99	100	100	100

Intake/Output Detail Report

Date	Intake			Output			
Shift							
Noc							
03/05/25							
2300 -							
03/06/25							
0659							
				Total	Urine	Total	Net
							0

All Component Based Labs (continued)

	03/07/25 05/17	03/07/25 01/25	03/06/25 01/59	03/05/25 01/15
Lymphs %	34.1	31.8	30.7	
MCH	23.8 ▼	24.3 ▼	24.2 ▼	
MCHC	30.8 ▼	31.3	31.1 ▼	
MCV	77.3 ▼	77.4 ▼	78.0 ▼	
Monos %	0.50	0.39	0.49	
	7.5	6.2	7.8	
MPV	9.8	9.4	9.5	
Segs #	3.65	3.72	3.74	
Segs %	54.7	59.6	59.1	
NRBC %	0.0	0.0	0.0	
Plt Count	340	328	322	
POC Glucose	122 ^			

POC J5E NEURO

Performing Location

Potassium Lvl	4.3	4.3	4.4
RBC	4.75	4.70	4.91
RDW - SD	44.2 ^	43.5 ^	43.9 ^
Sodium Lvl	134 ▼	132 ▼	134 ▼
WBC	6.68	6.25	6.32

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Recent Vitals

	3/7/2025 0017	3/7/2025 0017	3/7/2025 0437	3/7/2025 0438	3/7/2025 0801	3/7/2025 0802	3/7/2025 0802	3/7/2025 1300
BP:	136/88	—	113/83	—	160/96 !	—	—	145/83
Pulse:	—	72	—	86	—	—	58	64
Resp:	—	17	—	18	—	—	17	18
Temp:	—	—	—	—	—	35.9 °C (96.7 °F) !	—	36 °C (96.8 °F) !
Temp src:	—	Oral	—	Axillary	—	—	Oral	Oral
SpO2:	—	99 %	—	100 %	—	—	100 %	100 %
Body Mass Index:	—	—	—	—	—	—	—	—
Body Surface	—	—	—	—	—	—	—	—

All Component Based Labs (continued)

03/07/25 0537	03/07/25 0125	03/06/25 0159	03/05/25 0115
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recommended in been extensively recommended in the following validated. Use of populations: the eGFR is not individuals with recommended in unstable the following creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

recommended in the following populations: the eGFR is not individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

recommended in the following populations: the eGFR is not individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

Eos %	2.1	1.1	1.1
Glucose Lvl	45 ▼	75	77
	Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.	Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.	CCMSI
Hematocrit	36.7 ▼	36.4 ▼	38.3
Hgb	11.3 ▼	11.4 ▼	11.9 ▼
Immature Grans %	0.3	0.2	0.2

Radiology Results (last 3 days) (continued)

Procedure	Component	Value	Units	Date/Time
1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.				
Degenerative changes, as detailed above.				

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

All Component Based Labs

	03/07/25	03/07/25	03/06/25	03/05/25
Imm Grans #	0537	0125	0159	0115
Basos #		0.09 ^	0.07	0.07
Eos #		0.14	0.07	0.07
Lymphs #		2.28	1.99	1.94
Anion Gap		11.6	9.9 ▼	11.4
	Comment: Unable to calculate due to out of range variable.			
Basos %		1.3	1.1	1.1
BUN		16	17	13
Calcium Lvl		8.6	7.9 ▼	8.6
Chloride Lvl		100	98	100
CO2 Lvl		26.7	28.4	27.0
Creatinine Lvl		0.87	0.89	0.98
EGFR	105	104	94	
	Comment: The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m ² . The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not			
	Comment: The eGFR is to calculate due to out of range variable. The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m ² . The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not			

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HISD

Radiology Results (last 3 days) (continued)

Procedure	Component	Value	Units	Date/Time
- Multiplanar MR imaging of the thoracic spine, with and without contrast.				

FINDINGS:

CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality.

No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.

Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.
Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

MRI cervical spine w and wo IV contrast [231500493]

Resulted: 03/04/25 2230

Order Status: Completed

Updated: 03/04/25 2233

Non-acute.

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup .

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

FINDINGS:

CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality.

No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

CCMSI

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.

Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

HIEP

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IMPRESSION:

Payer Communication History (continued)

- Initial Review

Radiology (Last 24 hours)

03/06 1515 XR chest 1 v for placement

Radiology Results (last 3 days)

Procedure	Component	Value	Units	Date/time
XR chest 1 v for placement [232822813]				Collected: 03/06/25 1743
Order Status:	Completed			Updated: 03/06/25 1746

Narrative:

EXAM: XR CHEST 1 VIEW

DATE: 0/06/2025 15:00

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

MRI thoracic spine w and wo IV contrast [231500494]

Order Status: Completed

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

Collected: 03/04/25 2230

Updated: 03/04/25 2233

RUMET

MAR 07 2025

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.

Most Recent Utilization Review (continued)

Hypertension
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)
Discitis
History of MRSA Infection
Malfunction of gastrostomy tube (CMS/HCC) (HCC)
Anemia, unspecified

Clinical Status/Treatments/Plan of care:

Current Vent settings:
No data recorded days.

Barriers to Discharge: dc order 0307

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention. Daptomycin 8mg/kg Q24 until 3/16/25

Discharge Plan:

Anticipated Discharge Location In home services Home Health and IV ABX

Discharge Service Needs DME or oxygen

Discharge Services:

Equipment/Supplies Need: set up IV ABX home infusion , PT: RW-ordered

Medical Problems

Problem List

	ICD-10-CM	Entered
* (Principal) Acute midline low back pain with right-sided sciatica	M54.41	3/3/2025
Hypertension	I10	3/4/2025
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)	S32.050A	3/4/2025
Discitis	M46.40	3/4/2025
History of methicillin resistant staphylococcus aureus (MRSA)	Z98.14	3/4/2025
Complication of artificial opening of stomach	K94.23	3/4/2025
Anemia, unspecified	D84.9	3/5/2025

OCM51

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HN72

Payer Communication History

Ccms/Vo Ccms!

Document	Status	Date/Time	First Action	User	Ref
3 Attachments	Coding	17 3/7/2025 1449		Nguyet Anh Dao Tran	713-318-8579
• Facesheet • Concurrent Review • Custom Document					
2 Attachments	Complete	3/7/2025 1404		Amber Lewis	713-218-8579
• Facesheet					

Orders (continued) /720b page onward)

Leave Disallowed and the patient has a condition such that leaving home is medically contraindicated. There exists a mortal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course		03/05/25 0804
03/05/25 0000	Walker Rolling	03/05/25 0840
03/05/25 0300	Basic Metabolic Panel (Order Panel) Morning draw	03/04/25 2203
03/05/25 0900	Complete Blood Count w/Diff and Platelet (Order Panel) Morning draw.	03/04/25 2203
03/05/25 0000	Walker Rolling	03/05/25 1320
03/04/25 0051	Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily Until discontinued	03/04/25 0050
03/04/25 0050	Call physician for further orders if pain is unrelieved (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	Contact physician to discontinue all previous orders for "as-needed" analgesics. (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	If PCA is ordered, contact physician to discontinue all PRN Pain medications on the MAH (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	Thermal Therapy (Acute Pain/Anxiolytic Orders Panel) Until discontinued Comments: Obtain Cold/Heat Pad and machine and apply to affected area for non-pharmacological pain control	03/04/25 0050
03/04/25 0049	Adult Diet Regular Diet effective now	03/04/25 0050
03/04/25 0049	Vital Signs Per Unit Guidelines	03/04/25 0050
03/04/25 0049	Pulse Oximetry Spot Check by Nurse Every shift Comments: Remove O2 prior to spot check	03/04/25 0050
03/04/25 0049	Notify MD if hypoglycemia persists for more than 30 minutes (Hypoglycemia Management Panel) Until discontinued	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Contact physician to consider discontinuing all previous insulin orders if patient experiences hypoglycemic event.	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD for blood glucose > 300 mg/dL or < 70 mg/dL	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD if patient becomes NPO or if parenteral/enteral nutrition is stopped (review insulin orders).	03/04/25 0050
03/04/25 0049	PT Eval and Treat (PT Eval and Treat) Until therapy completed	03/04/25 0050
03/04/25 0049	OT Eval and Treat (OT Eval and Treat) Until therapy completed	03/04/25 0050

Patient Lines/Drains/Airways Status

Active LDAs

Name	Placement date	Placement time	Site	Days
LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein	03/06/25	1455	Brachial vein	less than 1
Peripheral IV 03/02/25 Anterior;Left Forearm	03/02/25	1918	Forearm	4 GCMST

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HISU:

Orders (continued) (720h ago; onward)

medications or recent change in medication regime, and Safety eval w/p
Fall, hip or knee surgery.

03/06/25 0803

I certify that, based on my findings, above selected services in this order are medically necessary skilled home health services.
Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to Requires assistance with transfers and ambulation and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

03/06/25 0000	Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	heparin flush 100 units/mL solution (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	sodium chloride (NS) 0.9 % flush (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	Home IV line disposition (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Home IV line care (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Type of line (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg (Referral to Home Infusion) Every 24 hours scheduled	03/06/25 0803
03/06/25 0000	Follow-up with provider (Anti-infectives) (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Lab Instructions - Select Labs (Referral to Home Infusion) Comments: Discharge Labs: Complete Blood Count w/Diff and Platelet, CK, Total, C-Reactive Protein, Hepatic Function Panel, and Other: BMP	03/06/25 0803
03/06/25 0000	Follow Up In Internal Medicine (Follow-Up (Scheduleable))	03/06/25 0803
03/06/25 0000	Ambulatory referral to Home Health Comments: Special Instructions:	

I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 3/6/2025 .

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.
Inability to safely perform ADL's, IADL, complex activities

CCMSI

MAR 07 2025

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.
Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

HISD

The clinical findings that support the need for home care and homebound status are due to Requires supportive devices (example crutches, canes, wheelchairs, walkers), special transportation and/or the assistance of another person(s) to leave the home or leaving home is medically

Orders (continued) (72nd page onward)

03/07/25 0000	acetaminophen (Tylenol) 500 MG tablet Every 6 hours scheduled	03/07/25 1429
03/07/25 0000	Ibuprofen 800 MG tablet Every 8 hours PRN	03/07/25 1429
03/07/25 0000	melatonin 3 MG tablet Nightly PRN	03/07/25 1429
03/07/25 0000	methocarbamol (Robaxin) 500 MG tablet Every 8 hours scheduled	03/07/25 1429
03/07/25 0000	oxyCODONE (Roxicodone) 10 MG Immediate release tablet Every 8 hours PRN	03/07/25 1429
03/07/25 0000	sonnoloides (Sennakot) 8.6 MG tablet Nightly	03/07/25 1429
03/07/25 0000	Discharge patient instructions (specify)	Comments: Instructions:

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

During this admission:

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they saw no intervention.

ID recommended:

- Daptomycin 8mg/kg Q24 until 3/16/25
 - Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP
- Please fax above labs to (281) 365-0085

Attention Dr Charles Ericsson

Outpatient follow up:

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury
- Pain management doctor.

UT Pain clinics

Pearland Main Branch: 713-486-6000
 MHOSH Pain Clinic: 713-486-6000
 Bayshore Pain Clinic: 713-486-6325

CCMSI

MAR 07 2025

HISD

03/07/25 0000	Primary care provider (PCP)	03/07/25 1431
03/07/25 0000	Follow-up with provider (Provider)	03/07/25 1431
03/06/25 0000	Referral to Home Health for Home Infusion (Referral to Home Infusion) Comments: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 03/06/25	

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.
 Inability to safely perform ADL's, IADL, complex activities , Multiple

PRN Medication Administered Past 3 Days (continued) (or Kaminczak, Steve as of 3/5/25 through 3/7/25)

Medications	03/05/25	03/06/25	03/07/25
glucagon injection 1 mg Dose: 1 mg Freq: As needed Route: IM PRN Comment: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo Start: 03/04/25 0048 Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.			
Ibuprofen tablet 800 mg Dose: 800 mg Freq: Every 8 hours PRN Route: PO PRN Reasons: mild pain (1-3), headaches Start: 03/04/25 2016		0514-Given	
LORazepam (Ativan) tablet 1 mg Dose: 1 mg Freq: Daily PRN Route: PO PRN Reason: anxiety Start: 03/04/25 2023 Admin Instructions: Hold for sedation	2224-Given		
melatonin tablet 6 mg Dose: 6 mg Freq: Nightly PRN Route: PO PRN Reason: sleep Start: 03/05/25 2058			
naloxone (Narcan) injection 0.04 mg Dose: 0.04 mg Freq: As needed Route: IV PRN Reason: opioid reversal PRN Comment: every 2 mins PRN for Narcotic Reversal Start: 03/04/25 0049 Admin Instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT (Dilute 0.4 mg/ml in 9 ml of saline)			
oxyCODONE (Roxicodone) immediate release tablet 10 mg Dose: 10 mg Freq: Every 6 hours PRN Route: PO PRN Reason: severe pain (7-10) Start: 03/05/25 1307	1830-Given	0152-Given 0903-Given 1649-Given	0112-Given 0836-Given 1443-Given
sodium chloride (NS) 0.9 % flush 10 mL Dose: 10 mL Freq: As needed Route: IV PRN Reason: line care Start: 03/06/25 0938 Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.			CCMSI MAR 07 2025
tramadol (Ultram) tablet 100 mg Dose: 100 mg Freq: Every 6 hours PRN Route: PO PRN Reason: moderate pain (4-6) Start: 03/05/25 1308 End: 03/09/25 0048	1701-Given	0421-Given 1311-Given 2105-Given	1432 HISD

Orders (720h ago, onward)

Start	Ordered
03/08/25 0000 polyethylene glycol, PEG, 3350 (Miralax) 17 g packet Daily	03/07/25 1429
03/07/25 1426 Discharge patient Once	03/07/25 1429
03/07/25 1402 Candida Auris Fungal Culture Surveillance Once	03/07/25 1401
03/07/25 0942 Creatine Kinase STAT	03/07/25 0941
03/07/25 0000 DULoxetine (Cymbalta) 60 MG DR capsule Daily	03/07/25 1429
03/07/25 0000 gabapentin (Neurontin) 600 MG tablet 3 times daily	03/07/25 1429
03/07/25 0000 losartan (Cozaar) 100 MG tablet Daily	03/07/25 1429

Intake/Output Detail Report (continued)

Shift	P.O.	IV Piggyback	Total	Urine	Total
Day 03/06/25 0700 - 03/06/25 1459	500	--	500	--	500
Eve 03/06/25 1500 - 03/06/25 2259	490	--	490	--	490
Noc 03/06/25 2300 - 03/07/25 0659	240	--	240	--	240
Day 03/07/25 0700 - 03/07/25 1459	--	--	--	--	0

Labor Summary Last refreshed 03/07/25 1449

Vitals

Reading	Time Taken
BP: 145/83	1300
Temp: 36 °C (96.8 °F) ! (Oral)	1300
Pulse: 64	1300
Resp: 18	1300
SpO2: 100 %	1300
Pain score: 0	0900
Max temperature before delivery 37.4 °C (99.3 °F)	03/04/25 1603

PRN Medication Administered Past 3 Days for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25
dextrose 50 % solution 12.5 g Dose: 12.5 g Freq: As needed Route: IV PRN Comment: if Blood Glucose 51- 69 mg/dL Start: 03/04/25 0048 Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.			CCMSI
dextrose 50 % solution 25 g Dose: 25 g Freq: As needed Route: IV PRN Reason: other PRN Comment: if Blood Glucose <= 50 mg/dL Start: 03/04/25 0048 Admin Instructions: if BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.			MAR 07 2025 HISD

Recent Vitals (continued)

Date	Time	HR	BPM	SPO2	RR	BP	MAP	SBP	DBP
03/07/25	0000	100	100	93	16	100/60	70	100	60
03/07/25	0047	100	100	93	16	100/60	70	100	60

Area:

Glasgow Coma Scale from 03/05/25 1449 to 03/07/25 1449

Date and Time	Best Eye Response	Best Verbal Response	Motor Response	Glasgow Scale Score	Pediatric Glasgow Coma Scale Score			User
					Best Eye Response	Best Verbal Response	Motor Response	
03/07/25 0400	Spontaneous	Oriented	Follows commands	15	-	-	-	AG
03/07/25 0000	Spontaneous	Oriented	Follows commands	15	-	-	-	AG
03/06/25 2000	Spontaneous	Oriented	Follows commands	15	-	-	-	AG
03/06/25 1600	Spontaneous	Oriented	Follows commands	15	--	--	--	SP
03/06/25 1200	Spontaneous	Oriented	Follows commands	15	--	--	--	SP
03/06/25 0800	Spontaneous	Oriented	Follows commands	15	-	-	-	SP
03/06/25 0400	Spontaneous	Oriented	Follows commands	15	-	-	-	AG
03/06/25 0000	Spontaneous	Oriented	Follows commands	15	--	--	--	AG
03/05/25 2000	Spontaneous	Oriented	Follows commands	15	--	--	--	AG
03/05/25 1600	Spontaneous	Oriented	Follows commands	15	--	--	--	II

Respiratory

Lab Data (Last 48 hours)

None

O2/Vent Data (Last 4)

Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)
SpO2 (%)	99	100	100	100

Intake/Output Detail Report

Date	Shift	Intake	P.O.	IV Piggyback	Total	Output	Urine	Total	Net
Noc	-	-	-	-	-	-	-	-	0
03/05/25	-	-	-	-	-	-	-	-	0
2300 -	-	-	-	-	-	-	-	-	0
03/06/25	-	-	-	-	-	-	-	-	0
0659	-	-	-	-	-	-	-	-	0

All Component Based Labs (continued)

	03/07/25 0537	03/07/25 0125	03/05/25 0159	03/05/25 0115
Lymphs %	34.1	31.8	30.7	
MCH	23.8 ▼	24.3 ▼	24.2 ▼	
MCHC	30.8 ▼	31.3	31.1 ▼	
MCV	77.3 ▼	77.4 ▼	78.0 ▼	
Monos %	0.50	0.39	0.49	
	7.5	6.2	7.8	
MPV	9.8	9.4	9.5	
Segs #	3.65	3.72	3.74	
Segs %	54.7	59.6	59.1	
NRBC %	0.0	0.0	0.0	
Plt Count	340	328	322	
POC Glucose	122 ^			

POC	J5E NEURO						
Performing Location							
Potassium Lvl		4.3	4.3	4.4			
RBC		4.75	4.70	4.91			
RDW - SD		44.2 ^	43.5 ^	43.9 ^			
Sodium Lvl		134 ▼	132 ▼	134 ▼			
WBC		6.68	6.25	6.32			
							CCMSI

Recent Vitals

MAR 07 2025

	3/7/2025 0017	3/7/2025 0017	3/7/2025 0137	3/7/2025 0438	3/7/2025 0801	3/7/2025 0802	3/7/2025 0802	3/7/2025 1300-SC
BP:	138/88	—	113/83	—	160/96 !	—	—	145/83
Pulse:	—	72	—	86	—	—	58	64
Resp:	—	17	—	18	—	—	17	18
Temp:	—	—	—	—	—	35.9 °C (96.7 °F) !	—	36 °C (96.8 °F) !
Temp src:	—	Oral	—	Axillary	—	—	Oral	Oral
SpO2:	—	99 %	—	100 %	—	—	100 %	100 %
Body Mass Index:	—	—	—	—	—	—	—	—
Body Surface	—	—	—	—	—	—	—	—

All Component Based Labs (continued)

03/07/25 0537	03/07/25 0125	03/06/25 0159	03/05/25 0115
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recommended in been extensively recommended in the following validated. Use of populations: the eGFR is not recommended in individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet. Patients with extremes in muscle mass or diet. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI. The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

Eos %	2.1	1.1	1.1
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Glucose Lvl	45 ▼	75	77
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Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.

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Hematocrit	36.7 ▼	36.4 ▼	38.3
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Hgb	11.3 ▼	11.4 ▼	11.9 ▼
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Immature Grans %	0.3	0.2	0.2
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Radiology Results (last 3 days) (continued)

Procedure / Component	Value	Units	Calculated
1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.			

Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

All Component-Based Labs

	03/07/25	03/07/25	03/06/25	03/05/25
Imm Grans #	0.02	0.01	0.01	
Basos #	0.09 ^	0.07	0.07	
Eos #	0.14	0.07	0.07	
Lymphs #	2.28	1.99	1.94	
Anion Gap	11.6	9.9 v	11.4	
	Comment: Unable to calculate due to out of range variable.			
Basos %	1.3	1.1	1.1	
BUN	16	17	13	
Calcium Lvl	8.6	7.9 v	8.6	
Chloride Lvl	100	98	100	
CO2 Lvl	26.7	28.4	27.0	
Creatinine Lvl	0.87	0.89	0.98	

EGFR	105	104	94
Comment: The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m ² . The eGFR declines with age. An eGFR of 60-89 may be normal. In some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not	Comment: The eGFR is to calculate due to out of range variable. The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m ² . The eGFR declines with age. An eGFR of 60-89 may be normal. In some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not	Comment: The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m ² . The eGFR declines with age. An eGFR of 60-89 may be normal. In some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not	

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MAR 07 2025

KISD

Radiology Results (last 3 days) (continued)

Procedure	Examination	Value	Unit	Date/Time
- Multiplanar MR imaging of the thoracic spine, with and without contrast.				

FINDINGS:

CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts. There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts. Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine. Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

MRI cervical spine w and wo IV contrast [231500493]

Resulted: 03/04/25 2230

Order Status: Completed

Updated: 03/04/25 2233

Non-acute.

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

FINDINGS:

CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts. There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

CCMSI

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts. Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

HISD

MAR 07 2025

IMPRESSION:

Payer Communication History (continued)

• Initial Review

Radiology (Last 24 hours)

03/06/1515

XR chest 1 v for placement

Radiology Results (last 3 days)

Procedure	Component	Value	Units	Date/Time
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XR chest 1 v for placement [232822813]

Order Status: Completed

Narrative:

EXAM: XR CHEST 1 VIEW

DATE: 03/06/2025 15:00

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

MRI thoracic spine w and wo IV contrast [231500494]

Order Status: Completed

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

CCMSI

Collected: 03/04/25 2230

Updated: 03/04/25 2233

MAR 07 2025

HISD

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.

Most Recent Utilization Review (continued)

- Hypertension
- Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)
- Discitis
- History of MRSA infection
- Malfunction of gastrostomy tube (GMSI/HCC) (HCC)
- Anemia, unspecified

Clinical Status/Treatments/Plan of care:

Current Vent settings:

No data recorded days.

Barriers to Discharge: dc order 0307

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention. Daptomycin 8mg/kg Q24 until 3/16/25

Discharge Plan:

Anticipated Discharge Location In home services Home Health and IV ABX

Discharge Service Needs DME or oxygen

Discharge Services:

Equipment/Supplies Need: set up IV ABX home infusion , PT: RW-ordered

Medical Problems

Problem List

* (Principal) Acute midline low back pain with right-sided sciatica	M54.41	3/3/2025		
Hypertension	I10	3/4/2025		
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)	S32.050A	3/4/2025		GCMSC
Discitis	M46.40	3/4/2025		
History of methicillin resistant staphylococcus aureus (MRSA)	Z86.14	3/4/2025		MAR 07 2025
Complication of artificial opening of stomach	K94.23	3/4/2025		
Anemia, unspecified	D64.9	3/5/2025		HISD

Payer Communication History

Ccmsi/Wc Ccmsi

Document	Status	Date/Time	First Action	User	Fax
3 Attachments	Completed	3/1/2025 1449		Nguyet Anh Dao Tran	713-218-8579
• Facesheet • Concurrent Review • Custom Document					
2 Attachments	Complete	3/7/2025 1404	—	Amber Lewis	713-218-8579
• Facesheet					

Memorial Hermann TMC
Hospital
6411 Fannin Street
Houston TX 77030-1599

Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: —

Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM (continued)

Outpatient Follow-Up

Ambulatory referral to Home Health 3/6/2025 (Approximate)

Home Health Services

Referral to Home Health for Home Infusion 3/6/2025 (Approximate)

Home Health Services

Follow Up In Internal Medicine 3/10/2025

Time Spent: I have spent total 38 minutes completing this discharge.^[OS.1]

Attribution Key

OS.1 - Omar Naji Saab Saab, MD on 3/7/2025 2:29 PM

END OF REPORT

CCMSI

MAR 07 2025

HED

Memorial Hermann TMC
Hospital
6411 Fannin Street
Houston TX 77030-1599

Kaminczak, Steve
MRN: 30345229, DOD: 5/20/1974, Legal Doc: M
Adm: 3/3/2025, D/C: —

Discharge Summary by Omar Najib Saab Saab, MD at 3/7/2025 2:29 PM (continued)

- acetaminophen (Tylenol) 500 MG tablet - 1,000 mg Every 6 hours scheduled
- heparin flush 100 units/mL solution - 300 Units As needed (3 mL)
- Heparin Sodium, Pork, Lock Flush (heparin flush) 10 units/mL injection - 30 Units As needed
- ibuprofen 800 MG tablet - 800 mg Every 8 hours PRN
- melatonin 3 MG tablet - 6 mg Nightly PRN
- methocarbamol (Robaxin) 500 MG tablet - 500 mg Every 6 hours scheduled
- oxyCODONE (Roxicodone) 10 MG immediate release tablet - 10 mg Every 6 hours PRN
- polyethylene glycol, PEG, 3350 (Miralax) 17 g packet - 17 g Daily
- sennosides (Senokot) 8.6 MG tablet - 17.2 mg Nightly (2 tablet)
- sodium chloride (NS) 0.9 % flush - 10 mL As needed
- sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg - 600 mg Every 24 hours scheduled (rounded from 598.4 mg = 8 mg/kg × 74.8 kg)

Changed

- Duloxetine (Cymbalta) 60 MG DR capsule - 60 mg Daily - Dose changed from "30 mg" to "60 mg". Frequency changed from "Daily 630" to "Daily".
- gabapentin (Neurontin) 600 MG tablet - 1,200 mg 3 times daily - Dose changed from "800 mg" to "1,200 mg". Frequency changed from "2 times daily" to "3 times daily".
- losartan (Cozaar) 100 MG tablet - 100 mg Daily - Dose changed from "50 mg" to "100 mg". Frequency changed from "Daily RT" to "Daily".

Stopped

- clindamycin (Cleocin) 300 MG capsule - 300 mg 3 times daily

Continued

- amphetamine-dextroamphetamine (Adderall) 30 MG tablet - 30 mg 2 times daily
- Lorazepam (Ativan) 1 MG tablet - 1 mg Daily PRN

Test Results Pending At Discharge

Pending Labs

Order	Current Status	Date Entered
Blood culture, peripheral #1	Preliminary result	
Blood culture, peripheral #2	Preliminary result	MAR 07 2025

HISC

Issues Requiring Follow-Up

Weekly labs

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Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025; D/C: —

Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM (continued)

Outpatient follow up:

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury
- Pain management doctor:

UT Pain clinics

Pearland Main Branch: 713-486-6000

MH&SH Pain Clinic: 713-486-6000

Bayshore Pain Clinic: 713-486-6325

Information Provided to Patient/Family

I discussed with the patient/family details of the stay. See After Visit Summary which were reviewed and shared with patient/family.

Operative Procedures Performed

Procedure(s):

LUMBAR 5 CORPECTOMY, LUMBAR 3- PELVIS POSTERIOR SPINAL FUSION

Pertinent Physical Exam At Time of Discharge

Physical Exam:

General: NAD

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, non tender

Back: no CVA tenderness

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE3/5, LLE5/5 CCMS1

Pulses: Good pulses in the upper and lower extremities

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Patient Condition at Discharge

Stable

6150

Disposition

Home with Home Health

Discharge Medications

New

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Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: —

Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM (continued)

Author: Omar Naji Saab Saab, MD Service: Internal Medicine
Filed: 3/7/2025 2:29 PM Date of Service: 3/7/2025 2:29 PM Author Type: Physician
Editor: Omar Naji Saab Saab, MD (Physician) Status: Signed

Date of discharge:

3/7/2025

Discharge Diagnosis

Principal Problem:

Acute midline low back pain with right-sided sciatica

Active Problems:

Hypertension

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Anemia, unspecified

Resolved Problems:

* No resolved hospital problems. *

Hospital Course

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with Jtube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteraemia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

During this admission:

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

MAR 07 2025

ID recommended:

- Daptomycin 8mg/kg Q24 until 3/16/25
- Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP

HISL

Please fax above labs to (281) 365-0085

Attention Dr Charles Ericsson

Memorial Hermann TMC
Hospital
6411 Fannin Street
Houston TX 77030-1599

Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: —

Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM (continued)

Education Comments

No comments found.

Goals:

Encounter Goals

Encounter Goals (Active)

Patient will progress to ambulate on even surface using RW 300 ft modi.

Start: 03/04/25 Expected End: 03/28/25

Patient will progress level surface transfers using stand step transfer IND

Start: 03/04/25 Expected End: 03/28/25

Pt will perform dynamic standing balance activities c functional reaching modi with RW for 2 minutes to reduce fall risk.

Start: 03/04/25 Expected End: 03/28/25

Supervising Physical Therapist: Kersty Gregerson PT, DPT

Treatment Note: If this is the last documented treatment, then it will signify discharge from acute care prior to discharge from the therapy service and will serve as the discharge summary.

CCMSI

Victoria Arend, PTA^[VA.1]

MAR 07 2025

Attribution Key

VA.1 - Victoria Arend, PTA on 3/7/2025 11:40 AM
VA.2 - Victoria Arend, PTA on 3/7/2025 11:41 AM
VA.3 - Victoria Arend, PTA on 3/7/2025 11:42 AM

PHISD

Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 2:29 PM

Memorial Hermann TMC
Hospital
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Houston TX 77030-1599

Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: —

Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM (continued)

Assistive Devices And Adaptive Equipments: Bed rail^[VA.3]

Transfers: Transfers 1:^[VA.1]

Level of Assistance 1: Independent

Transfer To/From: Sit-to-Stand/Stand-to-Sit

Assistive Devices And Adaptive Equipments: Walker, front-wheeled^[VA.3]

Transfers 2:

Gait training:^[VA.1]

Gait Training Time Entry: 10^[VAS]

Gait Training Activity 1:^[VA.1]

Distance (enter in feet): 250'

Gait Training Activity 1: Indoor surface

Assistive Devices And Adaptive Equipments: Walker, front-wheeled

Level of Assistance 1: Supervision/touching assistance

Gait Training Activity 1 Comment: mild instability - no LOBs^[VA.3]

Post-Therapy Checklist:

Pt supine in bed, Vital signs stable, and RN informed/aware

AM-PAC Basic Mobility:

AM-PAC Basic Mobility Inpatient

Turning in bed without bedrails: None

Lying on back to sitting on edge of flat bed: None

Bed to chair: None

Standing up from chair: None

Walk in room: A Little

Climbing 3-5 stairs: A Little

Mobility Inpatient Raw Score: 22

JH-HLM Goal: 7

Mobility: Highest Level of Mobility Performed (JH-HLM)

JH-HLM Goal: 7

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Modified Rankin

RISD

Patient Education:

Education Documentation

No documentation found.

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Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM (continued)

Pain:[VA.1]

Pain Assessment: 0-10 (3/7/2025 9:00 AM)

Pain Score: 0 (3/7/2025 9:00 AM)

Pain Type: Chronic pain (3/7/2025 8:36 AM)

Pain Location: Leg (3/7/2025 1:12 AM)

Pain Orientation: Right (3/7/2025 1:12 AM)

Pain Descriptors: Aching (3/7/2025 1:12 AM)

Pain Frequency: Constant/continuous (3/7/2025 1:12 AM)[VA.2]

Objective

General Visit Information:

PT Last Visit

PT Previous Visit Date: 03/07/25

General

Family/Caregiver Present: Yes

Cognition

Overall Cognitive Status: Within Functional Limits

Behavior/Cognition: Alert, Cooperative, Pleasant mood

Orientation Level: Oriented X4

Treatment

Therapeutic activity:[VA.1]

Therapeutic Activity

Therapeutic Activity Time Entry: 13[VA.3]

CCMSI

Bed Mobility: Bed Mobility 1:[VA.1]

Level of Assistance 1: Independent

Bed Mobility To/From: Roll left/right

Assistive Devices And Adaptive Equipments: Bed rail[VA.3]

MAR 07 2025

HISD:

Bed Mobility 2:[VA.1]

Level of Assistance 2: Independent

Bed Mobility To/From: Supine to sit on EOB

Assistive Devices And Adaptive Equipments: Bed rail[VA.3]

Bed Mobility 3:[VA.1]

Level of Assistance 3: Independent

Bed Mobility To/From: Sitting EOB to supine

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Progress Notes by Omar Naji Saab Saab, MB at 3/6/2025 10:51 PM (continued)

#UTHealth Houston McGovern Medical School

3/6/2025

10:52 PM

If you have any question, please EPIC chat me or you can call for urgent issues, my cell phone is in my EPIC message status

Attribution Key

OS.1 - Omar Naji Saab Saab, MD on 3/6/2025 10:52 PM

OS.2 - Omar Naji Saab Saab, MD on 3/6/2025 10:51 PM

Progress Notes by Victoria Arend, PTA at 3/7/2025 9:00 AM

Author: Victoria Arend, PTA

Service: —

Author Type: Physical Therapy

Assistant

Status: Signed

Filed: 3/7/2025 11:51 AM

Date of Service: 3/7/2025 9:00 AM

Editor: Victoria Arend, PTA (Physical Therapy Assistant)

Treatment Session Note

Patient Name: Steve Kaminczak

MRN: 38345229

Today's Date: 3/7/2025

Preferred Language: English

CCMSI

Assessment & Plan

MAR 07 2025

Assessment:

PT Assessment: Pt remains SBA/SPV. PT will cont to follow.

HIEC

Medical Staff Made Aware: Yes

Plan:

PT Plan: Skilled PT

Subjective

RN Niya approved PT. Pt agreeable to tx.

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Progress Notes by Omar Naji Saab Saab, MD at 3/6/2025 10:51 PM (continued)

Neurosurgery on board and no acute plan for surgical intervention

S/p entire MRI imaging of spine

CPP mildly elevated

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone

- It is recommended: Daptomycin 8mg/kg Q24h until 3/16/25, labs weekly, OR to clinic follow up.

Hypertension

Lisinopril increased from 50 mg to 100 mg

Closed compression fracture of L5 lumbar vertebra, Initial encounter (HCC)

Neurosurgery is on board

Discitis

As above imaging findings concerning for discitis

Blood cultures were drawn

History of MRSA infection

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered: no vegetations

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

Anemia, unspecified

- ACD , monitor

VTE prophylaxis: enoxaparin - 40 mg/0.4mL

Disposition: set up IV ABX home infusion ^[OS1] PT: RW-ordered ^[OS2]

Omar Naji Saab Saab, MD
Hospital Medicine Attending
Assistant Professor of Medicine
The University of Texas at Houston

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MAR 07 2025

NISD

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Adm: 3/3/2025, D/C: —

Progress Notes by Omar Naji Saab Saab, MD at 3/6/2025 10:51 PM (continued)

Results from last 7 days

Lab	Units	03/06/25 0159	03/05/25 0115	03/04/25 0513
WBC	$10^3/\mu\text{L}$	6.25	6.32	6.08
HEMOGLOBIN	g/dL	11.4*	11.9*	13.0
HEMATOCRIT	%	36.4*	38.3	41.8
PLATELETS	$10^3/\mu\text{L}$	328	322	372

Results from last 7 days

Lab	Units	03/06/25 0159	03/05/25 0115	03/04/25 0513
SODIUM	mEq/L	132*	134*	135*
POTASSIUM	mEq/L	4.3	4.4	4.4
CHLORIDE	mEq/L	98	100	99
CO2	mEq/L	28.4	27.0	28.9
BUN	mg/dL	17	13	11
CREATININE	mg/dL	0.89	0.98	0.98
GLUCOSE	mg/dL	75	77	98
CALCIUM	mg/dL	7.9*	8.6	9.1

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MAR 07 2025

HISD

Assessment

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with Jtube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteraemia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

NSQY opino recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 8 months for recovery post op, that's why he wants to be discharged on-ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

Assessment & Plan

Acute midline low back pain with right-sided sciatica

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture

No concern for cauda equina at this time

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Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)

Progress Notes by Omar Naji Saab Saab, MD at 3/6/2025 10:51 PM

Author: Omar Naji Saab Saab, MD
Filed: 3/6/2025 10:52 PM

Service: Internal Medicine
Date of Service: 3/6/2025 10:51 PM

Author Type: Physician
Status: Signed

Editor: Omar Naji Saab Saab, MD (Physician)



Medicine Daily Progress Note

Subjective

[OS1] s/p PICC line [OS2]

Objective

Last Recorded Vitals

Blood pressure (l) 136/94, pulse 93, temperature 36.2 °C (97.2 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 98% [OS1]
[OS2]

Physical Exam:

Blood pressure (l) 136/94, pulse 93, temperature 36.2 °C (97.2 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 98% [OS2]

General: NAD

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, non-tender

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE 3/5, LLE 5/5 MAR 07 2025

Pulses: Good pulses in the upper and lower extremities

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1150

Lab Results

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Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)

Lisinopril increased from 50 mg to 100 mg

Closed compression fracture of L5 lumbar vertebra, Initial encounter (HCC)

Neurosurgery is on board

Discitis

As above imaging findings concerning for discitis

Blood cultures were drawn

History of MRSA Infection

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered: no vegetations

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

Anemia, unspecified

- ACD, monitor

VTE prophylaxis: This patient does not have an active medication from one of the medication groupers.

Disposition: Final ID recs, discharge with OPAT in 1-2 days, likely tomorrow , PT: RW-ordered

Omar Naji Saab Saab, MD
Hospital Medicine Attending
Assistant Professor of Medicine
The University of Texas at Houston

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HISD

3/5/2025

8:40 PM

If you have any question, please EPIC chat me or you can call for urgent issues, my cell phone is in my EPIC message status^[OS1]

Attribution Key

OS.1 - Omar Naji Saab Saab, MD on 3/5/2025 8:40 PM

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Adm. 3/5/2025, D/O: —

Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)

Results from last 7 days

Lab	Units	03/05/25 0115	03/04/25 0513	03/02/25 2050
SODIUM	mEq/L	134*	135*	131*
POTASSIUM	mEq/L	4.4	4.4	3.8
CHLORIDE	mEq/L	100	99	98
CO2	mEq/L	27.0	28.9	30.2
BUN	mg/dL	13	11	9
CREATININE	mg/dL	0.98	0.98	0.78
GLUCOSE	mg/dL	77	98	101*
GALCIUM	mg/dL	8.6	9.1	8.3

Assessment

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SEO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

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NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

Assessment & Plan

Acute midline low back pain with right-sided sciatica

Imaging as discussed above concern for Osteomyelitis/discitis on Imaging with phlegmon and L5 compression fracture

No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

CCMSI

S/p entire MRI imaging of spine

CRP mildly elevated

MAR 07 2025

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone

HISCD

- ID recommended: Daptomycin 8mg/kg Q24 until 3/16/25 , labs weekly, OP ID clinic follow up.

Hypertension

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Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM (continued)

advised him to get surgery to prevent paralysis.

Objective

Last Recorded Vitals

Blood pressure (l) 141/92, pulse 87, temperature 37.2 °C (98.9 °F), resp. rate 18, height 1.753.m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 96%.

Physical Exam:

Blood pressure (l) 141/92, pulse 87, temperature 37.2 °C (98.9 °F), resp. rate 18, height 1.753.m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 96%.

General: NAD

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, non tender

Back: no CVA tenderness

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE3/5, LLE5/5

Pulses: Good pulses in the upper and lower extremities

Lab Results

Results from last 7 days

Lab	Units	03/05/25 0115	03/04/25 0513	03/02/25 2050
WBC	10 ³ /uL	6.32	6.08	6.97
HEMOGLOBIN	g/dL	11.9*	13.0	13.0
HEMATOCRIT	%	38.3	41.8	40.0
PLATELETS	10 ³ /uL	322	372	348

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HIEL

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Adm: 3/3/2025, D/C: —

Progress Notes by Aarohi Amol Vora, MD at 3/5/2025 5:09 PM (continued)

Daptomycin 8mg/kg Q24

Outpatient Lab Monitoring While on OPAT:

QMonday: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to (281) 265-0086

Attention Dr Charles Ericsson

Outpatient Infectious Diseases Follow-up:

1) Follow-up in ID Clinic: Dr. Khoury, see ID note

2) Follow-up MD: Dr Charles Ericsson

3) Pre-appointment Labs: CBC with differential, CMP, CPK, ESR, and CRP

4) Pre-appointment imaging: MRI Spine

5) Vascular access device plan: Remove after last dose of IV antibiotic. Okay for home health nurse to remove PICC. Tunneled catheters must be removed by IR (please coordinate outpatient follow-up with them prior to patient discharge). [AV.1]

Attribution Key

AV.1 - Aarohi Amol Vora, MD on 3/5/2025 5:09 PM

AV.2 - Aarohi Amol Vora, MD on 3/5/2025 5:10 PM

Progress Notes by Omar Naji Saab Saab, MD at 3/5/2025 8:40 PM

Author: Omar Naji Saab Saab, MD

Service: Internal Medicine

Author Type: Physician

Filed: 3/5/2025 8:52 PM

Date of Service: 3/5/2025 8:40 PM

Status: Signed

Editor: Omar Naji Saab Saab, MD (Physician)

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HISD

Medicine Daily Progress Note

Subjective

- IR consulted, no intervention. Still not ready for surgical intervention. His private ID attending called him and

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Adm: 3/3/2025 D/C: —

Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM (continued)

- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.^[AV.1]

Attribution Key

AV.1 - Aarohi Amol Vora, MD on 3/5/2025 12:09 PM

AV.2 - Aarohi Amol Vora, MD on 3/5/2025 5:15 PM

AV.3 - Aarohi Amol Vora, MD on 3/5/2025 5:09 PM

Progress Notes by Aarohi Amol Vora, MD at 3/5/2025 5:09 PM

Author: Aarohi Amol Vora, MD

Service: Infectious Disease

Author Type: Resident

Filed: 3/5/2025 5:11 PM

Date of Service: 3/5/2025 5:09 PM

Status: Signed

Editor: Aarohi Amol Vora, MD (Resident)

Cosigner: Divya Bhamidipati, MD at
3/5/2025 7:45 PM

UT Infectious Diseases Outpatient Parenteral Antibiotic Therapy (OPAT) Note

CCMSI

Patient:^[AV.1] Steve Kaminczak^[AV.2]

MRN:^[AV.1] 38345229^[AV.2]

Date of Birth:^[AV.1] 5/28/1974^[AV.2]

MAR 07 2025

HISU

ID Diagnosis: MRSA Discitis and Phlegmon

Please continue the following through 3/16/25:

Memorial Hermann TMC
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Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM (continued)

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE 3/4/2025 17:09

INDICATION: osteo workup .

COMPARISON: None.

TECHNIQUE

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

FINDINGS:

CERVICAL SPINE

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertbral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

THORACIC SPINE

The axial postcontrast sequences are limited by motion artifacts.

Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.

Degenerative changes, as detailed above.

CCMSI

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

Transthoracic echo (TTE) complete

MAR 07 2025

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.

H/SC

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Consults by Aanchi Amol Vora, MD at 3/5/2025 12:09 PM (continued)

1/11/2024 MRSA

Specimen: Blood - Structure or part of left upper limb (body structure)

Component	Specimen ID	Comments	
Blood culture isolate	3100590	Specimen information Specimen Source: blood Specimen Site: Arm, left	
	1	Staphylococcus aureus Aerobic only: This organism should be considered Methicillin Resistant. If you have questions, please call the microbiology laboratory at 713-441-0330 and ask for the medical director.	
Blood culture isolate	1	Staphylococcus coagulase negative Aerobic only: Organism rated to defer for identification and susceptibility testing.	
Resulting Agency	HOUSTON METHODIST HOSPITAL		
Susceptibility			
Ciprofloxacin	Ampicillin	Method	Susceptibility
Staphylococcus aureus	MIC	MIC	≤ 1 mcg/ml: Resistant
Staphylococcus aureus	Cefazolin	MIC	≤ 1 mcg/ml: Resistant
Staphylococcus aureus	Cefotaxime	MIC	≤ 0.1 mcg/ml: Susceptible
Staphylococcus aureus	Cleandomycin	MIC	> 0.3 mcg/ml: Susceptible
Staphylococcus aureus	Daptomycin	MIC	> 0.5 mcg/ml: Susceptible
Staphylococcus aureus	Doxycycline	MIC	> 0.5 mcg/ml: Susceptible
Staphylococcus aureus	Linezolid	MIC	≤ 1 mcg/ml: Susceptible
Staphylococcus aureus	Micocycline	MIC	> 1 mcg/ml: Susceptible
Staphylococcus aureus	Oral cephalosporin	MIC	≥ 2 mcg/ml: Resistant
Staphylococcus aureus	Piperacillin	MIC	> 0.25 mcg/ml: Susceptible
Staphylococcus aureus	Teicoplanin	MIC	< 0.5 mcg/ml: Susceptible
Staphylococcus aureus	Trimethoprim/Sulfamethoxazole	MIC	< 0.3/2.3 mcg/ml: Susceptible
Staphylococcus aureus	Vancomycin	MIC	≤ 1 mcg/ml: Susceptible

Specimen Collected: 1/11/24 0648

Performed by: HMH DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE

Received From: Houston Methodist

Last Received: 1/15/24 11:13

Result Received: 03/02/23 18:30

Go to view encounter

1/16/2025 Staph Epi

Specimen: Blood - Structure or part of left upper limb (body structure)

Component	Specimen ID	Comments	
Blood culture isolate	2173920	Specimen information Specimen Source: blood Specimen Site: Arm, left	
	1	Staphylococcus epidermidis Any/Anaerobe	
Resulting Agency	HOUSTON METHODIST HOSPITAL		
Susceptibility			
Ciprofloxacin	Ampicillin	Method	Susceptibility
Staphylococcus epidermidis	MIC	MIC	≤ 1 mcg/ml: Resistant
Staphylococcus epidermidis	Cleandomycin	MIC	> 0.3 mcg/ml: Susceptible
Staphylococcus epidermidis	Doxycycline	MIC	> 0.5 mcg/ml: Susceptible
Staphylococcus epidermidis	Linezolid	MIC	≤ 1 mcg/ml: Susceptible
Staphylococcus epidermidis	Micocycline	MIC	< 1 mcg/ml: Susceptible
Staphylococcus epidermidis	Oral cephalosporin	MIC	> 1 mcg/ml: Resistant
Staphylococcus epidermidis	Travacycline	MIC	> 0.5 mcg/ml: Susceptible
Staphylococcus epidermidis	Vancomycin	MIC	≤ 1 mcg/ml: Susceptible
Staphylococcus epidermidis	Trimethoprim/Sulfamethoxazole	MIC	< 0.3/2.3 mcg/ml: Susceptible

Specimen Collected: 01/16/23 11:00

Performed by: HMH DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE

Received From: Houston Methodist

Last Received: 01/20/23 10:23

Result Received: 03/02/23 18:30

Go to view encounter

No results found for the last 90 days.

GCMCI

Results from last 7 days

Lab	Units	03/03/25 1629
SED RATE	mm/hr	44*
CRP	mg/L	16*

MAR 07 2025

MRI cervical spine w and wo IV contrast, MRI thoracic spine w and wo IV contrast

Generated on 3/7/25 2:44 PM

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Kaminczak, Steve
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Adm: 3/3/2025, D/C: —

Consults by Aanchi Amol Vera, MD et 3/5/2025 12:09 PM (continued)

PRN medications: dextrose, dextrose, glucagon, ibuprofen, LORazepam, naloxone, oxyCODONE, sodium chloride, traMADol

Visit Vitals

BP	126/88
Pulse	73
Temp	36.6 °C (97.9 °F)
Resp	18
Ht	1.753 m (5' 9.02")
Wt	74.8 kg (164 lb 14.5 oz)
Spo2	100%
BMI	24.34 kg/m ²
Smoking Status	Unknown
BSA	1.91 m ²

Physical Exam

General - Mild distress, spinal tenderness
HEENT - Pupils equal, round and reactive to light
Lungs - Clear to auscultation bilaterally
Heart - Regular rate and rhythm, normal S1 and S2
Abdomen - Soft, non tender, bowel sounds present
Musculoskeletal - Normal range of motion in all extremities
Skin - warm, dry
Extremities - No lower extremity edema
Neuro - Alert and oriented x3

LDAs:

Peripheral JV 03/02/25 Anterior/Left Forearm (Active)

Number of days: 3

CCMSI

MAR 07 2025

Current antimicrobials:

Clindamycin

HISU

Prior antimicrobials:

Daptomycin

Microbiology:

Memorial Hermann TMC
Hospital
6411 Fannin Street
Houston TX 77030-1599

Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: —

Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM (continued)

Discussed with ID attending Dr. Bhamidipati

Thank you for involving us in the care of your patient.

Aarohi Vora, MD
PGY-5 Infectious Diseases Fellow
UTHealth

38345229

Reason for consult: MRSA Discitis

Requesting service: Hosp

HPI:

50 y.o. male with history of esophageal stricture status post PEG tube placement. Patient had a PICC line for several months (for TPN) He was admitted on 11/2024 for abdominal pain and PEG tube leakage. He was taken to the OR where he underwent laparoscopic takedown of the previous jejunostomy site that was causing a volvulus and bowel obstruction and his blood cultures were positive for MRSA and he was given vancomycin and ceftazidime. For unclear reasons, he was discharged on 11/14 without antibiotics or PICC line. After this had multiple admission for various reasons including back pain and progressive weakness. Eventually repreadmitted and found to have septic emboli and MRI findings concerning for discitis/OIM. He was treated with 6 weeks of IV Daptomycin with Dr. Khouri and planned for 3 month post suppressive therapy with PO Clindamycin but has been unable to take the recommended regimen due to issues using his g-tube during school hours. He presented now to MHH with phlegmon. He was offered NGSY with corpectomy but has trouble with taking necessary time off for recovery.

Review of systems: 14 point review of systems reviewed with patient and is negative except as per HPI.

No Known Allergies

CCMS!

acetaminophen, 1,000 mg, Oral, q6h SCH

MAR 07 2025

DULoxetine, 30 mg, Oral, Daily 630

gabapentin, 800 mg, Oral, TID

losartan, 100 mg, Oral, Daily

HSEL

Polyethylene glycol (PEG) 3350, 17 g, Oral, Daily

sennosides, 2 tablet, Oral, Nightly

sodium chloride, 10 mL, Intravenous, q12h SCH

Memorial Hermann TMC
Hospital
6411 Fannin Street
Houston TX 77030-1599

Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: —

Consults by Aarohi Amol Vora, MD at 3/5/2025 12:09 PM

Author: Aarohi Amol Vora, MD
Filed: 3/5/2025 5:15 PM

Service: Infectious Disease
Date of Service: 3/5/2025 12:09 PM

Author Type: Resident
Status: Attested

Editor: Aarohi Amol Vora, MD (Resident)

Related Notes: Original Note by Aarohi Amol Vora, MD (Resident) filed at 3/5/2025 5:09 PM

Cosigner: Divya Bhamidipati, MD at 3/5/2025 8:17 PM

Consult Orders

1. Inpatient consult to Infectious Diseases [232022004] ordered by Omar Naji Saab Saab, MD at 03/05/25 0721

Attestation signed by Divya Bhamidipati, MD at 3/5/2025 8:17 PM

I saw and evaluated the patient, participating in the key portions of the service. I reviewed the fellow's note.
I agree with the fellow's findings and plan.

Divya Bhamidipati, MD MSc
Division of Infectious Diseases
McGovern Medical School
Pager 713 200 0399

UT Surgical Infectious Diseases Initial Consult Note

Assessment:

50 y/o male with history of esophageal stricture status post PEG tube placement. Patient had a PICC line for several months (for TPN). He was admitted on 11/2024 for abdominal pain and PEG tube leakage. He was taken to the OR where he underwent laparoscopic takedown of the previous jejunostomy site that was causing a volvulus and bowel obstruction and his blood cultures were positive for MRSA s/p 6 weeks of Daptomycin. Eventually represented and found to have Staph epi bacteremia and MRI findings concerning for discitis/OM. He was continued with IV Daptomycin with Dr. Khouri and planned for 3 month post suppressive therapy with PO Clindamycin but has been unable to take the recommended regimen due to issues using his g-tube during school hours. He presented now to MHH with phlegmon. He was offered NGSY with corpectomy but has trouble with taking necessary time off for recovery. CCMSI

Diagnoses:

- #MRSA L5/S1 Discitis/osteitis with phlegmon
- s/p 6 weeks with Daptomycin w/ Dr. Khouri and subsequent PO Clinda
#Prior laminectomy
#Esophageal stricture previously on TPN now with G-tube

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HISC

Recommendations:

- Can discuss if patient is a candidate for any other intervention/drainage or otherwise^[AV.1]
- Patient asking for pain management eval^[AV.2]
- Will plan for IV Daptomycin again w/ weekly^[AV.1] CK monitoring. Patient follows with Dr. Khouri (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery^[AV.1]. OPAT to follow and patient will re-establish care with Dr. Khouri^[AV.3]

Orders (continued) (720h ago, onward)

03/04/25 0051	Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily Until discontinued	03/04/25 0050
03/04/25 0050	Call physicians for further orders if pain is unrelieved (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	Contact physician to discontinue all previous orders for "as-needed" analgesics. (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	If PCA is ordered, contact physician to discontinue all PRN Pain Medications on the MAR (Acute Pain/Anxiolytic Orders Panel) Until discontinued	03/04/25 0050
03/04/25 0050	Thermal Therapy (Acute Pain/Anxiolytic Orders Panel) Until discontinued Comments: Obtain Cold/Heat Pad and machine and apply to affected area for non-pharmacological pain control	03/04/25 0050
03/04/25 0049	Adult Diet Regular Diet effective now	03/04/25 0050
03/04/25 0049	Vital Signs Per Unit Guidelines	03/04/25 0050
03/04/25 0049	Pulse Oximetry Spot Check by Nurse Every shift Comments: Remove O2 prior to spot check	03/04/25 0050
03/04/25 0049	Notify MD if hypoglycemia persists for more than 30 minutes (Hypoglycemia Management Panel) Until discontinued	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Contact physician to consider discontinuing all previous insulin orders if patient experiences hypoglycemic event.	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD for blood glucose > 300 mg/dL or < 70 mg/dL	03/04/25 0050
03/04/25 0049	Notify MD (Hypoglycemia Management Panel) Until discontinued Comments: Notify MD if patient becomes NPO or if parenteral/enteral nutrition is stopped (review insulin orders).	03/04/25 0050
03/04/25 0049	PT Eval and Treat (PT Eval and Treat) Until therapy completed	03/04/25 0050
03/04/25 0049	OT Eval and Treat (OT Eval and Treat) Until therapy completed	03/04/25 0050

Imaging Study Text

CCMSI

MAR 07 2025

HISD

Orders (continued) (720h ago, onward)

home for nonmedical reasons are infrequent or are of relatively short duration). 03/06/25 0803

The clinical findings that support the need for home care and homebound status are due to Requires assistance with transfers and ambulation and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

03/06/25 0000	Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL Injection (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	heparin flush 100 units/mL solution (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	sodium chloride (NS) 0.9 % flush (Referral to Home Infusion) As needed	03/06/25 0803
03/06/25 0000	Home IV line disposition (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Home IV line care (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Type of line (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg (Referral to Home Infusion) Every 24 hours scheduled	03/06/25 0803
03/06/25 0000	Follow-up with provider (Anti-infectives) (Referral to Home Infusion)	03/06/25 0803
03/06/25 0000	Lab Instructions - Select Labs (Referral to Home Infusion) Comments: Discharge Labs: Complete Blood Count w/Diff and Platelet, CK, Total , C-Reactive Protein, Hepatic Function Panel, and Other: BMP	03/06/25 0803
03/06/25 0000	Follow Up In Internal Medicine (Follow-Up (Schedulable))	03/06/25 0803
03/06/25 0000	Ambulatory referral to Home Health Comments: Special Instructions:	03/06/25 0804

I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 3/6/2025 .

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.
Inability to safely perform ADL's, IADL, complex activities

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

CCMSI

The clinical findings that support the need for home care and homebound status are due to Requires supportive devices (example crutches, canes, wheelchairs, walkers), special transportation and/or the assistance of another person(s) to leave the home or leaving home is medically contraindicated and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

MAR 07 2025

NJSC

03/06/25 0000	Walker rolling	03/06/25 0940
03/05/25 0300	Basic Metabolic Panel (Order Panel) Morning draw	03/04/25 2203
03/05/25 0300	Complete Blood Count w/Diff and Platelet (Order Panel) Morning draw	03/04/25 2203
03/05/25 0000	Walker rolling	03/05/25 1320

PRN Medication Administered Past 3 Days (continued) for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25		03/07/25	
LORazepam (Ativan) tablet 1 mg Dose: 1 mg Freq: Daily PRN Route: PO PRN Reason: anxiety Start: 03/04/25 2023 Admin Instructions: Hold for sedation	2224-Given				
melatonin tablet 6 mg Dose: 6 mg Freq: Nightly PRN Route: PO PRN Reason: sleep Start: 03/05/25 2058					
naloxone (Narcan) injection 0.04 mg Dose: 0.04 mg Freq: As needed Route: IV PRN Reason: opioid reversal PRN Comment: every 2 mins PRN for Narcotic Reversal Start: 03/04/25 0049 Admin Instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT. (Dilute 0.4 mg/mL in 9 mL of saline)					
oxyCODONE (Roxicodone) immediate release tablet 10 mg Dose: 10 mg Freq: Every 6 hours PRN Route: PO PRN Reason: severe pain (7-10) Start: 03/05/25 1307	1830-Given	0152-Given	0903-Given	1649-Given	0112-Given
sodium chloride (NS) 0.9 % flush 10 mL Dose: 10 mL Freq: As needed Route: IV PRN Reason: line care Start: 03/06/25 0938 Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.	©				
traMADol (Ultram) tablet 100 mg Dose: 100 mg Freq: Every 6 hours PRN Route: PO PRN Reason: moderate pain (4-6) Start: 03/05/25 1308 End: 03/09/25 0048	1701-Given	0421-Given	1311-Given	2105-Given	

Orders (720h ago, onward)

Start	Ordered
03/07/25 1402	Candida Auris Fungal Culture Surveillance Once
03/07/25 0942	03/07/25 1401
03/06/25 0000	Creatine Kinase STAT
	03/07/25 0941
	Referral to Home Health for Home Infusion (Referral to Home Infusion)
	Comments: I attest that I or another qualified licensed provider saw Steve Kaminczak 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on 03/06/25

The encounter with the patient was in whole, or in part, for the following medical necessity, which is the primary reason for home health care.
Inability to safely perform ADL's, IADL, complex activities , Multiple medications or recent change in medication regime , and Safety eval s/p fall, hip or knee surgery

CCMSI

MAR 07 2025

I certify that, based on my findings, above selected services in the order are medically necessary skilled home health services.
Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from

HIS

Recent Vitals (continued)

	3/7/2025 0017	3/7/2025 0017	3/7/2025 0017	3/7/2025 0437	3/7/2025 0438	3/7/2025 0801	3/7/2025 0802	3/7/2025 0802
Pulse:	—	—	72	—	86	—	—	58
Resp:	—	—	17	—	18	—	—	17
Temp:	36.9 °C (98.4 °F)	—	—	—	—	—	35.9 °C (96.7 °F) !	—
Temp src:	—	—	Oral	—	Axillary	—	—	Oral
SpO2:	—	—	99 %	—	100 %	—	—	100 %
Body Mass Index:	—	—	—	—	—	—	—	—
Body Surface Area:	—	—	—	—	—	—	—	—

Labor Summary Last refreshed 03/07/25 1404

Vitals

Reading	Time Taken
BP: 160/96 !	0801
Temp: 35.9 °C (96.7 °F) !	0802
Pulse: 58	0802
Resp: 17	0802
SpO2: 100 %	0802
Pain score: 0	0900
Max temperature before delivery 37.4 °C (99.3 °F)	03/04/25 1603

PRN Medication Administered Past 3 Days for Kaminczak, Steve as of 3/5/25 through 3/7/25

Medications	03/05/25	03/06/25	03/07/25
dextrose 50 % solution 12.5 g Dose: 12.5 g Freq: As needed Route: IV PRN Reason: low blood sugar PRN Comment: if Blood Glucose 51- 69 mg/dL Start: 03/04/25 0048 Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.			
dextrose 50 % solution 25 g Dose: 25 g Freq: As needed Route: IV PRN Reason: other PRN Comment: if Blood Glucose <= 50 mg/dL Start: 03/04/25 0048 Admin Instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.			
glucagon Injection 1 mg Dose: 1 mg Freq: As needed Route: IM PRN Comment: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo Start: 03/04/25 0048 Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.			CCMS MAR 07 2025
Ibuprofen tablet 800 mg Dose: 800 mg Freq: Every 8 hours PRN Route: PO PRN Reasons: mild pain (1-3),headaches Start: 03/04/25 2016		0514- Given	HISD

Radiology Results (last 3 days) (continued)

Procedure	Component	Value	Units	Date/Time
moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.				

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.
Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

MRI cervical spine w and wo IV contrast [231500493]

Order Status: Completed

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST
EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup .

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

FINDINGS:**CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts.
There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality.
No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C8-C7.

CCMS!

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

MAR 07 2025

HISD

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.
Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

Recent Vitals

	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025	3/7/2025
BP:	100/71	100/71	80/19	94/57	94/55	88/61	88/62	88/62

Radiology Results (last 3 days) (continued)

Procedure	Component	Value	Units	Date/Time
Order Status: Completed				Updated: 03/06/25 1746

Narrative:

EXAM: XR CHEST 1 VIEW

DATE: 3/6/2025 15:09

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

MRI thoracic spine w. and wo IV contrast [231500494]

Collected: 03/04/25 2230

Order Status: Completed

Updated: 03/04/25 2233

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

CCMSI

FINDINGS:

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CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality.

No abnormal enhancement is identified. Uncovertebral change resulting in

HESD

H&P Note (continued)

H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 12:43 AM (continued)

Assessment & Plan

Acute midline low back pain with right-sided sciatica

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture

No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

Pending entire MRI imaging of spine

CRP mildly elevated

Will monitor off antibiotics for now

PT OT evaluation

PT is duloxetine and Gabapentin

Will resume

MMPR with tylenol tramadol and Oxycodone

Hypertension

Lisinopril

Resume

Closed compression fracture of L5 lumbar vertebra, Initial encounter (HCC)

Neurosurgery is on board

Discitis

As above imaging findings concerning for discitis

Blood cultures were drawn

History of MRSA infection

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

CCMSI

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

MAR 07 2025

VTE prophylaxis: Holding chemo ppx until

H1SD

Disposition: Follow hospital course^[BS1]

Attribution Key

BS.1 - Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 12:43 AM

BS.2 - Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 12:44 AM

Radiology Results (last 3 days)

Procedure	Component	Value	Units	Date/Time
XR chest 1 v for placement [232822813]				Collected: 03/06/25 1743

H&P Note (continued)

H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 12:43 AM (continued)

Results from last 7 days

Lab	Units	03/02/25 2050
SODIUM	mEq/L	131*
POTASSIUM	mEq/L	3.8
CHLORIDE	mEq/L	98
CO2	mEq/L	30.2
BUN	mg/dL	9
CREATININE	mg/dL	0.78
GLUCOSE	mg/dL	101*
CALCIUM	mg/dL	8.3

Imaging Results^[BS1]

MRI lumbar spine w and wo IV contrast

Result Date: 3/3/2025

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST DATE 3/3/2025 11:02 **INDICATION:** lower back pain . **COMPARISON:** Correlation to abdomen/pelvis CT 12/11/2020 **TECHNIQUE:** Multiplanar, multislice, precontrast and postcontrast MR imaging of the lumbar spine. IV contrast: Refer to MRI technologist documentation. **FINDINGS:** Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5. Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1. Postoperative: L4 and L5 laminectomy. Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion. Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5. Canus medullaris: Normal in size and signal. Terminates at L1-L2. Cauda equina: Nonenlarged; individual levels: L1-L2: Normal; L2-L3: Normal; L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis. L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing. L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion. No significant spinal canal stenosis. Other: Incidental retroperitoneal structures are unremarkable. Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute on chronic) (series 601/B02 Image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 Image 14). No organized/drainable fluid. **IMPRESSION:** * Findings concerning for a discitis-osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. * No evidence of fluid collections. * Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion. This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41. This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings. Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49^[BS2] MAR 07 2025

H/Sr:

Assessment

Kaminczak, Steve (MR # 38345229) Printed at 3/7/2025 2:04 PM

Page 5 of 12

H&P Note (continued)

H&P by Bhrugesh Jageshkumar Shah, MD at 3/4/2025 12:43 AM (continued)

Social History

He has no history on file for tobacco use, alcohol use, and drug use.

Allergies

Patient has no known allergies.

Medications

No current outpatient medications

Review of Systems

Objective

Last Recorded Vitals

Blood pressure (1) 185/96, pulse 64, temperature 36.7 °C (98 °F), resp. rate 18, height 1.753 m (5' 9"), weight 74.8 kg (165 lb), SpO2 96%.

Physical Exam:

General Alert awake oriented not in apparent distress

Heart regular rate and rhythm

Lungs clear to auscultation bilaterally

Abdomen soft nontender, G stoma present, peristomal leaking noted covered in gauze

Neuro A and O x 3

Musculoskeletal no midline spinal tenderness noted, right lower extremity straight leg test positive with pain radiating to his right glutes.

Lab Results

Results from last 7 days

Lab	Units	03/02/25 2050
WBC	10 ³ /uL	6.97
HEMOGLOBIN	g/dL	13.0
HEMATOCRIT	%	40.0
PLATELETS	10 ³ /uL	348

COMS1

MAR 07 2025

HISD

Payer Communication History

Ccmsi/Wc Ccmsi

Document	Status	Date/Time	First Action	User	Fax
2 Attachments • Facesheet • Initial Review	Sending	✉ 3/7/2025 1404	—	Amber Lewis	713-218-8579

H&P Note

H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 12:43 AM

Author: Bhrugesh Jogeshkumar Shah, Service: Internal Medicine

Author Type: Physician

MD

Filed: 3/4/2025 1:00 AM

Date of Service: 3/4/2025 12:43 AM

Status: Signed

Editor: Bhrugesh Jogeshkumar Shah, MD (Physician)

Subjective

Chief Complaint

Patient presents with:

- Back Pain

:

History Of Present Illness

50-year-old gentleman with past medical history significant for back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line, complicated by MRSA bacteraemia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

Patient otherwise hemodynamically stable. Denies any bowel bladder incontinence or saddle anesthesia. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. Patient otherwise denies any fever. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

Patient continues to have leakage from the G-tube stoma. Patient is able to tolerate p.o. intake. He only uses G-tube for medications. Patient has complex bariatric surgery history.

Past Medical History

HTN

Back pain

H/o MRSA infection

Spinal osteomyelitis

CCMSI

MAR 07 2025

Surgical History

He has no past surgical history on file.

TRU

Family History

No family history on file.

Most Recent Utilization Review (continued)

Point of Origin:

Prior Permanent Residence: Private residence

NON-HEALTH CARE FACILITY POINT OF ORIGIN [1]

Admit Location:

MEMORIAL HERMANN TMC HOSPITAL

MEMORIAL HERMANN-TEXAS MEDICAL CENTER (JONES 5 NEUROSCIENCE ACUTE CARE)

Chief Complaint/Diagnosis:

Principal Problem:

Acute midline low back pain with right-sided sciatica

Active Problems:

Hypertension

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Clinical Status/Treatments/Plan of care:

Last Surgery: * Cannot find OR case *

Current Vent settings:

No data recorded days.

Barriers to Discharge: Neurosurgery on board and no acute plan for surgical intervention

Pending entire MRI imaging of spine CRP mildly elevated

Will monitor off antibiotics for now PT OT evaluation - pending final nsgy rec and abx plans if needs on dc .

Discharge Plan:

Anticipated Discharge Location Other (Comment): (Patient requested to have a wheelchair, cane and gauze to cover his Glube)

Discharge Service Needs:

Discharge Services: PTOT eval pending

Equipment/Supplies Need: None

CCMSI

MAR 07 2025

Medical Problems

HISD

Problem List

	ICD-10-CM	Entered
* (Principal) Acute midline low back pain with right-sided sciatica	M54.41	3/3/2025
Hypertension	I10	3/4/2025
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)	S32.050A	3/4/2025
Discitis	M46.40	3/4/2025
History of methicillin resistant staphylococcus aureus (MRSA)	Z86.14	3/4/2025
Complication of artificial opening of stomach	K94.23	3/4/2025
Anemia, unspecified	D64.9	3/5/2025

Kaminczak, Steve MRN:38345229 (CSN:1014680B331)
(50 y.o. M Admit: 09/03/25)

TMC SJ NEU-J5,501-J5,501

Comments

Most Recent Utilization Review

Last updated by Nguyet Anh Bao Tran

Review Status	Review Type	Associated Date	Created By	Criteria Set Name	Subset
Completed	-	3/4/2025	Nguyet Anh Bao Tran	LOC:Acute Adult-Infection: Musculoskeletal	

Criteria Review REVIEW SUMMARY

Patient: Kaminczak, Steve
InterQual® Review Status: Completed
Condition Specific: Yes

REVIEW DETAILS

Service Date: 3/4/2025
Product: LOC:Acute Adult
Subset: Infection: Musculoskeletal

Select Day, One:

Episode Day 1, One:

ACUTE, >= One:

Osteomyelitis, actual or suspected, by bone scan, x-ray, CT or MRI and, >= One:

Comment by Tran, Nguyet on 3/4/2025 1017:

mri lumbar IMPRESSION:

* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon.

* No evidence of fluid collections.

* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion.

QCMST

MAR 07 2025

HISG

Version: InterQual® 2024, Mar. 2024 Release

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Additional Notes

Clinical Findings for Dates: 0303-0304

Admission/Information (continued)

Admission Date/Time	Discharge Date	Hospital Services	Auth/Cert Status
08/03/25 0056		General Medicine	Incomplete
Hospital Area	Unit	Room/Bed	
Memorial Hermann TMC Hospital	TMC JONES 5	35.501/JS.501	
	NEUROSCIENCE ACUTE CARE		

Admission

Complaint

Hospital Account

Name	ACCE ID	Class	Status	Primary Coverage
Kaminczak, Steve	100006169	Inpatient 89	Open	CCMSI - WC CCMSI

Guarantor Account (for Hospital Account #10000616989)

Name	Relationship	Phone	Service Area	Active?	Auth Type
KS03022025hisd	Self		MHSA	Yes	Workers Comp
Address					
5740 San Felipe #627 Houston, TX 77057		713-556-9200(O)			

Coverage Information (for Hospital Account #10000616989)

Plan	Precent
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School	25F30M590202
Group	
Address	Phone
PO BOX 802082 DALLAS, TX 75380-2082	
Status	Benefits Phone
Auth/Cert	
CB IP	CCMSI

Medical Record Numbers

Enterprise Id Number	E1250891	MAR 07 2025
Mrn	38345229	
Utmrn	13294105	

HISD

	Status	Date Received	Description
Education and Instructions			
External ROI / HIM Consent			
External Patient Consent			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Cardiology Imaging			EKG-SCANNED
Documents for the Encounter			
Hospital Consent for Treatment	Received	03/02/25	
Hospital Financial Notice of Responsibility	Received	03/02/25	
Consent to Facility Directory	Received	03/02/25	
Clinical Image			US LUE PICC placement
Clinical Image			US RUE PICC placement
PDF Report			Facesheet, Initial Review
After Visit Summary			AVS - Discharge to Home
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Study			CCM51
DICOM Series			
DICOM Image			MAR 07 2025
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		HISD
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
DICOM Study			
DICOM Series			
DICOM Image			
DICOM Series			
DICOM Image			
DICOM Study	(Deleted)		
DICOM Series	(Deleted)		
DICOM Image	(Deleted)		
HIM Release of Information Output		03/07/25	Document (3/7/2025 2:44 PM CST)

	Status	Date Received	Description
Image			
External Wound Care			g_tube site
Image			
External Misc Clinical			Hospital Encounter
External Wound Care			Gastrostomy Tube
Image			
External Cardiology			ECG 12 lead
Imaging			
External Radiology and Imaging			MRI Lumbar Spine W/Wo Contrast
External Power of Attorney			AD 11/13/2024
External Cardiology			Hospital Encounter
Imaging			
External Wound Care			Wound 02/22/25 Abrasion Left Knee
Image			
External Patient Consent			Hospital Encounter
External Living Will			Hospital Encounter
External Billing			
External Billing			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Billing			
External Patient Consent			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Insurance Card			
External Billing			
External Patient Consent			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Patient Consent			Hospital Encounter
External Billing			CCMSI
External Patient Consent			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Patient Consent			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Patient Education and Instructions			Hospital Encounter
External Patient Consent			
External Patient Consent			Hospital Encounter
Education and Instructions			
External Procedure			Hospital Encounter
External Patient Consent			Hospital Encounter
External Patient Consent			Hospital Encounter
External Cardiology			Hospital Encounter
Imaging			
External Patient			Hospital Encounter

MAR 07 2025

HISL:

	Status	Date Received	Description
Imaging			
External Cardiology			Hospital Encounter
Imaging			
External Cardiology			Hospital Encounter
Imaging			
External Photographic			Hospital Encounter
Image			
External Cardiology			Hospital Encounter
Imaging			
External Cardiology			ECG 12 lead
Imaging			
External Wound Care			Right Shin
Image			
External Wound Care			Hospital Encounter
Image			
External Cardiology			Hospital Encounter
Imaging			
External Wound Care			Wound 01/31/22 Abrasion Anterior; Left Knee
Image			Wound 02/10/22 Left; Proximal Pretibial
External Wound Care			
Image			
External Wound Care			Wound 01/25/22 Right Pretibial
Image			
External Wound Care			Wound 01/20/22 Pressure Injury Spine - Coccyx
Image			
External Wound Care			Wound 02/10/22 Left; Posterior Elbow
Image			
External Wound Care			Wound 02/10/22 Posterior; Right Elbow
Image			
External Cardiology			Hospital Encounter
Imaging			
External Wound Care			L foot dorsal 2/10/22
Image			
External Wound Care			R lower leg ant/ proximal 2/10/22
Image			
External Wound Care	MAR 07 2025	GCMST	R lower leg distal ant 2/10/22
Image			
External Wound Care			R 1st metatarsal area dorsal 2/10/22
Image			
External Wound Care			R lat malleolus 2/10/22
Image			
External Cardiology	HISD		ECG 12 lead
Imaging			
External Cardiology			Hospital Encounter
Imaging			
External Misc Clinical			Hospital Encounter
External Misc Clinical			Hospital Encounter
External Misc Clinical			Hospital Encounter
External Insurance Card			
External Wound Care			Wound 01/16/23 Left Buttocks
Image			
External Wound Care			Wound 01/16/23 Moisture/Incontinence
Image			Dermatitis Lower Abdomen
Archived Procedural Result			Transthoracic Echocardiogram Complete, wo Contrast, w Doppler
External Wound Care			Wound 01/16/23 Left Buttocks

Patient Demographics

Address 5740 San Felipe #627 Houston TX 77057	Phone 713-556-9200 (Work) *Preferred* 976-436-5969 (Mobile)	E-mail Address KAMINCZAK@GMAIL.COM
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Active Insurance as of 3/3/2025

Primary Coverage		Insurance Group	Employer/Plan Group
Payer	Plan	Payer Plan Fax Number	Effective Dates
Payor Plan Address PO BOX 802082	Payor Plan Phone Number	Number	3/2025 - None Entered
DALLAS TX 75380-2082			
Subscriber Name HOUSTON INDEPENDENT SCHOOL DISTRICT	Subscriber Birth Date 5/28/1974	Member ID 25F30M590202	
"Primary Care Provider" Amy Ward Hamilton, PA	"Phone" 832-698-4291		

Emergency Contacts

Name	Relation	Home	Work	Mobile
hughes,garrett	Son			832-870-0101

Other Contacts

Name	Relation	Home	Work	Mobile
? Annette	Sister			512-828-1915

Documents on File

Document Type	Status	Date Received	Description
Documents for the Patient			
HIPAA Notice of Privacy	Received	03/02/25	MAR 03 2025
Insurance Card	Not Received		
Advance Directives and Living Will	Not Received		
Power of Attorney	Not Received		
External Radiology and Imaging			(SCN) CT ABDOMEN/PELVIS
External Radiology and Imaging			(SCN) DIAG & IMAGING
External Legal Document			
External Insurance Card			
External Living Will			Hospital Account
External Cardiology Imaging			RHYTHM STRIP - SCAN
External Insurance Card			
External Living Will			Hospital Encounter
External Insurance Card			
External Cardiology Imaging			Hospital Encounter
External Cardiology Imaging			EKG-SCANNED
Archived Procedural Result			Transthoracic Echocardiogram Complete, wo Contrast, w Doppler
External Insurance Card			
External Cardiology			ECG Pre/Post Op

Signed ED Notes (continued)**ED Provider Notes by Ryan Drey Walsh, MD (continued)**

3/2/2025 6:30 PM

Final result

Please view results for these tests on the individual orders.

TYPE AND SCREEN

ABO Grouping	A	CCWST
Rh Type	Positive	MAR 4 4 2025
Antibody Screen	Negative	HISD

3.

No orders to display**PROGRESS:**

Ryan Drey Walsh, MD

March 2, 2025 11:37 PM [RW.1]

Ryan Drey Walsh, MD**03/02/25 2339**

[RW.2]

Attribution Key

RW.1 - Ryan Drey Walsh, MD on 3/2/2025 11:37 PM

RW.2 - Ryan Drey Walsh, MD on 3/2/2025 11:39 PM

Signed ED Notes (continued)**ED Provider Notes by Ryan Drey Walsh, MD (continued)**

3/2/2025 6:30 PM

ALT	15
AST	22
Alkaline Phosphatase	133 (*)
Bilirubin Total	0.30
eGFR	109

CCKST

MAR 4 2025

HISD

COMPLETE BLOOD COUNT - Abnormal

WBC	6.97
RBC	5.30
NRBC %	0.0
Hgb	13.0
Hct	40.0
MCV	75.5 (*)
MCH	24.5 (*)
MCHC	32.5
RDW - SD	42.0 (*)
Plt Count	348
MPV	9.2

PT AND PTT - Normal

Prothrombin Time (PT)	13.5
INR	1.01
PTT	27.6

AUTOMATED DIFFERENTIAL - Normal

Segs %	69.8
Lymphs %	22.1
Monos %	6.5
Eos %	0.6
Basos %	0.7
Immature Grans %	0.3
Segs #	4.87
Lymphs #	1.54
Monos #	0.45
Eos #	0.04
Basos #	0.05
Imm Grans #	0.02

COMPLETE BLOOD COUNT W/DIFF AND**PLATELET****Narrative:**

*The following orders were created for panel order
Complete Blood Count w/Diff and Platelet.*

Procedure Abnormality

Status

-
-
Complete Blood Count[230816077]

Abnormal Final result

Automated Differential[230816077] Normal

vomitng, saddle anesthesia, incontinence.

Past Medical History: above

Surgical History: As above

Social: Denies smoking, ETOH, other drug use. Denies recent travel and sick contacts

Allergies: NKDA

Steve Kaminczak is a 50 y.o. male who presents to ED with a c/o Back Pain

Denies: fevers, chills, headache, syncopal episodes, chest pain, shortness of breath, cough, NVD, abdominal pain, urinary symptoms, bowel changes, lower extremity edema.

PHYSICAL EXAM:

Steve Kaminczak appears non-toxic. Alert. NAD A/Ox3. Lower extremity strength 4+/5 bilaterally.

Pulm: CTAB, no RRWs.

Cardio: RRR, no MRGs.

Abdomen: +NABS, soft, NTND

ASSESSMENT:

Labs ordered, pain meds ordered, would benefit from medicine bed

DIAGNOSIS:

No diagnosis found.

PLAN:

1. Med bed

2.

Labs Reviewed

COMPREHENSIVE METABOLIC PANEL -

Abnormal

Result	Value
Sodium Lvl	131 (*)
Potassium Lvl	3.8
Chloride Lvl	98
CO2 Lvl	30.2
Anion Gap	6.6 (*)
Glucose Lvl	101 (*)
Creatinine Lvl	0.78
BUN	9
B/C Ratio	12
Protein	7.2
Albumin Lvl	3.0 (*)
Globulin, Calc	4.2 (*)
Albumin/Globulin Ratio	0.71
Calcium Lvl	8.2

Signed ED Notes (continued)**ED Provider Notes by Lukman Olufemi Telufusi, PA (continued)**

3/2/2025 6:30 PM

1. Acute midline low back pain with right-sided sciatica^[LT.3]**Plan**-pending MRI with and without contrast of lumbar spine^[LT.5]**Lukman Olufemi Telufusi, PA**

03/03/25 0607

(LT.6)

Attribution Key

-
- LT.1 - Lukman Olufemi Telufusi, PA on 3/3/2025 2:02 AM
 - LT.2 - Lukman Olufemi Telufusi, PA on 3/3/2025 4:35 AM
 - LT.3 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:06 AM
 - LT.4 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:03 AM
 - LT.5 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:05 AM
 - LT.6 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:07 AM

ED Provider Notes by Ryan Drey Walsh, MD

3/2/2025 6:30 PM

Author: Ryan Drey Walsh, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 3/2/2025 11:39 PM	Date of Service: 3/2/2025 6:30 PM	Status: Signed
Editor: Ryan Drey Walsh, MD (Physician)		

MEDICAL SCREENING EXAMINATION PROVIDER NOTE

I evaluated and initiated the medical screening examination of patient Steve Kaminczak.

I have reviewed the patient's medical history, current medication, and allergies

BP (!) 174/96 | Pulse 93 | Temp 36.7 °C (98.1 °F) | Resp 17 | Ht 1.753 m (5' 9") | Wt 74.8 kg (165 lb) | SpO2 100% | BMI 24.37 kg/m²**Key Symptoms and Findings****Vitals:**

03/02/25 1835	03/02/25 1835	03/02/25 1836	03/02/25 1841
BP:	(!) 174/96		
Pulse:		93	
Resp:		17	
Temp:	36.7 °C (98.1 °F)		
TempSrc:		Oral	
SpO2:		100%	
Weight:			74.8 kg (165 lb)
Height:			1.753 m (5' 9")

Signed ED Notes (continued)**ED Provider Notes by Lukman Olufemi Telufusi, PA (continued)**

3/2/2025 6:30 PM

sciatica^[LT.3]

CCMST

Disposition:

MAR 04 2025

MSD

Medical Decision Making**Scoring Tools****MEDICAL DECISION MAKING****Complexity of Problems Addressed**

High: I am concerned about a severe complexity problem which was evidenced by the differential, and associated workup to rule out the severe problem: lower back pain with difficulty ambulation, which is a acute problem for this patient as evidenced by Patient is a 50 y/o male with Pmhx of HTN, Esophageal Constriction, G-Tube, Discitis who presented to the Emergency Room with complaints of lower back pain radiating down right leg and difficulty ambulating.

Complexity of Data Review**Category 1:^[LT.1]**

(# Of Data Points) Ordered the following tests: cbc, cmp, pt/ptt, blood type and (External Notes) For improved patient care, I have reviewed external notes from previous discharge summary and found Osteomyelitis of Lumbar Spine, Lumbar Radiculopathy, Intractable Low Back pain.^[LT.2]

Risk of Management^[LT.1]

(Social Determinants of Health) This patient's health conditions are influenced by the following social determinants of health which cause increased risk of management: financial

04:39am-Patient resting comfortably. Patient in no acute distress. About 1.5 hrs ago, patient ambulated to bathroom on his own.^[LT.2]

Patient care transferred to Malini Randeep, PA-C@06:03am

Lukman Olufemi Telufusi, PA
03/03/25 0603^[LT.4]

Relevant exam findings: Ambulatory independently to restroom (~20ft one way) with steady gait

ccmst

See APP note for full exam

MAR 04 2025

Workup so far notable for:

KSO

Hypertension on vitals, otherwise no concerning findings

No leukocytosis or fever

Next/Plan:

MRI L spine (prior history of L5/S1 discitis/osteо in 11/2024, supposed to be discharged on 6 weeks of daptomycin, unclear if completed course, acute on chronic worsening pain [EP])

0358 On my reassessment, patient has 5/5 (age-appropriate and symmetric) strength in his bilateral lower extremities with dorsiflexion, plantarflexion, knee flexion, hip flexion, knee extension.

Intact sensation in the bilateral lower extremities.

Able to ambulate and urinate, however, patient states he is usually able to ambulate all day without difficulty (works as a teacher). Now he states he is only able walk about 20 feet to bathroom due to pain and feeling like legs are "going to give out". Due to this, and patient's recent history of discitis/osteо, for which he did complete IV dapto/oral clinda, will obtain MRI lumbar spine with and without contrast for further evaluation. [EP]

0507 pMRI esophageal stricture with g-tube, chronic back pain with discectomy and laminectomy, nov 2024 and osteо and discitis. Acute on chronic back pain x2d, can't ambulate 20 ft. Ambulated and urinated here, no saddle anesthesia, no numbness [ZF]

ED Course: User Index

[EP] Eric J Power, MD

[ZF] Zoe Renee Fisher, MD

Diagnoses as of 03/03/25 0606

Acute midline low back pain with right-sided

Signed ED Notes (continued)

ED Provider Notes by Lukman Olufemi Telufusi, PA (continued)

3/2/2025 6:30 PM

Effort: Pulmonary effort is normal. No respiratory distress.

COMET

Breath sounds: Normal breath sounds. No wheezing.

MAR 04 2025

Chest:

HISD

Chest wall: No tenderness.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft.

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

Musculoskeletal:

General: Tenderness present.

Cervical back: Normal, normal range of motion and neck supple.

Lumbar back: Spasms, tenderness and bony tenderness present. Decreased range of motion.

Skin:

General: Skin is warm.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Thought Content: Thought content normal.

Judgment: Judgment normal.

Strength 5/5 in upper extremities bilaterally.

Strength 5/5 in left lower extremity

Strength 4/5 in right lower extremity

Triage Vitals:

BP: (1) 174/96, Heart Rate: 93, Temp: 36.7 °C (98.1 °F), Resp: 17, SpO2: 100 %, Height: 175.3 cm (5' 9"), Weight: 74.8 kg (165 lb)

Last Recorded Vitals:

BP: (1) 187/115, Heart Rate: 74, Temp: 36.7 °C (98 °F), Resp: 17, SpO2: 100 %, Height: 175.3 cm (5' 9"), Weight: 74.8 kg (165 lb)

Procedures Performed:

Procedures

ED Course : [LT.1]

ED Course: as of 03/03/25 0606

Mon Mar 03, 2025

0154 Briefly, patient is a 50 y.o. with relevant PMH including HTN, esophageal constriction s/p G-tube placement, known L3/4/5 compression fractures who presented with back pain

Signed ED Notes (continued)

ED Provider Notes by Lukman Olufermi Telufusi, PA (continued)

3/2/2025 6:30 PM

- Smokeless tobacco: Not on file
- Substance Use Topics
 - Alcohol use: Not on file
 - Drug use: Not on file

CCNSR

MAR 04 2025

HSD

Review of Systems:

Review of Systems

Constitutional: Negative. Negative for activity change, appetite change, chills, diaphoresis and fever.

HENT: Negative.

Eyes: Negative. Negative for photophobia, discharge, redness, itching and visual disturbance.

Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, bowel incontinence, constipation, diarrhea, nausea and vomiting.

Endocrine: Negative.

Genitourinary: Negative for bladder incontinence, dysuria, flank pain, frequency, hematuria and pelvic pain.

Musculoskeletal: Positive for back pain and gait problem.

Skin: Negative. Negative for color change and wound.

Allergic/Immunologic: Negative.

Neurological: Positive for weakness and numbness. Negative for tingling and headaches.

Hematological: Negative.

Psychiatric/Behavioral: Negative.

Physical Exam:

Vitals and nursing note reviewed.

Constitutional:

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

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

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds. No murmur heard.

No friction rub. No gallop.

Pulmonary:

Signed ED Notes (continued)

MAR 04 2025

ED Provider Notes by Lukman Olufemi Telufusi, PA (continued)

HSD

3/2/2025 6:30 PM

Author: Lukman Olufemi Telufusi, PA Service: Emergency Medicine Author Type: Physician Assistant
Filed: 3/3/2025 6:07 AM Date of Service: 3/2/2025 6:30 PM Status: Cosign Needed
Editor: Lukman Olufemi Telufusi, PA (Physician Assistant)
Related Notes: Original Note by Lukman Olufemi Telufusi, PA (Physician Assistant) filed at 3/3/2025 6:03 AM
Cosign Required: Yes

History of Present Illness:**Chief Complaint:**

Patient presents with

- Back Pain^[LT.1]

.Steve Kaminczak is a 50 y.o. male with PMHx of HTN, Esophageal Constriction, G-Tube, Discitis, L3, L4, L5 Compression Fracture who presents to the Emergency Room with complaints of lower back pain. Patient reports that he has had lower back pain for about the past 7 weeks. Patient is a teacher. About a week ago, during a fire drill, he fell and landed on both knees. He noticed today while going to his car, that it was difficult for him to ambulate due to the pain. He had to recline his seat and allow his Tesla to drive him to the hospital. He describes the lower back pain as sharp and throbbing in nature. He also states that he has pain going down his right leg causing some numbness/tingling in right foot described as burning in nature. He cannot take as many steps as he previously could take. He denies bowel/bladder incontinence, loss of sensation in upper or lower extremities, chest pain, shortness of breath, difficulty breathing, fevers, chills.^[LT.2]

History provided by: Patient**Language interpreter used: No^[LT.1]****Back Pain^[LT.2]****Location: Lumbar spine****Radiates to: R foot****Pain severity: Moderate****Onset quality: Sudden****Timing: Constant****Progression: Worsening****Relieved by: Being still****Worsened by: Standing and movement****Ineffective treatments: Gabapentin.****Associated symptoms: leg pain, numbness and weakness****Associated symptoms: no abdominal pain, no bladder incontinence, no bowel incontinence, no chest pain, no dysuria, no fever, no headaches, no pelvic pain and no tingling****Patient History**

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

No family history on file.

Social History:**Tobacco Use**

- Smoking status: Unknown

CCMST

Signed ED Notes

MAR 04 2025

ED Provider Notes by Malini Randeep, PA

HSSD

3/2/2025 6:30 PM

Author: Malini Randeep, PA Service: Emergency Medicine Author Type: Physician Assistant
Filed: 3/3/2025 6:20 PM Date of Service: 3/2/2025 6:30 PM Status: Cosign Needed
Editor: Malini Randeep, PA (Physician Assistant) Cosign Required: Yes

Patient care excepted at 6 AM.

HPI: Briefly patient is a 50 years old with history of L3-L4-L5 compression fractures, history of discitis last week, status post treatment with daptomycin who is presenting with worsening pain, and weakness to right lower extremity. Pending MRI at this time to rule out discitis. According to checkout patient can be discharged if MRI is negative for discitis. Patient is ambulatory, and no complaints of saddle paresthesias or bowel/bladder incontinence. APP this report that patient was seen ambulating to the bathroom.

Assessment: Patient states that he needs something stronger for pain. Can ambulate but not as much as he did of a week ago.

MRI with and without contrast of the back pending^[MR.1]

1. Acute midline low back pain with right-sided sciatica^[MR.2]

1430: Spoke with the MRI rads, patient with Diskitis at L5-S1, unsure if that is chronic since that cannot be compared with the one in 11/24

Nsgy called at 1552, spoke with the resident, wants us to call back in an hour since he is doing an emergent procedure at this time^[MR.3]

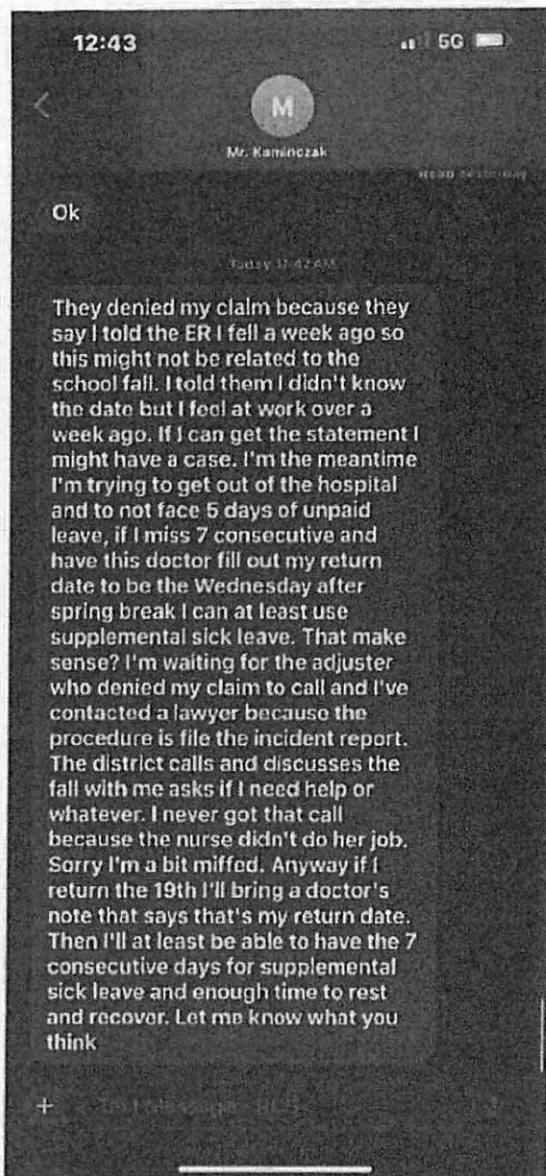
Spoke with the NSGY resident at 1700 hrs, will see the patient

Pending NSGY eval and dispo, care transferred to the resident Dr. Abbey Pastorelle at 1800 hrs^[MR.4]

Malini Randeep, PA
03/03/25 1820
[MR.5]

Attribution Key

- MR.1 - Malini Randeep, PA on 3/3/2025 8:33 AM
- MR.2 - Malini Randeep, PA on 3/3/2025 8:37 AM
- MR.3 - Malini Randeep, PA on 3/3/2025 3:54 PM
- MR.4 - Malini Randeep, PA on 3/3/2025 6:18 PM
- MR.5 - Malini Randeep, PA on 3/3/2025 6:20 PM



Sent from my iPhone

12:43

5G

M

Mr. Karmenczak

Infection

But I can see how they will deny it because it's been a month. Shrug. I'm doing my best not to impact my job

It was a pretty bad fall. They should look at the camera. Seth was the closest witness

I'm not aware the nurse even told Principal Bruce cause she never asked how I was doing or anything.

That doesn't bother me or anything. I didn't need coddling lol. But that big ass mat got flipped up when all those kids piled out that side door and caught my foot

I'll check on it tomorrow to see if we can help with anything. I doubt that she was aware bc I think she would have checked on you. Hopefully everything will work out and you will be good as new. Get some rest and let us know if you need anything.

Read Yesterday

Ok

Today 11:42 AM

They denied my claim because they say I told the ER I fell a week ago so this might not be related to the

+ To: [REDACTED] RCB

12:43

5G

M

Mr. Kaminczak

They were all ready to go in and scoop out out and put in metal rods this morning. I was game until they said 3 month recovery. If it fell under workman's comp maybe I could get it done but I doubt it would.

Yeah they said I'm risking a worse surgery by waiting

The surgeon said a fall definitely spread the MRSA so who knows

Who determines workman's comp?

I don't know. They gave me a claim number and adjuster and I left a message. The problem was I feel January 31. The nurse took me to her room asked me if I could teach and had me sign a paper. Never even asked if I was ok. She was supposed to send that incident report to HISD and they would have called me and probably suggested I get the MRI then. But I was already dealing with pain so thought I was probably all right not knowing I spread an infection

But I can see how they will deny it because it's been a month. Shrug. I'm doing my best not to impact my job

+ 1 reply 5:35 PM

12:43

5G

M

Mr. Karmenczak

I think it's feasible. I have temporary disability insurance but have no idea how that stuff works. My ex wife was the brains

Gotcha, I hope that they can get it under control. Did they give a timeline of feeling better or is it basically suffer each day until summer?

They lead me to believe it's going to be rough

And if I feel again there's a good chance I'll be paralyzed lol. I'm going to be a snail

Fell

The MRSA is in a pocket of my L5 and they said they couldn't just drain it. The risk of waiting is that now it's fractured more it's liable to infect and degenerate the disc

Jeez Louise! Man, I don't know the whole situation you are in but that scares the heck out of me.

If the disc degenerates doesn't that mean a more invasive surgery down the line like replacement disc or plates?

+ Text Message - RCS

12:43

5G

M

Mr. Kaminosak

Text Mr. Kaminosak - RCS
Yesterday 2:46PM

That's what the doctor said. I do pay for temporary disability insurance and will look into it but not today. I hope I can get discharged and at least work Friday. If they don't accept the workman's comp these are all days of unpaid leave which is going to hurt me.

Yesterday 2:52PM

I have to discharge in sight so will probably need sub tomorrow fyi

No problem, please let me know if you need anything. Any updates?

They know my plans. They'll put in a PICC line and I'll do Daptomycin once a day because they believe the MRSA was inside the bone when the new fractures happened. I'm not showing signs of infection but the MRI saw a pocket of fluid. I'll go home with that plan and a walker which let's me relieve the pressure to walk. Hopefully the inflammation does down and stops choking the nerve to let me walk normal again. Then just got to make it till summer if I still need the major surgery

I think it's feasible. I have temporary

+

12:43

5G

M

Mr. Kainczak

Yesterday 11:38 AM

How you feeling?

Sent as SMS

Still in hospital. They did a full scan of my spine and my pain is caused because trauma affected discitis and it became inflamed. That one doctor told me it could be treated with medicine and a neurosurgeon told me I needed surgery and that they could do it today. But there's a 3 month recovery time lol. I laughed and told him I can't afford to do that.

I'm do it in summer. I can walk fine with a walker. Which is goofy but whatever

I'll

When I fell the nurse was supposed to turn in that incident and stuff but she didn't

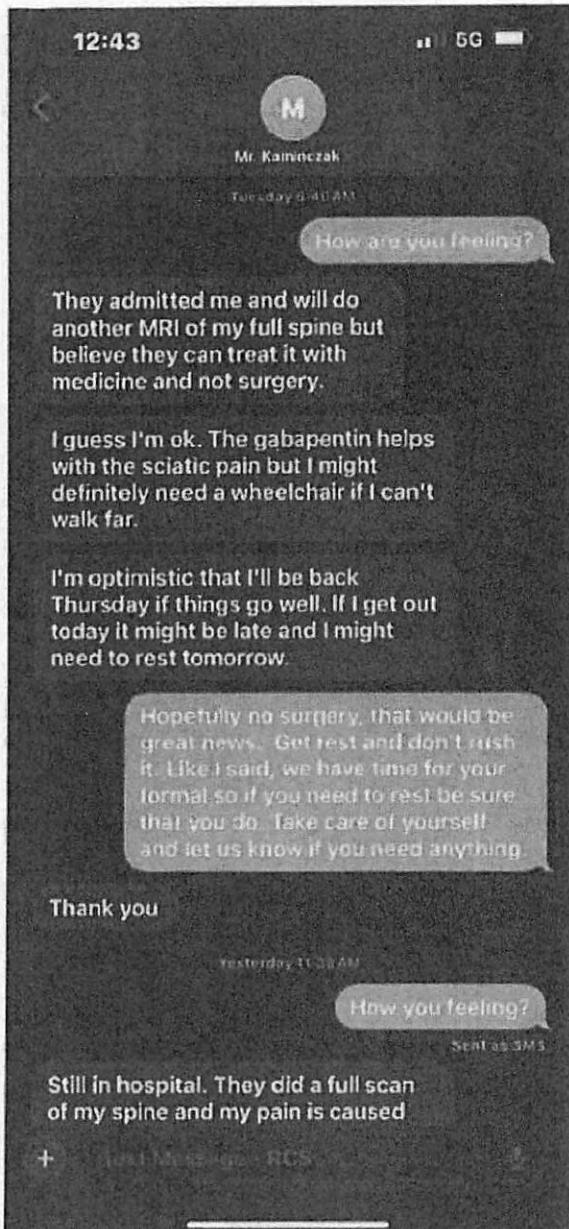
Text Message • SMS

Man, you should get that stuff taken care of. I know when I had multiple back surgery they said the longer I waited the more likely it was that I would have permanent damages.

Text Message • RCS
Yesterday 2:45 PM

+

MESSAGE RCS



12:43

5G

M

Mr. Kaminczak

Monday 6:50 PM

keeping you updated—doctors found new compression fractures and worsening osteoporosis, which they believe are linked to my fall at work. When I fell, I was asked to sign a form stating I didn't need help, so I'm unsure how to navigate this now. I'm still in the hospital and will need leave tomorrow. Could you advise me on how to proceed regarding this being a work-related issue?

They compared my initial MRI to today's and said that trauma most likely caused the new fractures and asked me if I fell.

Sorry to bother you. When I told them I fell at work they had me sign papers and said they would contact the school tomorrow. I didn't read the paper they made me sign after I fell but it hadn't affected me until now. Seth witnessed the fall and it happened during that fire drill. It was a pretty bad fall.

Tuesday 6:49 AM

How are you feeling?

They admitted me and will do another MRI of my full spine but ~~hollow~~ they can treat it with

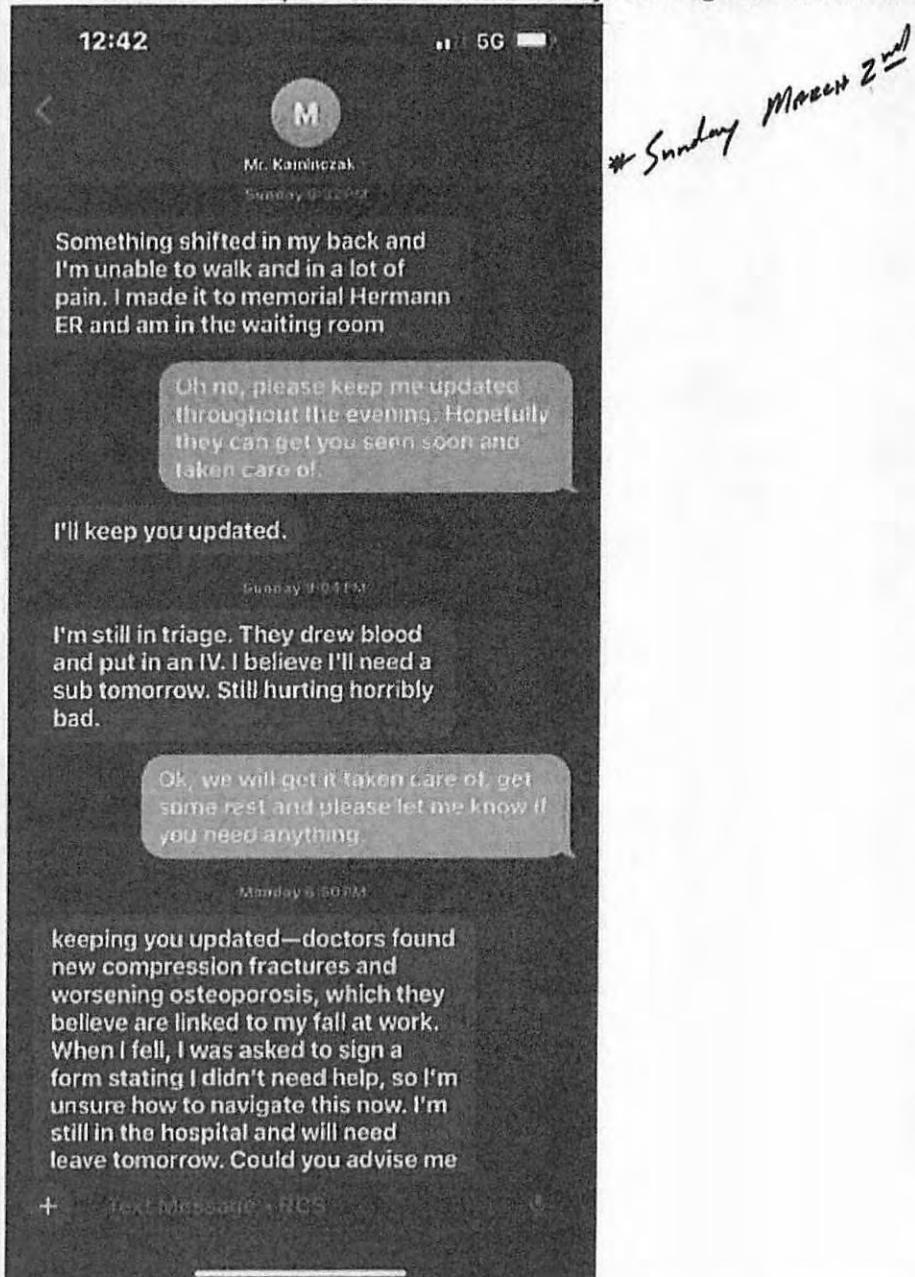
+ TREATMENT RECORDS

Mader, William V

From: Will Mader <wmader14@yahoo.com>
Sent: Thursday, March 6, 2025 1:01 PM
To: Mader, William V

CAUTION: This email originated from outside of Houston ISD.

Do not click links or open attachments unless you recognize the sender and know the content is safe.



4:12

5G

M

Mr. Kaminczak

Oh I hadn't realized it was a spot.
That's rough being the first class
with a new district lesson. But I did
aim to have it internalized. Thanks.



About half of that class speak no
English at all but are supposed to be
Advanced High. It's crazy.

Hey I called in to the front office m
yesterday really took it out of me. I
woke up late and it takes me forever
to get dressed and such cause of the
pain and such.

No problem, get some rest

Btw, I texted Sanders to forward the
lesson I sent her yesterday to the sub
but not sure it went through. If you
see her, my class is continuing to
write their essay and she can
forward the email I sent her for White
to my sub.

Ok thank you, let us know if you need
anything.

Sent from my iPhone

4:12

5G

M

Mr. Kainczak

Text Message • RCS
Tue, Feb 7 at 10:59 AM

I hope that went ok. It's tough to walk around but I tried to address misconceptions because I know these students know little about Western Eastern and such.

It was good. I'll have it submitted shortly.

Oh I hadn't realized it was a spot. That's rough being the first class with a new district lesson. But I did aim to have it internalized. Thanks.



About half of that class speak no English at all but are supposed to be Advanced High. It's crazy.

Tue, Feb 7 at 10:59 AM

Hey I called in to the front office m yesterday really took it out of me. I woke up late and it takes me forever to get dressed and such cause of the pain and such.

No problem, get some rest

Tue, Feb 7 at 10:59 AM

Btw, I texted Sanders to forward the lesson I sent her yesterday to the sub

+

MESSAGES RCS

4:11

5G

M

Mr. Karczak

Wed, Jan 28 at 1:12 PM

You wouldn't be on campus?

I am, how can I help you?

There any chance I could get a sub
for 4th and 5th and take leave? I still
have some. Testing really took it out
on me and I'm in a lot of pain.

Ok, Mrs. Vargas is working on it now.

Do you need help?



No.

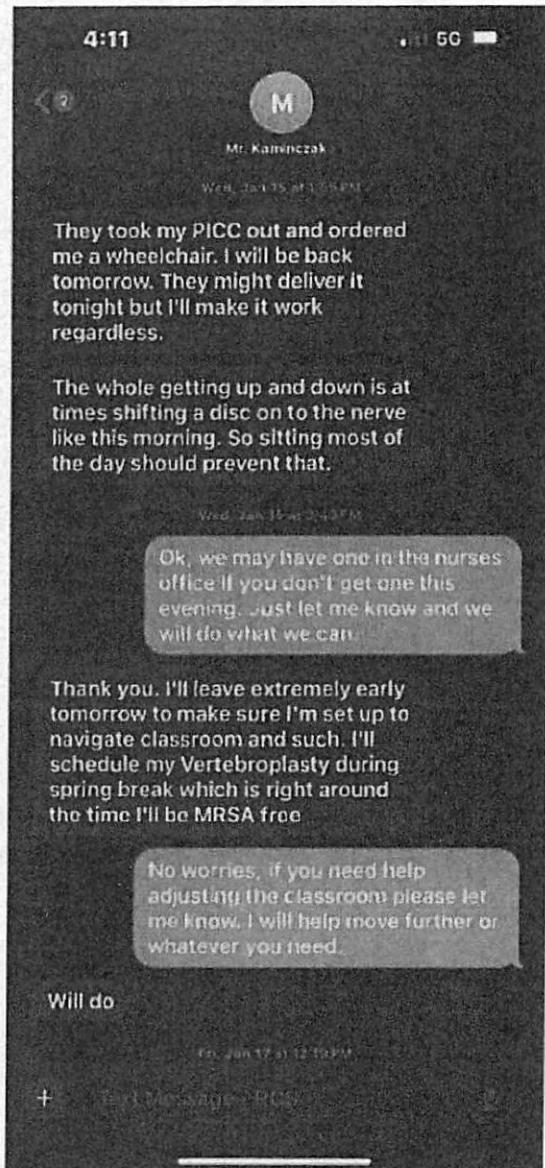
Thank you. I have lesson and
everything ready to go. My right foot
keeps hurting and going numb so I
will give my doc a call to touch base.
I wouldn't ask if I wasn't sweating
bullets lol/

Wed, Jan 29 at 1:17 AM



I'm doing so so much better today. I
had been wearing my brace wrong,
and way too high, so it was probably
pushing my discs out and onto the
sciatic nerve. Own worst enemy,
always.

+



4:10

5G

M

Mr. Kaminczak

unfähig tomorrow during my appointments, but I am hurting pretty bad and barely able to stand. Something is definitely crimped. I will request leave for the demo day if that is OK. I'll request it as FMLA leave as its related.

No problem, please let me know if you need anything

If you need the whole day for tomorrow please let me know and I will get coverage.

if possible i need this. this would allow me to try to grab another appointment or possibly to get an updated mri. the crimping started last night and has gradually gotten worse.

No problem, I will get you covered for the whole day tomorrow. If you need to leave earlier today let me know and we can split your class if we have to

no. its fine. just having to sit and lean ever so often. when the class shifts to 5th, i'll take off and put my brace on, as maybe i don't have it on straight

sit*

+ Tap to message HCP

4:10

5G

M

Mr. Kameczak

Fri, Jan 9 at 2:11 PM

I'll be able to stick it out the rest of the day and should be able to get through tomorrow until my appointments, but I am hurting pretty bad and barely able to stand. Something is definitely crimped. I will request leave for the demo day if that is OK. I'll request it as FMLA leave as its related.

No problem, please let me know if you need anything

If you need the whole day for tomorrow please let me know and I will get coverage.

If possible i need this, this would allow me to try to grab another appointment or possibly to get an updated mri. the crimping started last night and has gradually gotten worse.

No problem, I will get you covered for the whole day tomorrow. If you need to leave earlier today let me know and we can split your class if we have to

no, its fine, just having to sit and lean ever so often. when the class shifts to 5th, i'll take off and put my

+

4:09

5G

M

Mr. Kaminiczak

Thu, Oct 31 at 3:03 PM

They were trying to replace my g tube when it doesn't leak. I finally explained the situation to the surgeon so she ordered a swallow test which is why I went to doctor in first place. Appears food is going down. Last time I let the hospital make decisions for me and not vice versa I was 70 pounds at death's door and in hospice for 4 months. So they are discharging me. I'll be sore but back tomorrow. I tried to be brief. It's tough. Thanks for being so understanding.

Thu, Oct 31 at 3:17 PM

No problem. I am glad that everything went well. If anything changes or you need anything please don't hesitate to get some rest, you deserve it!

Fri, Nov 1 at 2:04 PM

Was under the assumption we're meeting in Sanders. Maybe it's a brain break before we meet. If the location has changed let me know. I've texted others to no avail.

Fri, Nov 1 at 8:03 AM

Can you swing by real quick? I locked

+ 1 new message → PC

4:08

5G

M

Mr. Kaminczak

Comvatec

Stomahesive®
Pad / Pads / Film

Protective Skin
Barrier & Fitter

Barrera Cutánea
Protectora De
Relleno

Barrière de
protection cutanée
et produit co-
rrosion résistant

Not sure why my cell phone wouldn't penetrate that restroom and I didn't mean to make anyone worry. Since the massive cramping from low potassium chloride my stomach simply contracts around the stoma and physics does it's thing. I've got a standing Friday at 5:30 appointment where I can figure out better how to prevent it and bought some of this which should arrive tomorrow. It's essentially epoxy for the g-tube stoma. I worked so much with my dad, a master plumber, that I seriously am buying JB weld for human skin in the mean time. So I'll be good tomorrow.

4:08

5G

M

Mr. Kaminczak

Wed Oct 22 at 2:04 PM

Convatec

Stomahesive[®]
Paste / Pasta / Pâte

Protective Skin
Barrier & Filler

Barrera Cutánea
Protectora De
Relleno

Barrière de
protection cutanée
et produit de
remplissage

Not sure why my cell phone wouldn't penetrate that restroom and I didn't mean to make anyone worry. Since the massive cramping from low potassium chloride my stomach simply contracts around the stoma and physics does it's thing. I've got a standing Friday at 5:30 appointment where I can figure out better how to prevent it and bought some of this which should arrive tomorrow. It's essentially epoxy for the g-tube stoma. I worked so much with my dad, a master plumber, that I

+ next to receive - RCS

4:07

5G

M

Mr. Kominczak

and I was able to get to work on time
and everything albeit was up all
night. In retrospect I'm deciding not
to send you the picture as well it
might be gross to some. ☺

Gtube is what popped out of my
stomach. It's basically how I get
medicine and some food in.

No problem. I am sorry to hear this.
Please keep me updated and let me
know if I can do anything.

It should be ok. Worst case scenario
is the stoma closes (heals) but
doctor is getting stuff together. I
dropped the thing on the floor and
they apparently don't agree to the 5
second rule so are going to put a new
one in. Hope your day is going well. I
was taping it up to go buy an iron so
please don't write me up for a
wrinkled shirt tomorrow.

;)

Well he popped a new one in and
waiting for X-ray so I probably
shouldn't have bothered you. See
you tomorrow.

No worries, you aren't a bother. Just
glad you're ok.

4:07

5G

M

Mr. Kaminczak

Sun Sep 15 at 4:22 PM

Just a quick heads up, my tube popped out and I'm at the closest ER where in theory they can pop it back in. The bubble of liquid is what holds it in. That's my stomach and I'm hoping you aren't eating dinner or anything. Very very sorry if it's too much. Once they place it they'll do a scan to make sure it functions and I should be good to go. I don't believe I'll need off or anything but if they admit me or something that would prevent my coming to work tomorrow I'll let you know ASAP. Just keeping you in the loop. This happened the night before training and I was able to get to work on time and everything albeit was up all night. In retrospect I'm deciding not to send you the picture as well it might be gross to some. 😊

Gtube is what popped out of my stomach. It's basically how I get medicine and some food in.

No problem. I am sorry to hear this. Please keep me updated and let me know if I can do anything.

It should be ok. Worst case scenario is the stoma closes (heals) but doctor is getting stuff together. I

+

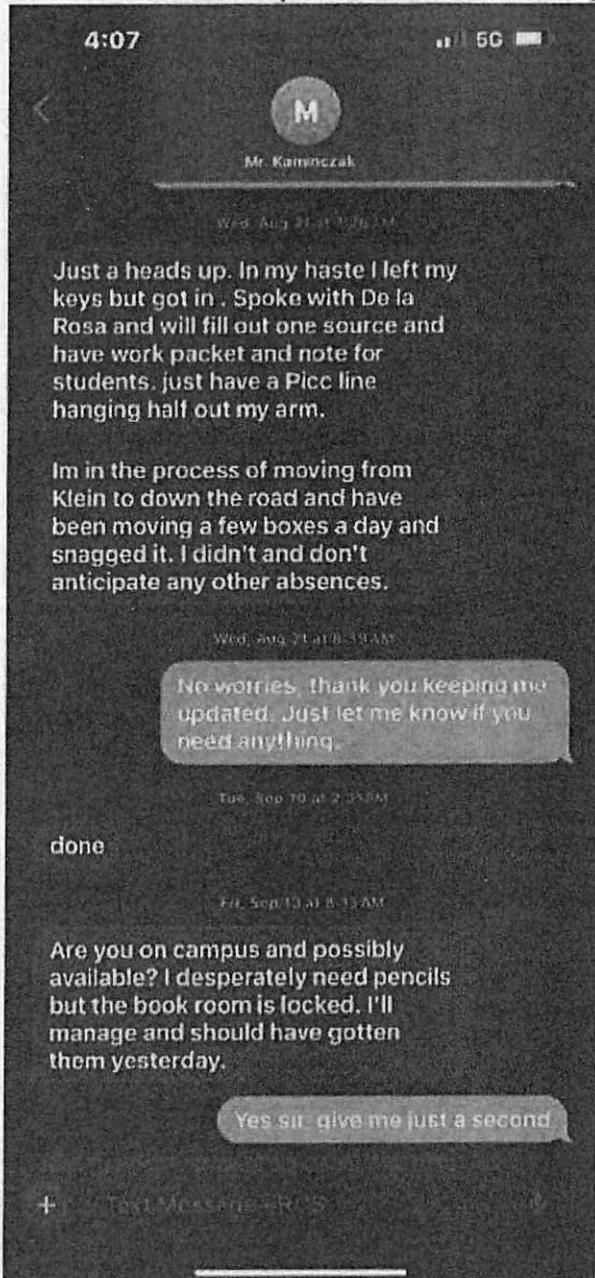
Text Message

Mader, William V

From: Will Mader <wmader14@yahoo.com>
Sent: Thursday, March 6, 2025 4:14 PM
To: Mader, William V

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Texas Department Of Insurance

Division of Workers' Compensation
Records Processing
7551 Metro Center Dr. Ste. 100 • MS-94
Austin, TX 78744-1609
(800) 252-7031 (512) 804-4378 fax www.tdc.texas.gov

DWC Claims

Carrier Claims

25F3Dm570202

E Send the completed form to this address:

Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC Form 041)

Claim for workers' compensation must be filed by the injured employee or by a person acting on the injured employee's behalf within one year of the date of injury or within one year from the date the injured employee knew or should have known the injury or disease may be work-related.

I. INJURED EMPLOYEE INFORMATION

Name (first, middle, last) Steve A. Kaminczak	Social Security Number 458-71-8171	Date of birth (mm/dd/yyyy) 05-28-1974
Address (street, city/town, state, zip code; county, country) 5740 San Felipe St. #627, Houston TX 77057		
Phone Number 979-436-5969	E-Mail address kaminczak@gmail.com	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Race / Ethnicity <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander		
Do you speak English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, specify language		
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input checked="" type="checkbox"/> Divorced		
Do you have an attorney or other representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of representative <i>Kenneth Dewart</i>		
Have you returned to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If returned to work, date returned (month/year) 03/19/2025	Work status <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Restricted	
Occupation at time of injury teacher	Date of hire (mm/dd/yyyy) 8/12/2019	
Hired or recruited in Texas <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pre-tax wages (at the time of injury) \$ 1283	Hourly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly

II. INJURY INFORMATION

I am reporting an <input checked="" type="checkbox"/> injury or <input type="checkbox"/> occupational disease	Date of injury (mm/dd/yyyy) 01/31/2025	Time of injury 9:15AM
First work day missed (mm/dd/yyyy) 02/07/2025	Date injury was reported to the employer (mm/dd/yyyy) 01/31/25	
Where did the injury occur? County Harris State TX Country USA		
If accident occurred outside of Texas, on what date did you leave Texas? (mm/dd/yyyy)		
Witness(es) to the injury (not to work) Seth Dewart		
Describe cause of injury or occupational disease, including how it is work related I have compression fractures in L3, L4, and L5. During a school fire drill, my foot got caught on the floor-mat and I fell completely to the ground on my left side. I did not realize the extent of the injury until I got an MRI. (I got an MRI in 12/2004 so can compare.) Key changes are: confirmation of discitis osteomyelitis with epidural phlegmon, worsening of L5 vertebral fracture from 20% to 30% height loss, and new inflammatory findings including peripheral enhancement and diffusion restriction not detected in the initial non-contrast MRI.		
Body part(s) affected by the injury		
If injury is the result of an occupational disease: 1. On what date was the employee first exposed to the cause of the occupational disease? (mm/dd/yyyy) 2. When did you first know occupational disease was work related? (mm/dd/yyyy)		

III. EMPLOYER INFORMATION (at the time of injury)

Employer name Houston ISD - Westbury HS	Employer address (street, city/town, state, zip code; county, city/zip) 11911 Chimney Rock Houston, TX 77031
Employer phone number 713-723-6015	Supervisor name W. Mader

MAR 24 2025

IV. DOCTOR INFORMATION

Name of treating doctor	Phone number
Address (street, city/town, state, zip code) Houston, Texas	
Name of workers' compensation health care network, if any	

Seth Dewart

03-20-25

Signature of injured employee or person filling out this form on behalf of injured employee.

Date

Printed name of injured employee or person filling out form on behalf of injured employee





TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
800-252-7031 | F: 512-804-4378 | TDI.texas.gov | @TexasTDI

NOTICE OF REPRESENTATION

I. GENERAL INFORMATION

1. Injured Employee's Name (Last, First, MI) Kaminczak, Steve A		
2. Injured Employee's Address (Street or PO Box, City, State, ZIP) 5740 San Felipe St, #627 Houston, TX 77057		
3. Injured Employee's Phone Number 979-436-5969	4. Date of Injury (mm/dd/yyyy) 01/31/2025	5. DWC Claim Number
6. Representative's Name* (Last, First, MI)		
7. Beneficiary's Address* (Street or PO Box, City, State, ZIP) CCMSI		
8. Beneficiary's Phone Number*	9. Beneficiary's SSN*	10. Beneficiary Type*
11. Insurance Carrier's Name MAR 24 2025		

*Beneficiary information only required when representing an individual in a death benefits claim.

II. REPRESENTATIVE INFORMATION

12. Representing: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Other	
13. Name (Last, First, MI) Shanahan Jennifer	14. Firm Name (if applicable) McNaughton & Shanahan PLLC
15. Address (Street or PO Box, City, State, ZIP) 2038 Lexington St. Houston, TX 77098	16. Attorney's Bar Card Number 24056331
17. Phone Number 713-522-3700	18. Fax Number 713-522-3701
19. Email Address (optional) jennifer@macshanlaw.com	

III. NOTICE OF REPRESENTATION

20. I represent the interests of the party indicated in Box 12. Please check the appropriate box (optional):

My representation began on: 3/24/25. I am not aware of any other person or attorney representing this party at this time.

My representation began on: _____ . I am aware that _____ was previously representing this party.

NOTE: Under Labor Code §401.011 a representative is a person, including an attorney, authorized by the division to assist or represent a claimant or carrier. Under 28 Texas Administrative Code (TAC) §150.3(a), a non-attorney representative may not receive a fee or remuneration either directly or indirectly from the claimant.

21. Claimant's Signature (optional) 	Date Signed 03-20-2025	For TDI Use Only
22. Representative's Signature 	Date Signed 3/24/25	

If you don't have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to www.OIEC.texas.gov or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

Making a false workers' compensation claim is a crime that may result in fines or prison.

A copy of this notice was sent to:

(continued from page 1)

not constitute a compensable injury. You have not provided, nor have we received, medical documentation to support that your current condition is related to your employment or to an injury or occupational disease that occurred due to the alleged incident of 01/30/2025. Per your recorded statement on 03/06/2025 you advised that you were already under the doctor's care for spinal compression fracture and osteomyelitis of the spine due to a preexisting MRSA infection prior to the fall at work. These conditions are considered to be pre-existing, personal, ordinary disease of life conditions that are not covered by workers' compensation insurance and is not a direct and natural result of a compensable injury.



Notice of Denial of Compensability/Liability and Refusal to Pay Benefits

Date: 03/14/2025

To: Steve Kaminczak
5740 SAN FELIPE ST APT 627
Houston TX, 77057

Re: Date of injury: 01/30/2025

Nature of injury: SPECIFIC INJURY - SPRAIN/STRAIN/TEAR

Notice of injury date: 03/04/2025

Part of body injured: LOWER EXTREMITIES - HIP(S)

Employee SSN: XXX-XX-8171

DWC claim #:

Carrier name/TPA name: Houston ISD c/o CCMSI

Carrier claim #: 25F30M1590202

Employer name: HOUSTON INDEPENDENT SCHOOL DISTRICT

Employer address, city, state, zip: 4400 West 18th Street HOUSTON TX, 77092

MR

We, Houston ISD c/o CCMSI, reviewed your workers' compensation claim. Based on the facts we have about your claim, we are not going to pay income or medical benefits.

We denied your claim because:

You did not suffer an "injury" or "occupational disease" as those terms are defined in the Texas Labor Code, Section 401.011. We do not dispute that an incident occurred, however, we do dispute that you sustained a compensable injury or occupational disease as a result of the incident. The existence of pain without a diagnosis of damage or harm to the physical structure of the body does (continued on page 2)

Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) disagree with this decision.

Adjuster's name: EVELYN SASSER

Phone (toll-free): 8332687800

Fax / email: 713-781-1879 esasser@ccmsi.com

If you would like to get letters by fax or email, send your fax number or email address to me:

If we are not able to resolve an issue after you contact me:

Call the Texas Department of Insurance, Division of Workers' Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from Houston ISD c/o CCMSI, and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers' Compensation. To ask for a conference, fill out a "Request to Schedule, Reschedule, or Cancel a Benefit Review Conference" form (DWC045) - www.tdi.texas.gov/forms/dwc/dwc045brc.pdf.



If you don't have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to www.OIEC.texas.gov or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

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DWC claim #:

Carrier name/TPA name: Houston ISD c/o CCMSI

Carrier claim #: 25F30M590202

Employer name: HOUSTON INDEPENDENT SCHOOL DISTRICT

Employer address, city, state, zip: 4400 West 18th Street HOUSTON TX, 77092

MR

We, Houston ISD c/o CCMSI, reviewed your workers' compensation claim. Based on the facts we have about your claim, we are not going to pay income or medical benefits.

We denied your claim because:

You did not suffer an "injury" or "occupational disease" as those terms are defined in the Texas Labor Code, Section 401.011. We do not dispute that an incident occurred, however, we do dispute that you sustained a compensable injury or occupational disease as a result of the incident. The existence of pain without a diagnosis of damage or harm to the physical structure of the body does (continued on page 2)

Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) disagree with this decision.

Adjuster's name: EVELYN SASSER

Phone (toll-free): 8332687800

Fax / email: 713-781-1879 esasser@ccmsi.com

If you would like to get letters by fax or email, send your fax number or email address to me.

If we are not able to resolve an issue after you contact me:

Call the Texas Department of Insurance, Division of Workers' Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from Houston ISD c/o CCMSI, and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers' Compensation. To ask for a conference, fill out a "Request to Schedule, Reschedule, or Cancel a Benefit Review Conference" form (DWC045) - www.tdi.texas.gov/forms/dwc/dwc045brc.pdf.



26. Number of days absent from work, not including the day of injury or the day of return to work

One day or less (work-related illness only) Two to seven days Eight days or more

27. Return-to-work date (mm/dd/yyyy)

28. Did the employee die? Yes No

Actual date or Expected date If yes, provide the date of death (mm/dd/yyyy)

Part 3: Employment information

29. Date of hire (mm/dd/yyyy) 08/12/2019	30. Occupation of injured employee	
31. Length of service in current position Years Months	32. Length of service in current occupation Years Months	
33. Employee payroll classification code 8868	34. Was the employee hired or recruited in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Rate of pay at this job \$ Hourly \$ 1807.00 Weekly	36. Full work week is Hours Days	37. Last paycheck was \$ 0.00 for Hours or Days
38. Is the employee an owner, partner, or corporate officer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 4: Employer information

39. Name and title of person completing form (first, middle, last, title) Kelsi Gage- WC SPECIALIST	40. Business name Houston Independent School District	
41. Business mailing address (street or P.O. box, city, state, ZIP code) 4400 W 18th St, Houston TX 77092	42. Phone number 713-556-9201	43. Email address
44. Business location (if different from mailing address)	45. Federal employer identification number 746001255	
46. Primary North American Industry Classification System (NAICS) code (six digits) 611110	47. Specific NAICS code (six digits)	48. Texas comptroller taxpayer number
49. Workers' compensation insurance carrier Houston Independent School District c/o CCMSI	50. Policy number WCE099094524	
51. Did you request accident prevention services in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, did you receive them? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 5: Certification

52. Certify with your signature:

I certify the information in this form is true and correct.

Signature Kelsi Gage- WC SPECIALIST

Date 03/05/2025





Employer's first report of injury or illness

Part 1: Injured employee information

1. Name (first, middle, last) Kaminczak, Steve		2. Address (street or PO box, city, state, ZIP code) 5740 SAN FELIPE ST APT 627 HOUSTON TX 77057		
3. Phone number 979-436-5969	4. Email address	5. Social Security number (XXX-XX-XXXX) XXX-XX-8171	6. Date of birth (mm/dd/yyyy) 05/28/1974	
7. Marital status		8. Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		
9. Spouse's name (first, middle, last)			10. Number of dependent children	
11. Does the employee speak English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, specify language				
12. Doctor's name (first, last)		13. Doctor's mailing address (street or PO box, city, state, ZIP code)		

Part 2: Injury information

14. Date of injury or illness (mm/dd/yyyy) 01/30/2025	15. Time of injury 09 : 15 <input checked="" type="checkbox"/> a.m. or <input type="checkbox"/> p.m.	16. First day absent from work (mm/dd/yyyy)
17. Supervisor's name (first, last) Bruce, Yolanda D		18. Date injury reported (mm/dd/yyyy) 01/30/2025
19. Nature of injury or illness (Examples: cut, burn, bruise, fracture, sprain, chemical burn. For more than one injury, list the most serious injury.) SPECIFIC INJURY - SPRAIN/STRAIN/TEAR		20. Body parts affected LOWER EXTREMITIES - HIP(S)

21. Describe in detail how and why the injury, illness, or death occurred (Include the events leading up to the injury or illness, state the actual injury, and list the reasons why the accident or injury occurred.)
Feet caught on floor mat, L hip

22. Reported cause of injury (Examples: overexertion due to lifting or pushing, slip, trip, fall.)
CAUGHT IN, UNDER OR BETWEEN - CAUGHT IN/BETWEEN

23. Was the employee doing their regular job? Yes No

24. Address and name of the location where the injury, exposure, or death occurred (business name, street or PO box, city, state, ZIP code)
Westbury High School, 11911 CHIMNEY ROCK, HARRIS, HOUSTON, TX 77035

25. List all witnesses (first, last names)



HISD HEALTH AND MEDICAL SERVICES
911 INCIDENT REPORT

Date/Time of Report: 1/24/25 Type of Injury:

School: Westbury High School Number:

Nurse: Regina Uyapt Number:

Student Name: _____ Male/Female: M

Student DOB: _____ Age: _____ Grade: _____

Parent(s) Name(s): _____

Parent(s) Address: _____

Home Phone: _____ Work Number: _____

Time/Place of Incident: B105 / Nurse Office

Incident: Kaminczak Steve EMS was called he was lethargic. When tying down O2 went down into the 80's. He stated he started new medication Empapentin that was an increase dose for herniated disk.

Students called me to come to Mr. Kaminczak's class because he wouldn't wake up so they assumed he passed out. Once in the classroom Mr. Kaminczak was talking and able to answer questions. Once in the office he kept falling asleep.

Current Condition: SD I moved him to the bed to lie down.

Report Taken By: Regina Uyapt



HOUSTON INDEPENDENT SCHOOL DISTRICT

Printed: 3/4/2025 1:00:13 PM

Initial Report

CCMSI Claim Number: 25F3QM590202 - Initial Report Number: 2014765204

Late Reason Code:

Send Narrative Report (NT):

Employee has New Employer:

Managed Care (No Network):

Does the Employee Speak English:

If No, Specify Language:

Race:

Ethnicity:

Number of Dependent Children:

Spouse's Name:

Was Employee doing his regular job?:

Worksite Location of Injury (stairs, dock, etc):

Was Employee hired or recruited in Texas?:

Length of Service In Current Position-Months:

Length of Service In Current Position-Years:

Length of Service In Occupation-Months:

Length of Service In Occupation-Years:

Last paycheck amount was: 0.00

Last Paycheck for (Hours):

Last Paycheck for (Days):

Full Work Week Hours:

Full Work Week Days:

Accident prevention service in the past 12 months:

If yes, did you receive them:

Supervisor's Name: Bruce, Yolanda D.

Phone number of the Supervisor: 7137236015

Email address of the Supervisor: YBRUCE

Owner, Partner or Corporate Office:

BRC Texas:

Original Claim Number:

History

Name: Kelsi Gage	Created: 3/4/2025 12:56:11 PM - Gage, Kelsi (HISD36)
Title:	
Phone: 713-556-9209	RPO Submitted: N/A
	Claim Submitted: - ()

HOUSTON INDEPENDENT SCHOOL DISTRICT**Initial Report****C C M S I** Claim Number: 25F30M590202 - Initial Report Number: 2014765204**Part of Body Injured Location Code 1:****Part of Body Injured Fingers/Toes Location Code 1:****Part of Body Injured Code 2:****Part of Body Injured Fingers/Toes Location Code 2:****Part of Body Injured Location Code 2:****Part of Body Injured Code 3:****Acceptance After Denial:****Claim Under Investigation:****Full (04) or Partial Denial (PD):****Full Denial Reason Narrative (04):****Full Denial Reason Code 1 (04):****Full Denial Reason Code 2 (04):****Full Denial Reason Code 3 (04):****Full Denial Reason Code 4 (04):****Full Denial Reason Code 5 (04):****Partial Denial Reason Narrative (PD):****Partial Denial Code (PD):****Send EP/ER for Emp. Paid Salary Period. (EP/ER):****Employer Paid Payment Amount (EP/ER): 0.00****Benefit Suspension Type (SX):****Return to Work Qualifier (SX):****Suspension Reason narrative (SX):****Change in Benefit Amount (CA):****Benefit Adjustment Code (CA):****Benefit Type Adjustment Code (CA):****Adjusted Amount (CA): 0.00****Compensable Death - no known beneficiaries (CD):****Place of Accident Address: 11911 Chimney Rock****Place of Accident City: Hou****Place of Accident State: TX****Place of Accident Zip: 77035****Place of Accident County:****Place of Accident Narrative:****Place of Accident Name:****Lump Sum Payment/Settlement Code:****TPD Rate: 0.00****SEB rate: 0.00**

HOUSTON INDEPENDENT SCHOOL DISTRICT**Initial Report**

CCMSI Claim Number: 25F3QM590202 - Initial Report Number: 2014765204

City: HOUSTON	State: TX	Zipcode: 77035
Intersection/Nonspecific:		County:
Driver's License Number: Issuing State:		
Accident Description: Feet caught on floor mat, L hip		
Claim Summary: Feet caught on floor mat, L hip		
Type of Compensation:		
Initial Medical Treatment:		

Witnesses**Group/Analysis Codes**

Workers Comp Code (Group1): WCA	Assault Claimed by Employee (Analysis1): No
	Assault Claim (CCMSI Use Only) (Analysis2):
	Location (Accident) (Analysis3): Westbury High School
	Network Status (CCMSI Use Only) (Analysis4):
	HISD NCCI Code (Analysis5): 8868 Professional Employees

Worker's Compensation

Lost Time: N	Date Last Worked:
Returned to Work:	
Returned to Light Duty Date:	Returned to Fulltime Date:
Employee Died Because of Accident: N	
Zipcode Injury Site: 77035	
Salary Continued in Lieu of Compensation: N	Full Wages Paid Day Injured: Y
Employment: Full Time	Hire Date: 8/12/2019
Rate of Pay: \$94,000.00 Annually	
Job Code: COLLEGE PROF EMPL/CLERICAL - 8868	Job Title (Carrier): NES ENG III/AP Teacher

State Specific Fields for TX

Email communication authorized?:
EDI Special Reporting Circumstances:
Report Update (02):
Data Change Description (use for 02 only):
1st Day of Disability (Date lost time began):

HOUSTON INDEPENDENT SCHOOL DISTRICT**Initial Report****C C M S I** Claim Number: 25F30M590202 - Initial Report Number: 2014765204

CCH - Reset:
CCH - Agreement reached:
D&O In favor of employer:
D&O In favor of claimant:
D&O split:
D&OAppealed:
BJO Offered/Accepted:
BJO Offered/Accepted Start date:
BJO Offered/Accepted End date:
BJO Rejected by EE:
BJO Rejected by EE Start date:
BJO Rejected by EE End date:
BJO Extended/Accepted:
BJO Extended/Accepted start date:
BJO Extended/Accepted end date:
BJO Extension Rejected by EE:
BJO Extension Rejected by EE Start Date:
BJO Extension Rejected by EE End Date:
Department Cannot Accommodate:
Department Cannot Accommodate Start Date:
Department Cannot Accommodate End Date:
Motor Vehicle Accident:
RPO:

Incident Information**Cause Code:** DAUGHT IN/BETWEEN- 425**Loss Type:** SPRAIN/STRAIN/TEAR - 112**Body Part:** HIP(S) - (51)**Additional Body Parts:****Harmful Object/Substance:****Date Reported:** 1/30/2025**State of Jurisdiction:** TX**Accident Location:** Employer**Incident Address:**

Address Line 1:	11911 CHIMNEY ROCK
Address Line 2:	



HOUSTON INDEPENDENT SCHOOL DISTRICT

Printed: 3/4/2025 1:00:13 PM

Initial Report

CCMSI Claim Number: 25F3QM590202 - Initial Report Number: 2014765204

General Information	
Department Type: HIGH SCHOOLS - F300015	Department Name: WESTBURY HIGH SCHOOL - 16
Date of Loss: 1/30/2025	Time of Loss: 09:15
Coverage Code: WG	Report Type: CLAIM

Claimant	
Name: Kamionczak, Steve	
Social Security Number: XXX-XX-8171	Employee ID: 139923
Physical Address: 5740 Sah Felipe #627 Houston, TX 77057	Home Phone: 979-436-5869 Work Phone: 713-723-8015
United States	
Mailing Address:	
Work Email: P00139923@HOUSTONISD.ORG	Other Email:
Date of Birth: 5/28/1974	Preferred Language:
Marital Status: Unknown	Gender: Male

Client Specific Fields for WC	
Change Network Status:	
Change Network Status Date:	
First Select Treating Physician Name:	
First Select Treating Physician Name Effective Date:	
Alternate Treating Dr. Request:	
Alternate Treating Dr. Request Effective Date:	
Specialist Approved:	
Specialist Approved Effective Date:	
PLN1 - date filed:	
PLN11 - date filed:	
PLN11 - reason filed beyond 60 days:	
BRC - Set:	
BRC - Agreement reached:	
BRC - Agreement reached:	
CCH - Set:	

**Houston Independent School District - Workers' Compensation
EMPLOYEE INJURY AND TREATMENT (EIT) FORM**

Please fax to Workers' Compensation at (713) 556-9224 or email to HISDWorkComp@houstonisd.org
If you have any questions, please call: 713-556-9200

Name (Last, First, M.I.) KAMINCAK, Steve		Gender <input type="radio"/> F <input checked="" type="radio"/> M
Home Phone Number 979-4365969	Cell Phone Number	Date of Birth 05-28-74
Current Mailing Address (Street or P.O. Box) 5740 SAN Felipe St #627		
City Houston	State TX	Zip Code 77057
County Harris		
Injured Employee's Job Title Teacher	Employee ID Number 139923	
Does the Employee Speak English? <input checked="" type="checkbox"/> YES <input type="radio"/> NO	If No, Specify Language	
Supervisor's Name	Supervisor's Phone Number	
List Witness Name(s), Job Title, and Phone Number		
Did the employee die? <input type="radio"/> YES <input checked="" type="radio"/> NO	Was employee doing his/her regular job? <input type="radio"/> YES <input checked="" type="radio"/> NO	

Date of Injury 1-30-25	Time of injury 9:15 <input checked="" type="radio"/> am <input type="radio"/> pm	
Date Reported 1-30-24	Date Lost Time Began	Return to work date
Department or Campus Where Accident or Illness Exposure Occurred Westbury HS		
Where did the injury/illness happen (classroom, hallway, cafeteria, etc.) Hallway exit door		
Street Address		
City	State	Zip Code
How did the Injury/Illness occur? Floor Mat had Flipped up and my foot got caught on it		
Injured Body Part(s) Left hip		

Was the employee transported by ambulance? <input type="radio"/> YES <input checked="" type="radio"/> NO	<i>If an ambulance was called, please call either number below:</i>	
	During business hours, call: 713-556-9200	After hours, call: 713-314-1470
Doctor, Clinic, or Hospital Name and Phone Number	Address of Doctor's Office, Clinic, or Hospital Injured Employee visited	

Name and Title of Person Completing Form (Must be Injured Employee's Supervisor/Nurse) Regina Wyatt	Telephone 713-723-6015	
Business Mailing Address 1911 Chimney Rock Rd		
City Houston	State TX	Zip Code 77035
X RCS	Date 1/20/25	
Supervisor/Nurse that completed form		

Do you wish to file for Assault Leave? Please understand that filing for Assault Leave means you must leave the campus and/or location and seek medical treatment for your injury. You cannot return to duty until you are released by your treating doctor. If you do not mark either Yes or No on the EIT form, we will presume that you do not wish to file for assault leave. You must file for assault leave within 30 calendar days from the date of the injury.

YES NO

TO WHOM IT MAY CONCERN: (1) I hereby authorize my health care providers to disclose protected health information to Houston ISD (Self-Insured) or its representative for the purpose of verifying, evaluating, and processing my workers' compensation claim. Although this authorization is not needed to obtain my medical records, I voluntarily sign it for the release of all medical, insurance, and billing records to expedite the handling of my claim. I understand that I have the right to revoke this authorization in writing at any time and the right to inspect or copy the information disclosed. This authorization shall expire when my workers' compensation claim ends. (2) I acknowledge I have received information that tells me how to get health care under the HISD WC 504 Provider Panel.		
--	--	--

X **Steve**

Injured Employee Signature

Date **1-30-24**

cc: Gilda Shanahan
MacNaughton & Shanahan, PLLC
Houston, TX

Via email: jennifer@macshanlaw.com



**Thornton
Biechlin
Reynolds
& Guerra**

San Antonio
Austin
Rio Grande Valley
Houston

Brandi M. Prejean
8708 S. Congress, Suite E500
Austin, Texas 78745
Telephone: 512-498-3253
Fax: 210-525-0666
Email: bprejean@thorntonfirm.com

May 20, 2025

Via Electronic Transfer
Texas Department of Insurance
Division of Workers' Compensation
Attn: Benefit Review Officer
Hearings Division
Austin, Texas

Re : DWC No. : 25218944
 Claim No. : 25F30M590202
 Claimant : Kaminczak, Steve
 Carrier : Houston ISD
 Employer : Houston ISD
 DOI : 1/30/2025
Our File No. : 04210/57584/BMP

Dear Benefit Review Officer:

Enclosed please find Carrier's Rule 141.4 filing and exchange of pertinent information attendant to its participation in the **Benefit Review Conference scheduled for May 29, 2025, at 9:15 a.m. via Zoom Meeting ID: 160-9095-6053**. Hereafter, Carrier will exchange pertinent information as it becomes available and/or as per requirements of the Texas Labor Code and Division Rules.

Enclosed please find the following (pages 1-108):

1. Employer documents
2. DWC documents
3. Screenshots of text messages
4. Medical Records – Memorial Hermann TMC

By copy of this letter, we are delivering a copy of the above documents to all interested parties.

Sincerely,

Brandi M. Prejean
Attorney for Houston ISD

BMP/pmg



Release of Information - Billing Department
Tax Id#: 74-1152597
www.memorialhermann.org/mhrelease

Invoice Date:
MHR No:
Portal Code:

04/28/2025
1350727
HGUY2M0H

Records will be shipped to:

MACNAUGHTON & SHANAHAN
2038 LEXINGTON ST
HOUSTON, TX 77098

MACNAUGHTON & SHANAHAN
2038 LEXINGTON ST
HOUSTON, TX 77098

Patient Name: KAMINCZAK, STEVE
Dates of Service: 03/03/2025 to 03/08/2025

Patient DOB: 05/28/1974
Claim No: AHH-MR

Description	Quantity	Units (\$)	Amount (\$)
No charge	391	0.0000	0.00
Total			0.00
Outstanding Amount			0.00

.....
X.....
Please return this portion of the invoice with payment.
To make a credit card payment access the requestor portal @
www.memorialhermann.org/mhrelease
Please allow 3 hours for updates to the portal
\$35 Fee for all returned checks.

MHR No:	1350727
Amount Due:	\$0.00
Amount Paid:	
Check No:	



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/6/2025

03/06/2025 - Appointment in Memorial Hermann-Texas Medical Center (X-ray)

Visit Information

Appointment Information

XR CHEST 1 V FOR PLACEMENT
3/6/2025 2:55 PM

Completed

Time	Provider	Department	Length
2:55 PM	TMC XR 1	TMC XR	15 min

Referral Provider: SAAB, OMAR NAJI SAAB
Enc Form Number: 3715110 Arrival Time: 2:54 PM

History

Made On:	3/6/2025 2:54 PM	By:	Saul Rodriguez	RIS
Checked In:	3/6/2025 2:54 PM	By:	Saul Rodriguez	ES
Remove Arr.:	3/7/2025 8:04 PM	By:	Ria Mari Mudanza, RN	MR
EOD Status:	3/10/2025 1:02 AM	By:	Cadence, Eod Processing	ES

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Kaminczak, Steve	1000061698 9	Inpatient	Billed	CCMSI - WC CCMSI

Guarantor Account (for Hospital Account #10000616989)

Name	Relation to Pt	Service Area	Active?	Acct Type
KS03022025hisd	Self	MHSA	Yes	Workers Comp

Address: 5740 San Felipe #627
Houston, TX 77057 Phone: 713-556-9200(O)

Coverage Information (for Hospital Account #10000616989)

F/O Payor/Plan	Precert #
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School	25F30M590202
Address	Phone
PO BOX 802082 DALLAS, TX 75380-2082	



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/6/2025

03/06/2025 - Appointment in Memorial Hermann-Texas Medical Center (X-ray) (continued)

Coding Summary***

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
10000616989 - KAMINCZAK,STEVE	CCMSI [700017]	None	10000612134
			10000616987

Admission Information

Arrival Date/Time:	03/02/2025 1454	Admit Date/Time:	03/02/2025 1830	IP Adm. Date/Time:	03/03/2025 2228
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Benjamin D Mouser, MD	Attending Provider:	Omar Naji Saab Saab, MD	Referring Provider:	Omar Naji Saab Saab, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/07/2025 2000	Left Against Medical Advice Or Discontinued Care	None	None	Memorial Hermann-Texas Medical Center (X-ray)

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

Code	Description	Comments
M54.41	Lumbago with sciatica, right side	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M46.26 [Principal]	Osteomyelitis of vertebra, lumbar region	Yes	No		Yes
K94.23	Gastrostomy malfunction	Yes	CC		Yes
I10	Essential (primary) hypertension	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture	Yes	CC		No
M46.27	Osteomyelitis of vertebra, lumbosacral region	Yes	No		No
M46.47	Discitis, unspecified, lumbosacral region	Yes	No		No
G89.29	Other chronic pain	Yes	No		No
Z53.29	Procedure and treatment not carried out because of patient's decision for other reasons	No	No		No
Z98.84	Bariatric surgery status	Exempt from POA reporting	No		No
Z86.14	Personal history of Methicillin resistant Staphylococcus aureus infection	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
540 [Billing] Description: OSTEOMYELITIS WITH CC	MS-DRG V42 (FY 2025)		1.2941	008	4			16,328.46
344	APR-DRG V40 (FY 2024)		1.1837	008	4	2	1	6,294.44



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/6/2025

03/06/2025 Appointment in Memorial Hermann-Texas Medical Center (X-ray) (continued)

Coding Summary*** (continued)

Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	Admission DRG	1.1837	008	4	2	1	0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	PPC DRG	1.1837	008	4	2	1	0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	PPC Admit DRG	1.1837	008	4			0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
540	TRICARE DRG (FY 2025)		1.1413	008	4			0.00
Description: OSTEOMYELITIS WITH CC								
540	MS-DRG V39 (FY 2022)		1.3016	008	4			0.00
Description: OSTEOMYELITIS WITH CC								



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/6/2025

03/06/2025 - Orders Only in Memorial Hermann-Texas Medical Center (6400 Medication Therapy & Wellness Clinic)

Reason for Visit

Visit Diagnosis [last edited by Ashley Long, PharmD on 3/6/2025 0906]

- Encounter for long-term (current) use of antibiotics (primary) [Z79.2]

Visit Information

Provider Information

Encounter Provider

Ashley Long, PharmD

Department

Name	Address	Phone	Fax
Memorial Hermann-Texas Medical Center (6400 Medication Therapy & Wellness Clinic)	6400 Fannin Street Suite 2210 Houston TX 77030-1521	713-704-2626	713-704-0993

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Other Orders

Outpatient Referral

Ambulatory referral to Pharmacy Medication Therapy And Wellness Clinic (Active) [232605317]

Electronically signed by: Ashley Long, PharmD on 03/06/25 0906

Status: Active

Ordering user: Ashley Long, PharmD 03/06/25 0906

Ordering provider: Charles Derwin Ericsson, MD

Authorized by: Charles Derwin Ericsson, MD

Ordering mode: Transcribed from paper

Frequency: Routine 03/06/25 -

Class: Incoming Referral

Quantity: 1

Diagnoses

Encounter for long-term (current) use of antibiotics [Z79.2]

Questionnaire

Question	Answer
Reason for referral	OPAT
OPAT	Drug Therapy Management
OPAT - Duration	Until end of OPAT course
Do you have an active collaborative practice agreement signed with the clinic?	Yes

Referral Details

Referred By	Referred To	Type	Priority
Charles Derwin Ericsson, MD 6431 Fannin St Ste 2112 Div of Infectious Disease Houston TX 77030 Phone: 832-325-7070 Fax: 713-512-2247	Diagnoses: Encounter for long-term (current) use of antibiotics Order: Ambulatory Referral To Pharmacy Medication Therapy And Wellness Clinic Pr Office/Outpatient New High Mdm 60 Minutes Reason: Continuity of Care	Tmc 6400 Medication Therapy & Wellness Clinic 6400 Fannin Street Suite 2210 Houston TX 77030-1521 Phone: 713-704-2626 Fax: 713-704-0993 Specialty: Medication Therapy Management	Consultation Routine

Indications



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/6/2025

03/06/2025 - Orders Only in Memorial Hermann-Texas Medical Center (6400 Medication Therapy & Wellness Clinic) (continued)

Other Orders (continued)

Encounter for long-term (current) use of antibiotics [Z79.2 (ICD-10-CM)]

03/06/2025 - Medication Therapy and Wellness (Medication Therapy and Wellness (MTW)): records until 3/8/2025

Episode Info

Type: Medication Therapy and Wellness	Status: Declined	Department: Tmc 6400 Medication Therapy & Wellness Clinic
Start Date: 3/6/2025	Enrollment Date: 3/6/2025	End Date: 3/10/2025
Declined Reason: Ineligible	Responsible Staff: TMC 6400 MEDICATION THERAPY & WELLNESS CLINIC OPAT	

Associated Visits

- 03/06/2025 - Medication Therapy and Wellness Enrollment in Memorial Hermann-Texas Medical Center (6400 Medication Therapy & Wellness Clinic)

Episode Support & Services Provided

Support & Services Provided	Start Date	End Date
OPAT	3/6/2025	3/10/2025

Continued Care and Services - Medication Therapy and Wellness Episode active from 3/6/2025 to 3/10/2025

There are no active outsourced providers for this episode.

Case Team

Staff	Relationship	Start Date	End Date	Last Reviewed
TMC 6400 MEDICATION THERAPY & WELLNESS CLINIC OPAT	—	3/6/2025	3/10/2025	—

Tasks

Task	Priority	Due	Responsible	Completed	Completed/Removed By	Decision
ORAT Follow-up call	—	3/17/2025	Tmc 6400 Medication-Therapy & Wellness-Clinic Opat	—	Ashley Long, PharmD	—

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Kaminczak, Steve
 MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
 Visit date: 3/4/2025

03/04/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI)

Visit Information

Appointment Information

MRI THORACIC SPINE W AND WO IV CONTRAST
 3/4/2025 6:00 PM

Completed

Time	Provider	Department	Length
6:00 PM	TMC MRI 4 3T GE	TMC MRI	60 min

Referral Provider: GOUTNIK, MICHAEL ALEXIS
 Enc Form Number: 3664531

Arrival Time: 5:05 PM

History

Made On:	3/4/2025 3:54 PM	By:	Juan Valenzuela	RIS
Checked In:	3/4/2025 5:05 PM	By:	Didio Vela	ES
Remove Arr.:	3/7/2025 8:04 PM	By:	Ria Mari Mudanza, RN	MR
EOD Status:	3/8/2025 1:01 AM	By:	Cadence, Eod Processing	ES

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Kaminczak, Steve	1000061698	Inpatient	Billed	CCMSI - WC CCMSI

Guarantor Account (for Hospital Account #10000616989)

Name	Relation to Pt	Service Area	Active?	Acct Type
KS03022025hisd	Self	MHSA	Yes	Workers Comp

Address: 5740 San Felipe #627
 Houston, TX 77057

Phone: 713-556-9200(O)

Coverage Information (for Hospital Account #10000616989)

F/O Payor/Plan	Precert #
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School	25F30M590202
Address: PO BOX 802082 DALLAS, TX 75380-2082	Phone

03/04/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI) (continued)

Coding Summary***

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
10000616989 - KAMINCZAK,STEVE	CCMSI [700017]	None	10000612134
			10000616987

Admission Information

Arrival Date/Time:	03/02/2025 1705	Admit Date/Time:	03/02/2025 1830	IP Adm. Date/Time:	03/03/2025 2228
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Benjamin D Mouser, MD	Attending Provider:	Omar Naji Saab Saab, MD	Referring Provider:	Michael Alexis Goutnik, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/07/2025 2000	Left Against Medical Advice Or Discontinued Care	None	None	Memorial Hermann-Texas Medical Center (MRI)

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

Code	Description	Comments
M54.41	Lumbago with sciatica, right side	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M46.26 [Principal]	Osteomyelitis of vertebra, lumbar region	Yes	No		Yes
K94.23	Gastrostomy malfunction	Yes	CC		Yes
I10	Essential (primary) hypertension	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture	Yes	CC		No
M46.27	Osteomyelitis of vertebra, lumbosacral region	Yes	No		No
M46.47	Discitis, unspecified, lumbosacral region	Yes	No		No
G89.29	Other chronic pain	Yes	No		No
Z53.29	Procedure and treatment not carried out because of patient's decision for other reasons	No	No		No
Z98.84	Bariatric surgery status	Exempt from POA reporting	No		No
Z86.14	Personal history of Methicillin resistant Staphylococcus aureus infection	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
540 [Billing] Description: OSTEOMYELITIS WITH CC	MS-DRG V42 (FY 2025)		1.2941	008	4			16,328.46
344	APR-DRG V40 (FY 2024)		1.1837	008	4	2	1	6,294.44



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/4/2025

03/04/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI) (continued)

Coding Summary*** (continued)

Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS							
344	APR-DRG V40 (FY 2024)	Admission DRG	1.1837	008	4	2	1
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS							
344	APR-DRG V40 (FY 2024)	PPC DRG	1.1837	008	4	2	1
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS							
344	APR-DRG V40 (FY 2024)	PPC Admit DRG	1.1837	008	4		
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS							
540	TRICARE DRG (FY 2025)		1.1413	008	4		0.00
Description: OSTEOMYELITIS WITH CC							
540	MS-DRG V39 (FY 2022)		1.3016	008	4		0.00
Description: OSTEOMYELITIS WITH CC							



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/4/2025

03/04/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI)

Visit Information

Appointment Information

MRI CERVICAL SPINE W AND WO IV CONTRAST
3/4/2025 5:00 PM

Completed

Time	Provider	Department	Length
5:00 PM	TMC MRI 4 3T GE	TMC MRI	60 min

Referral Provider: GOUTNIK, MICHAEL ALEXIS
Enc Form Number: 3664451

Arrival Time: 5:01 PM

History

Made On:	3/4/2025 3:53 PM	By:	Juan Valenzuela	RIS
Checked In:	3/4/2025 5:01 PM	By:	Didio Vela	ES
Remove Arr.:	3/7/2025 8:04 PM	By:	Ria Mari Mudanza, RN	MR
EOD Status:	3/8/2025 1:01 AM	By:	Cadence, Eod Processing	ES

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Kaminczak, Steve	1000061698	Inpatient	Billed	CCMSI - WC CCMSI

Guarantor Account (for Hospital Account #10000616989)

Name	Relation to Pt	Service Area	Active?	Acct Type
KS03022025hsd	Self	MHSA	Yes	Workers Comp

Address: 5740 San Felipe #627
Houston, TX 77057 Phone: 713-556-9200(O)

Coverage Information (for Hospital Account #10000616989)

F/O Payor/Plan	Precert #
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School	25F30M590202
Address	Phone
PO BOX 802082 DALLAS, TX 75380-2082	

03/04/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI) (continued)

Coding Summary***

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
10000616989 - KAMINCZAK,STEVE	CCMSI [700017]	None	10000612134
			10000616987

Admission Information

Arrival Date/Time:	03/02/2025 1701	Admit Date/Time:	03/02/2025 1830	IP Adm. Date/Time:	03/03/2025 2228
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Benjamin D Mouser, MD	Attending Provider:	Omar Naji Saab Saab, MD	Referring Provider:	Michael Alexis Goutnik, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/07/2025 2000	Left Against Medical Advice Or Discontinued Care	None	None	Memorial Hermann-Texas Medical Center (MRI)

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

Code	Description	Comments
M54.41	Lumbago with sciatica, right side	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M46.26 [Principal]	Osteomyelitis of vertebra, lumbar region	Yes	No		Yes
K94.23	Gastrostomy malfunction	Yes	CC		Yes
I10	Essential (primary) hypertension	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture	Yes	CC		No
M46.27	Osteomyelitis of vertebra, lumbosacral region	Yes	No		No
M46.47	Discitis, unspecified, lumbosacral region	Yes	No		No
G89.29	Other chronic pain	Yes	No		No
Z53.29	Procedure and treatment not carried out because of patient's decision for other reasons	No	No		No
Z98.84	Bariatric surgery status	Exempt from POA reporting	No		No
Z86.14	Personal history of Methicillin resistant Staphylococcus aureus infection	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
540 [Billing] Description: OSTEOMYELITIS WITH CC	MS-DRG V42 (FY 2025)		1.2941	008	4			16,328.46
344	APR-DRG V40 (FY 2024)		1.1837	008	4	2	1	6,294.44



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/4/2025

03/04/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI) (continued)

Coding Summary* (continued)**

Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
344	APR-DRG V40 (FY 2024)	Admission DRG	1.1837	008	4	2
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
344	APR-DRG V40 (FY 2024)	PPC DRG	1.1837	008	4	2
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
344	APR-DRG V40 (FY 2024)	PPC Admit DRG	1.1837	008	4	
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
540	TRICARE DRG (FY 2025)		1.1413	008	4	
Description: OSTEOMYELITIS WITH CC						
540	MS-DRG V39 (FY 2022)		1.3016	008	4	
Description: OSTEOMYELITIS WITH CC						



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/4/2025

03/04/2025 - Appointment in Larry D. Johnson Heart & Vascular Institute at Memorial Hermann-Texas Medical Center (Noninvasive Cardiology)

Visit Information

Appointment Information

TRANSTHORACIC ECHO COMPLETE
3/4/2025 12:20 AM

Completed

Time	Provider	Department	Length
12:20 AM	HVI ECHO SPECIALS PORTABLE	HVI NONINVASIVE CARDIOLOGY	60 min

Referral Provider: GOUTNIK, MICHAEL ALEXIS
Enc Form Number: 3640942

Arrival Time: 12:15 AM

History

Made On:	3/4/2025 12:15 AM	By:	Hang Cortes, RCS	RIS
Checked In:	3/4/2025 12:15 AM	By:	Hang Cortes, RCS	ES
Remove Arr.:	3/7/2025 8:04 PM	By:	Ria Mari Mudanza, RN	MR
EOD Status:	3/8/2025 1:01 AM	By:	Cadence, Eod Processing	ES

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Kaminczak, Steve	1000061698	Inpatient	Billed	CCMSI - WC CCMSI

Guarantor Account (for Hospital Account #10000616989)

Name	Relation to Pt	Service Area	Active?	Acct Type
KS03022025hsd	Self	MHSA	Yes	Workers Comp
Address	Phone			

5740 San Felipe #627
Houston, TX 77057

713-556-9200(O)

Coverage Information (for Hospital Account #10000616989)

F/O Payor/Plan	Precert #
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School	25F30M590202
Address	Phone
PO BOX 802082	
DALLAS, TX 75380-2082	

03/04/2025 - Appointment in Larry D. Johnson Heart & Vascular Institute at Memorial Hermann-Texas Medical Center (Noninvasive Cardiology) (continued)

Coding Summary***

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
10000616989 - KAMINCZAK,STEVE	CCMSI [700017]	None	10000612134 10000616987

Admission Information

Arrival Date/Time:	03/02/2025 0015	Admit Date/Time:	03/02/2025 1830	IP Adm. Date/Time:	03/03/2025 2228
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Benjamin D Mouser, MD	Attending Provider:	Omar Naji Saab Saab, MD	Referring Provider:	Michael Alexis Goutnik, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/07/2025 2000	Left Against Medical Advice Or Discontinued Care	None	None	Larry D. Johnson Heart & Vascular Institute at Memorial Hermann-Texas Medical Center (Noninvasive Cardiology)

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

Code	Description	Comments
M54.41	Lumbago with sciatica, right side	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M46.26 [Principal]	Osteomyelitis of vertebra, lumbar region	Yes	No		Yes
K94.23	Gastrostomy malfunction	Yes	CC		Yes
I10	Essential (primary) hypertension	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture	Yes	CC		No
M46.27	Osteomyelitis of vertebra, lumbosacral region	Yes	No		No
M46.47	Discitis, unspecified, lumbosacral region	Yes	No		No
G89.29	Other chronic pain	Yes	No		No
Z53.29	Procedure and treatment not carried out because of patient's decision for other reasons	No	No		No
Z98.84	Bariatric surgery status	Exempt from POA reporting	No		No
Z86.14	Personal history of Methicillin resistant Staphylococcus aureus infection	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
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Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/4/2025

03/04/2025 - Appointment in Larry D. Johnson Heart & Vascular Institute at Memorial Hermann-Texas Medical Center (Noninvasive Cardiology) (continued)

Coding Summary*** (continued)

540 [Billing]	MS-DRG V42 (FY 2025)	1.2941	008	4		16,328.46
Description: OSTEOMYELITIS WITH CC						
344	APR-DRG V40 (FY 2024)	1.1837	008	4	2	1
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
344	APR-DRG V40 (FY 2024) Admission DRG	1.1837	008	4	2	1
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
344	APR-DRG V40 (FY 2024) PPC DRG	1.1837	008	4	2	1
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
344	APR-DRG V40 (FY 2024) PPC Admit DRG	1.1837	008	4		0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS						
540	TRICARE DRG (FY 2025)	1.1413	008	4		0.00
Description: OSTEOMYELITIS WITH CC						
540	MS-DRG V39 (FY 2022)	1.3016	008	4		0.00
Description: OSTEOMYELITIS WITH CC						



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/3/2025

03/03/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI)

Visit Information

Appointment Information

MRI LUMBAR SPINE W AND WO IV CONTRAST
3/3/2025 10:45 AM

Completed

Time	Provider	Department	Length
10:45 AM	TMC MRI 2 3T PHILIPS	TMC MRI	60 min

Referral Provider: TELUFUSI, LUKMAN OLUFEMI
Enc Form Number: 3623898 Arrival Time: 10:47 AM

History

Made On:	3/3/2025 10:25 AM	By:	Yuriko Wynn	RIS
Checked In:	3/3/2025 10:47 AM	By:	Juan Valenzuela	ES
EOD Status:	3/7/2025 1:01 AM	By:	Cadence, Eod Processing	ES

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Kaminczak, Steve	1000061698 9	Inpatient	Billed	CCMSI - WC CCMSI

Guarantor Account (for Hospital Account #10000616989)

Name	Relation to Pt	Service Area	Active?	Acct Type
KS03022025hsd	Self	MHSA	Yes	Workers Comp
Address	Phone			

5740 San Felipe #627
Houston, TX 77057 713-556-9200(O)

Coverage Information (for Hospital Account #10000616989)

F/O Payor/Plan	Precert #
CCMSI/WC CCMSI	
Subscriber	Subscriber #
District, Houston Independent School	
Address	Phone
PO BOX 802082 DALLAS, TX 75380-2082	25F30M590202

03/03/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI) (continued)

Coding Summary***

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
10000616989 - KAMINCZAK,STEVE	CCMSI [700017]	None	10000612134
			10000616987

Admission Information

Arrival Date/Time:	03/02/2025 1047	Admit Date/Time:	03/02/2025 1830	IP Adm. Date/Time:	03/03/2025 2228
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Medicine	Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:	Benjamin D Mouser, MD	Attending Provider:	Omar Naji Saab Saab, MD	Referring Provider:	Lukman Olufemi Telufusi, PA

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/07/2025 2000	Left Against Medical Advice Or Discontinued Care	None	None	Memorial Hermann-Texas Medical Center (MRI)

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

Code	Description	Comments
M54.41	Lumbago with sciatica, right side	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M46.26 [Principal]	Osteomyelitis of vertebra, lumbar region	Yes	No		Yes
K94.23	Gastrostomy malfunction	Yes	CC		Yes
I10	Essential (primary) hypertension	Yes	No		No
D64.9	Anemia, unspecified	Yes	No		No
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture	Yes	CC		No
M46.27	Osteomyelitis of vertebra, lumbosacral region	Yes	No		No
M46.47	Discitis, unspecified, lumbosacral region	Yes	No		No
G89.29	Other chronic pain	Yes	No		No
Z53.29	Procedure and treatment not carried out because of patient's decision for other reasons	No	No		No
Z98.84	Bariatric surgery status	Exempt from POA reporting	No		No
Z86.14	Personal history of Methicillin resistant Staphylococcus aureus infection	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No

DRG Information

DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
540 [Billing] Description: OSTEOMYELITIS WITH CC	MS-DRG V42 (FY 2025)		1.2941	008	4			16,328.46
344	APR-DRG V40 (FY 2024)		1.1837	008	4	2	1	6,294.44



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Visit date: 3/3/2025

03/03/2025 - Appointment in Memorial Hermann-Texas Medical Center (MRI) (continued)

Coding Summary*** (continued)

Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	Admission DRG	1.1837	008	4	2	1	0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	PPC DRG	1.1837	008	4	2	1	0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
344	APR-DRG V40 (FY 2024)	PPC Admit DRG	1.1837	008	4			0.00
Description: OSTEOMYELITIS SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS								
540	TRICARE DRG (FY 2025)		1.1413	008	4			0.00
Description: OSTEOMYELITIS WITH CC								
540	MS-DRG V39 (FY 2022)		1.3016	008	4			0.00
Description: OSTEOMYELITIS WITH CC								

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)

Reason for Visit

Chief Complaint [last edited by Nicolai Harcrow, RN on 3/2/2025 1841]

- Back Pain

Visit Diagnoses [last edited by Didio Vela on 3/4/2025 1824]

- Acute midline low back pain with right-sided sciatica (primary) [M54.41]
- Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A]
- Discitis [M46.40]

Hospital Problems

Name	Code	Date Noted	Date Resolved	Present on Admission?	Last Updated By	Last Updated On
Acute midline low back pain with right-sided sciatica (primary)	M54.41	03/03/2025	—	Yes	Georges Israel Labaze, MD	03/03/2025 2228
Anemia, unspecified	D64.9	03/05/2025	—	No	Omar Naji Saab Saab, MD	03/05/2025 0716
Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)	S32.050A	03/04/2025	—	Yes	Omar Naji Saab Saab, MD	03/05/2025 0716
Discitis	M46.40	03/04/2025	—	Yes	Omar Naji Saab Saab, MD	03/05/2025 0716
History of MRSA infection	Z86.14	03/04/2025	—	Exempt from POA reporting	Bhrugesh Jogeshkumar Shah, MD	03/04/2025 0047
Hypertension	I10	03/04/2025	—	Yes	Omar Naji Saab Saab, MD	03/05/2025 0716
Malfunction of gastrostomy tube (CMS/HCC) (HCC)	K94.23	03/04/2025	—	Yes	Omar Naji Saab Saab, MD	03/05/2025 0716

Visit Information

Admission Information

Arrival Date/Time:	03/02/2025 1830	Admit Date/Time:	03/03/2025 0055	IP Adm. Date/Time:	03/03/2025 2228
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility Point Of Origin	Admit Category:	
Means of Arrival:	Car	Primary Service:	General Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	MH SERVICE AREA	Unit:	Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)
Admit Provider:	Benjamin D Mouser, MD	Attending Provider:	Ryan Drey Walsh, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Admit/Observation	—	Georges Israel Labaze, MD	Mon Mar 3, 2025 10:28 PM	Unit: TMC JONES 5 NEUROSCIENCE ACUTE CARE [10000059]

Discharge Information

Date/Time: 03/07/2025 2000	Disposition: Left Against Medical Advice Or Discontinued Care	Destination: —
Provider: Omar Naji Saab Saab, MD	Unit: Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)	

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Visit Information (continued)

Nabil Tannous Khoury, MD	Infectious Diseases, Internal Medicine		13219 Dotson Rd Ste 100 Houston TX 77070-4308 281-674-7812
Amy Ward Hamilton, PA	Physician Assistant, Internal Medicine	3 days	5834 Louetta Rd Ste F Houston TX 77379 832-698-4291
Nabil Tannous Khoury, MD	Infectious Diseases, Internal Medicine		13219 Dotson Rd Ste 100 Houston TX 77070-4308 281-674-7812

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Treatment Team

Provider	Service	Role	Provider Team	Specialty	From	To
Omar Naji Saab Saab, MD	General Medicine	Attending	—	Internal Medicine	03/05/25 0757	03/07/25 2000
Benjamin D Mouser, MD	General Medicine	Attending	—	Internal Medicine	03/03/25 2228	03/05/25 0757
Mary K Gorlick, MD	General Medicine	Attending	—	Emergency Medicine	03/03/25 2212	03/04/25 0431
Carolyn L Gardiner, MD	General Medicine	Attending	—	Emergency Medicine	03/03/25 1457	03/04/25 0431
Samuel David Luber, MD	General Medicine	Attending	—	Emergency Medicine	03/03/25 0623	03/03/25 1457
Zoe Renee Fisher, MD	General Medicine	Attending	—	Emergency Medicine	03/03/25 0508	03/03/25 0623
Eric J Power, MD	General Medicine	Attending	—	Emergency Medicine	03/03/25 0154	03/03/25 0508
Ryan Drey Walsh, MD	General Medicine	Attending	—	Emergency Medicine	03/02/25 1835	03/02/25 1835
Victoria Brooks, LMSW	General Medicine	Social Worker	—	Social Services	03/10/25 0800	04/21/25 1615
Ria Mari Mudanza, RN	General Medicine	Charge Nurse	—	Nursing	03/07/25 1953	—
Christian Elizondo, RN	General Medicine	Registered Nurse	—	Nursing	03/07/25 1900	03/07/25 1948
Addison Bertrand, RD	General Medicine	Dietitian	—	Nutrition	03/07/25 0900	03/07/25 1900
Victoria Brooks, LMSW	General Medicine	Social Worker	—	Social Services	03/07/25 0840	03/07/25 1810
Victoria Brooks, LMSW	General Medicine	Social Worker	—	Social Services	03/07/25 0838	03/07/25 0839
Shaniya Polk, RN	General Medicine	Registered Nurse	—	Nursing	03/07/25 0819	03/07/25 1954
Nguyet Anh Bao Tran	General Medicine	Utilization Reviewer	—	Case Management	03/07/25 0811	03/07/25 1633
Dianne Summerlin, RN	General Medicine	Case Manager	—	Case Management	03/07/25 0800	03/07/25 1830
Kimberly Jaquez	General Medicine	Patient Care Technician	—	—	03/07/25 0720	—
Betsy Mirabales Zayas, RN	General Medicine	Charge Nurse	—	Nursing	03/07/25 0630	04/21/25 2000
Ria Mari Mudanza, RN	General Medicine	Charge Nurse	—	Nursing	03/06/25 2011	03/07/25 0911
Annmaria George, RN	General Medicine	Registered Nurse	—	Nursing	03/06/25 1900	03/07/25 0707
Shabri Worthey, LMSW	General Medicine	Social Worker	—	Social Services	03/06/25 0902	03/06/25 1632
Addison Bertrand, RD	General Medicine	Dietitian	—	Nutrition	03/06/25 0900	03/06/25 1900
Nguyet Anh Bao Tran	General Medicine	Utilization Reviewer	—	Case Management	03/06/25 0808	03/06/25 1630
Dianne Summerlin, RN	General Medicine	Case Manager	—	Case Management	03/06/25 0800	03/06/25 1830
Shaniya Polk, RN	General Medicine	Registered Nurse	—	Nursing	03/06/25 0645	03/06/25 1926
Betsy Mirabales Zayas, RN	General Medicine	Charge Nurse	—	Nursing	03/06/25 0630	03/06/25 2007
Victoria Arend,	Physical	Physical	—	Physical	03/06/25 0554	—

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Treatment Team (continued)

PTA	Medicine and Rehabilitation	Therapy Assistant	Therapy		
Ria Mari Mudanza, RN	General Medicine	Charge Nurse	—	Nursing	03/05/25 1932 03/06/25 0832
Annmaria George, RN	General Medicine	Registered Nurse	—	Nursing	03/05/25 1900 03/06/25 0728
Dianne Summerlin, RN	General Medicine	Case Manager	—	Case Management	03/05/25 0912 03/05/25 1830
Addison Bertrand, RD	General Medicine	Dietitian	—	Nutrition	03/05/25 0900 03/05/25 1900
Shabri Worthey, LMSW	General Medicine	Social Worker	—	Social Services	03/05/25 0841 03/06/25 0850
Nguyet Anh Bao Tran	General Medicine	Utilization Reviewer	—	Case Management	03/05/25 0810 03/05/25 1629
Isoken Iyamu, RN	General Medicine	Registered Nurse	—	Nursing	03/05/25 0732 03/06/25 0146
Phinessa Iluis, RN	General Medicine	Charge Nurse	—	Nursing	03/04/25 1929 03/05/25 1031
Joseph Gitahi, RN	General Medicine	Registered Nurse	—	Nursing	03/04/25 1911 03/05/25 0709
Karl M Schmitt, MD	Neurology	Surgeon	—	Neurosurgery	03/04/25 1447 —
Anne Nolte, RN	General Medicine	Case Manager	—	Case Management	03/04/25 1003 03/07/25 1035
Addison Bertrand, RD	General Medicine	Dietitian	—	Nutrition	03/04/25 0900 03/04/25 1900
Shabri Worthey, LMSW	General Medicine	Social Worker	—	Social Services	03/04/25 0835 03/05/25 0841
Sydney Reliford	General Medicine	Patient Care Technician	—	—	03/04/25 0834 03/04/25 2234
Nguyet Anh Bao Tran	General Medicine	Utilization Reviewer	—	Case Management	03/04/25 0802 03/04/25 1720
Isoken Iyamu, RN	General Medicine	Registered Nurse	—	Nursing	03/04/25 0750 03/05/25 0204
Shannon Sudrla, OT	Physical Medicine and Rehabilitation	Occupational Therapist	—	Occupational Therapy	03/04/25 0636 04/21/25 1613
Sarah Williams, PT	Physical Medicine and Rehabilitation	Physical Therapist	—	Physical Therapy	03/04/25 0619 03/06/25 0636
Isatu Kamara	General Medicine	Patient Care Technician	—	—	03/04/25 0539 03/04/25 0909
Altamish Faiaz Daredia, MD	General Medicine	Resident	—	Emergency Medicine	03/03/25 2213 03/04/25 0431
Julian Malone, RN	General Medicine	Registered Nurse	—	Emergency Medicine	03/03/25 1935 03/04/25 0431
Daine Joseph, RN	General Medicine	Registered Nurse	—	Nursing	03/03/25 1900 03/04/25 1000
Abbey Lauren Pastorelle, MD	General Medicine	Resident	—	Emergency Medicine	03/03/25 1806 03/03/25 2213
Gerardo Salazar, RN	General Medicine	Registered Nurse	—	Nursing	03/03/25 0711 03/03/25 1926
Madisyn Nall, RN	General Medicine	Registered Nurse	—	Nursing	03/03/25 0621 03/03/25 0710
Malini Randeep, PA	General Medicine	Physician Assistant	—	Physician Assistant	03/03/25 0611 03/03/25 1817
Lukman	General	Physician	—	Physician	03/03/25 0202 03/03/25 0611

MEMORIAL HERMANN®

Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Treatment Team (continued)

Olufemi
Telufusi, PA

Medicine

Assistant

Assistant

Events

ED Arrival at 3/2/2025 1830

Unit: Memorial Hermann-Texas Medical Center (Emergency)
User: Xiomara Mendez

ED Roomed at 3/3/2025 0055

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: DECK
User: McKenzie Ermis, EMT Patient class: Emergency

Transfer Out at 3/3/2025 0143

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: DECK
User: Madeline Kotarski, RN Patient class: Emergency

Transfer In at 3/3/2025 0143

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: DECK
User: Madeline Kotarski, RN Patient class: Emergency

ED Transfer at 3/3/2025 0615

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: EC53
User: Madeline Kotarski, RN Patient class: Emergency

ED Transfer at 3/3/2025 1136

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: MOVF
User: Gerardo Salazar, RN Patient class: Emergency

ED Transfer at 3/3/2025 1438

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: EC52
User: Gerardo Salazar, RN Patient class: Emergency

Transfer In at 3/4/2025 0417

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: Off The Floor - Pool
User: Julian Malone, RN Patient class: Inpatient

ED Transfer at 3/4/2025 0417

Unit: Memorial Hermann-Texas Medical Center (Emergency) Room: Off The Floor - Pool
User: Julian Malone, RN Patient class: Inpatient

Transfer In at 3/4/2025 0431

Unit: Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) Room: J5.501
User: Toina Elzie Patient class: Inpatient

Admit from ED at 3/4/2025 0431

Unit: Memorial Hermann-Texas Medical Room: J5.501
User: Toina Elzie Bed: J5.501

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**Events (continued)**

Center (Jones 5 Neuroscience Acute Care)
User: Toina Elzie

Patient class: Inpatient

Discharge at 3/7/2025 2000

Unit: Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)
User: Ria Mari Mudanza, RN

Room: J5.501

Bed: J5.501

Patient class: Inpatient

Medication List**Medication List**

① This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after-visit summary.

Prior To Admission

Medications last reviewed by Benjamin D Mouser, MD on 3/4/2025 2023

gabapentin (Neurontin) 800 MG tablet [reconciled by Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 0058]

Discontinued by: Omar Naji Saab Saab, MD Discontinued on: 3/7/2025

Instructions: Take 1 tablet by mouth in the morning and 1 tablet in the evening.

Entered by: Bhrugesh Jogeshkumar Shah, MD Entered on: 3/4/2025

Start date: 2/22/2025

losartan (Cozaar) 50 MG tablet [reconciled by Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 0058]

Discontinued by: Omar Naji Saab Saab, MD Discontinued on: 3/7/2025

Instructions: Take 50 mg by mouth 1 time each day.

Entered by: Bhrugesh Jogeshkumar Shah, MD Entered on: 3/4/2025

Start date: 12/30/2024

DULoxetine (Cymbalta) 30 MG DR capsule [reconciled by Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 0058]

Discontinued by: Omar Naji Saab Saab, MD Discontinued on: 3/7/2025

Instructions: Take 1 capsule by mouth 1 time each day.

Entered by: Bhrugesh Jogeshkumar Shah, MD Entered on: 3/4/2025

Start date: 2/22/2025

LORazepam (Ativan) 1 MG tablet [reconciled by Kiara Lewis, CPhT on 3/4/2025 1540]

Instructions: Take 1 mg by mouth daily as needed.

Entered by: Kiara Lewis, CPhT Entered on: 3/4/2025

amphetamine-dextroamphetamine (Adderall) 30 MG tablet [reconciled by Kiara Lewis, CPhT on 3/4/2025 1540]

Instructions: Take 30 mg by mouth in the morning and 30 mg in the evening.

Entered by: Kiara Lewis, CPhT Entered on: 3/4/2025

clindamycin (Cleocin) 300 MG capsule [patient reported]

Discontinued by: Omar Naji Saab Saab, MD Discontinued on: 3/7/2025

Reason for discontinuation: Stop taking at discharge

Instructions: Take 300 mg by mouth in the morning and 300 mg at noon and 300 mg in the evening.

Entered by: Kiara Lewis, CPhT Entered on: 3/4/2025

End date: 3/7/2025

Discharge Medication List

Medications last reviewed by Benjamin D Mouser, MD on 3/4/2025 2023

LORazepam (Ativan) 1 MG tablet [reconciled by Kiara Lewis, CPhT on 3/4/2025 1540]

Instructions: Take 1 mg by mouth daily as needed.



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication List (continued)

Entered by: Kiara Lewis, CPhT

Entered on: 3/4/2025

amphetamine-dextroamphetamine (Adderall) 30 MG tablet [reconciled by Kiara Lewis, CPhT on 3/4/2025 1540]

Instructions: Take 30 mg by mouth in the morning and 30 mg in the evening.

Entered by: Kiara Lewis, CPhT

Entered on: 3/4/2025

Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection

Instructions: 3 mL by Intracatheter route if needed for line care. After each dose or daily if not used.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/6/2025

Start date: 3/6/2025

End date: 4/5/2025

heparin flush 100 units/mL solution

Instructions: 3 mL by Intracatheter route if needed for line care. After each dose or daily if not used.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/6/2025

Start date: 3/6/2025

End date: 4/5/2025

sodium chloride (NS) 0.9 % flush

Instructions: 10 mL by Intracatheter route if needed for line care. Before and after each dose or daily if not used.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/6/2025

Start date: 3/6/2025

End date: 4/5/2025

sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg

Instructions: Infuse 600 mg at 224 mL/hr over 30 minutes into a venous catheter 1 time each day at the same time for 10 days.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/6/2025

Start date: 3/6/2025

End date: 3/16/2025

DULoxetine (Cymbalta) 60 MG DR capsule

Instructions: Take 1 capsule by mouth 1 time each day.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

Quantity: 30 capsule

Refill: No refills remaining

gabapentin (Neurontin) 600 MG tablet

Instructions: Take 2 tablets by mouth in the morning and 2 tablets at noon and 2 tablets in the evening.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

Quantity: 180 tablet

Refill: No refills remaining

losartan (Cozaar) 100 MG tablet

Instructions: Take 1 tablet by mouth 1 time each day.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

Quantity: 30 tablet

Refill: No refills remaining

acetaminophen (Tylenol) 500 MG tablet

Instructions: Take 2 tablets by mouth every 6 hours.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

End date: 4/6/2025

Quantity: 30 tablet

Refill: No refills remaining

ibuprofen 800 MG tablet

Instructions: Take 1 tablet by mouth every 8 hours if needed for mild pain (1-3) or headaches for up to 10 days.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

End date: 3/17/2025

Quantity: 30 tablet

Refill: No refills remaining

melatonin 3 MG tablet



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)

Medication List (continued)

Instructions: Take 2 tablets by mouth as needed at bedtime for sleep.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

End date: 4/6/2025

Quantity: 30 tablet

Refill: No refills remaining

methocarbamol (Robaxin) 500 MG tablet

Instructions: Take 1 tablet by mouth every 6 hours for 15 days.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

Quantity: 60 tablet

Refill: No refills remaining

polyethylene glycol, PEG, 3350 (Miralax) 17 g packet

Instructions: Take 17 g by mouth 1 time each day for 3 days.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/8/2025

End date: 3/11/2025

Quantity: 3 packet

Refill: No refills remaining

oxyCODONE (Roxicodone) 10 MG immediate release tablet

Instructions: Take 1 tablet by mouth every 6 hours if needed for severe pain (7-10) for up to 5 days.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

End date: 3/12/2025

Quantity: 12 tablet

Refill: No refills remaining

sennosides (Senokot) 8.6 MG tablet

Instructions: Take 2 tablets by mouth at bedtime.

Authorized by: Omar Naji Saab Saab, MD

Ordered on: 3/7/2025

Start date: 3/7/2025

End date: 4/6/2025

Quantity: 60 tablet

Refill: No refills remaining

Stopped in Visit

Medications last reviewed by Benjamin D Mouser, MD on 3/4/2025 2023

clindamycin (Cleocin) 300 MG capsule [patient reported]

Discontinued by: Omar Naji Saab Saab, MD

Discontinued on: 3/7/2025

Reason for discontinuation: Stop taking at discharge

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note****ED Provider Notes by Ryan Drey Walsh, MD at 3/2/2025 1830**

Author: Ryan Drey Walsh, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 3/2/2025 11:39 PM	Date of Service: 3/2/2025 6:30 PM	Status: Signed
Editor: Ryan Drey Walsh, MD (Physician)		

MEDICAL SCREENING EXAMINATION PROVIDER NOTE

I evaluated and initiated the medical screening examination of patient Steve Kaminczak.

I have reviewed the patient's medical history, current medication, and allergies

BP (!) 174/96 | Pulse 93 | Temp 36.7 °C (98.1 °F) | Resp 17 | Ht 1.753 m (5' 9") | Wt 74.8 kg (165 lb) | SpO2 100% | BMI 24.37 kg/m²

Key Symptoms and Findings**Vitals:**

	03/02/25 1835	03/02/25 1835	03/02/25 1836	03/02/25 1841
BP:	(!) 174/96			
Pulse:		93		
Resp:			17	
Temp:	36.7 °C (98.1 °F)			
TempSrc:		Oral		
SpO2:		100%		
Weight:			74.8 kg (165 lb)	
Height:				1.753 m (5' 9")

CC: [RW.1T] chronic back pain, discitis, here for eval of worsening back pain, difficulty ambulating. No fevers, vomitng, saddle anesthesia, incontinence. [RW.1M]

Past Medical History: [RW.1T] above [RW.1M]

Surgical History: [RW.1T] As above [RW.1M]

Social: Denies smoking, ETOH, other drug use. Denies recent travel and sick contacts

Allergies: NKDA

Steve Kaminczak is a 50 y.o. male who presents to ED with a c/o Back Pain

Denies: fevers, chills, headache, syncopal episodes, chest pain, shortness of breath, cough, NVD, abdominal pain, urinary symptoms, bowel changes, lower extremity edema.

PHYSICAL EXAM:

Steve Kaminczak appears non-toxic. Alert. NAD A/Ox3. [RW.1T] Lower extrmeity strength 4+/5 bilaterall. [RW.1M]

Pulm: CTAB, no RRWs.

Cardio: RRR, no MRGs.

Abdomen: +NABS, soft, NTND

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)****ASSESSMENT:**^[RW.1T]

Labs ordered, pain meds ordered, would benefit from medicine bed^[RW.1M]

DIAGNOSIS:

No diagnosis found.

PLAN:^[RW.1T]

1. Med bed^[RW.1M]
- 2.

Labs Reviewed**COMPREHENSIVE METABOLIC PANEL -****Abnormal**

Result	Value
Sodium Lvl	131 (*)
Potassium Lvl	3.8
Chloride Lvl	98
CO2 Lvl	30.2
Anion Gap	6.6 (*)
Glucose Lvl	101 (*)
Creatinine Lvl	0.78
BUN	9
B/C Ratio	12
Protein	7.2
Albumin Lvl	3.0 (*)
Globulin, Calc	4.2 (*)
Albumin/Globulin Ratio	0.71
Calcium Lvl	8.3
ALT	15
AST	22
Alkaline Phosphatase	133 (*)
Bilirubin Total	0.30
eGFR	109

COMPLETE BLOOD COUNT - Abnormal

WBC	6.97
RBC	5.30
NRBC %	0.0
Hgb	13.0
Hct	40.0
MCV	75.5 (*)
MCH	24.5 (*)
MCHC	32.5
RDW - SD	42.0 (*)
Plt Count	348
MPV	9.2

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)****PT AND PTT - Normal**

Prothrombin Time (PT)	13.5
INR	1.01
PTT	27.6

AUTOMATED DIFFERENTIAL - Normal

Segs %	69.8
Lymphs %	22.1
Monos %	6.5
Eos %	0.6
Basos %	0.7
Immature Grans %	0.3
Segs #	4.87
Lymphs #	1.54
Monos #	0.45
Eos #	0.04
Basos #	0.05
Imm Grans #	0.02

COMPLETE BLOOD COUNT W/DIFF AND**PLATELET****Narrative:**

*The following orders were created for panel order
Complete Blood Count w/Diff and Platelet.*

Procedure Abnormality

Status

Complete Blood Count[230816077]

Abnormal Final result

Automated Differential[230816079] Normal

Final result

*Please view results for these tests on the
individual orders.*

TYPE AND SCREEN

ABO Grouping	A
Rh Type	Positive
Antibody Screen	Negative

3.

No orders to display

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)****PROGRESS:**

Ryan Drey Walsh, MD
March 2, 2025 11:37 PM^[RW.1T]

Ryan Drey Walsh, MD

03/02/25 2339
[RW.2T]

Electronically signed by Ryan Drey Walsh, MD at 3/2/2025 11:39 PM

Attribution Key

RW.1 - Ryan Drey Walsh, MD on 3/2/2025 11:37 PM

RW.2 - Ryan Drey Walsh, MD on 3/2/2025 11:39 PM

M - Manual, T - Template

ED Provider Notes by Lukman Olufemi Telufusi, PA at 3/2/2025 1830

Author: Lukman Olufemi Telufusi, PA	Service: Emergency Medicine	Author Type: Physician Assistant
Filed: 3/3/2025 6:07 AM	Date of Service: 3/2/2025 6:30 PM	Status: Attested
Editor: Lukman Olufemi Telufusi, PA (Physician Assistant)		Cosigner: Eric J Power, MD at 3/6/2025 4:06 PM

Attestation signed by Eric J Power, MD at 3/6/2025 4:06 PM

Attending Physician APP Attestation (Shared Visit):

The patient was seen and examined by me with the PA/NP, and I agree with the History/Exam/Medical Decision Making documented by the APP. Additionally, my history, physical exam, and/or MDM is:

Please see ED course for further information regarding MDM, HPI, and evaluation while in the emergency department.

ED Course: as of 03/06/25 1606

Mon Mar 03, 2025

0154 Briefly, patient is a 50 y.o. with relevant PMH including HTN, esophageal constriction s/p G-tube placement, known L3/4/5 compression fractures who presented with back pain.

Relevant exam findings: Ambulatory independently to restroom (~20ft one way) with steady gait

See APP note for full exam

Workup so far notable for:

Hypertension on vitals, otherwise no

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)**

concerning findings

No leukocytosis or fever

Next/Plan:

MRI L spine (prior history of L5/S1

discitis/osteo in 11/2024, supposed to be

discharged on 6 weeks of daptomycin, unclear

if completed course, acute on chronic

worsening pain [EP]

0358 On my reassessment, patient has 5/5 (age-appropriate and symmetric) strength in his bilateral lower extremities with dorsiflexion, plantarflexion, knee flexion, hip flexion, knee extension.

Intact sensation in the bilateral lower extremities.

Able to ambulate and urinate, however, patient states he is usually able to ambulate all day without difficulty (works as a teacher). Now he states he is only able walk about 20 feet to bathroom due to pain and feeling like legs are "going to give out". Due to this, and patient's recent history of discitis/osteo, for which he did complete IV dapto/oral clinda, will obtain MRI lumbar spine with and without contrast for further evaluation. [EP]

0507 pMRI esophageal stricture with g-tube, chronic back pain with discectomy and laminectomy, nov 2024 and osteo and discitis. Acute on chronic back pain x2d, can't ambulate 20 ft. Ambulated and urinated here, no saddle anesthesia, no numbness [ZF]

ED Course: User Index

[EP] Eric J Power, MD

[ZF] Zoe Renee Fisher, MD

Diagnoses as of 03/06/25 1606

Acute midline low back pain with right-sided sciatica

MEDICAL DECISION MAKING**Complexity of Problems Addressed**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)**

High: I am concerned about a severe complexity problem which was evidenced by the differential, and associated workup to rule out the severe problem: lower back pain with difficulty ambulation, which is a acute problem for this patient as evidenced by Patient is a 50 y/o male with Pmhx of HTN, Esophageal Constriction, G-Tube, Discitis who presented to the Emergency Room with complaints of lower back pain radiating down right leg and difficulty ambulating.

Complexity of Data Review**Category 1:**

(# Of Data Points) Ordered the following tests: cbc, cmp, pt/ptt, blood type and (External Notes) For improved patient care, I have reviewed external notes from previous discharge summary and found Osteomyelitis of Lumbar Spine, Lumbar Radiculopathy, Intractable Low Back pain.

Risk of Management

(Admission) Patient to be admitted to the hospital

Impression:

1. **Acute midline low back pain with right-sided sciatica**
2. Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)
3. Discitis

Eric J Power, MD

History of Present Illness:**Chief Complaint:**

Patient presents with

- Back Pain^[LT.1T]

.Steve Kaminczak is a 50 y.o. male with PMHx of HTN, Esophageal Constriction, G-Tube, Discitis, L3, L4, L5 Compression Fracture who presents to the Emergency Room with complaints of lower back pain. Patient reports that he has had lower back pain for about the past 7 weeks. Patient is a teacher. About a week ago, during a fire drill, he fell and landed on both knees. He noticed today while going to his car, that it was difficult for him to ambulate due to the pain. He had to recline his seat and allow his Tesla to drive him to the hospital. He describes the lower back pain as sharp and throbbing in nature. He also states that he has pain going down his right leg causing some numbness/tingling in right foot described as burning in nature. He cannot take as many steps as he previously could take. He denies bowel/bladder incontinence, loss of sensation in upper or lower extremities, chest pain, shortness of breath, difficulty breathing, fevers, chills.^[LT.2M]

History provided by:^[LT.1T] **Patient**^[LT.1M]

Language interpreter used:^[LT.1T] **No**^[LT.1M]

Back Pain^[LT.2M]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)**Location: [LT.1T] **Lumbar spine** [LT.1M]Radiates to: [LT.1T] **R foot** [LT.1M]Pain severity: [LT.1T] **Moderate** [LT.1M]Onset quality: [LT.1T] **Sudden** [LT.1M]Timing: [LT.1T] **Constant** [LT.1M]Progression: [LT.1T] **Worsening** [LT.1M]Relieved by: [LT.1T] **Being still** [LT.1M]Worsened by: [LT.1T] **Standing and movement**Ineffective treatments: **Gabapentin.** [LT.1M]Associated symptoms: [LT.1T] **leg pain** [LT.1M], [LT.1T] **numbness** [LT.1M] and [LT.1T] **weakness** [LT.1M]Associated symptoms: [LT.1T] **no abdominal pain** [LT.1M], [LT.1T] **no bladder incontinence** [LT.1M], [LT.1T] **no bowel incontinence** [LT.1M], [LT.1T] **no chest pain** [LT.1M], [LT.1T] **no dysuria** [LT.1M], [LT.1T] **no fever** [LT.1M], [LT.1T] **no headaches** [LT.1M], [LT.1T] **no pelvic pain** [LT.1M] and [LT.1T] **no tingling** [LT.1M]**Patient History**

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

No family history on file.

Social History:**Tobacco Use**

- Smoking status: Unknown
- Smokeless tobacco: Not on file

Substance Use Topics

- Alcohol use: Not on file
- Drug use: Not on file

Review of Systems:**Review of Systems**

Constitutional: [LT.1T] Negative [LT.1M]. Negative for [LT.1T] activity change [LT.1M], [LT.1T] appetite change [LT.1M], [LT.1T] chills [LT.1M], [LT.1T] diaphoresis [LT.1M] and [LT.1T] fever [LT.1M].

HENT: [LT.1T] Negative [LT.1M].

Eyes: [LT.1T] Negative [LT.1M]. Negative for [LT.1T] photophobia [LT.1M], [LT.1T] discharge [LT.1M], [LT.1T] redness [LT.1M], [LT.1T] itching [LT.1M] and [LT.1T] visual disturbance [LT.1M].

Respiratory: Negative for [LT.1T] cough [LT.1M], [LT.1T] chest tightness [LT.1M], [LT.1T] shortness of breath [LT.1M] and [LT.1T] wheezing [LT.1M].

Cardiovascular: Negative for [LT.1T] chest pain [LT.1M] and [LT.1T] palpitations [LT.1M].

Gastrointestinal: Negative for [LT.1T] abdominal pain [LT.1M], [LT.1T] bowel incontinence [LT.1M], [LT.1T] constipation [LT.1M], [LT.1T] diarrhea [LT.1M], [LT.1T] nausea [LT.1M] and [LT.1T] vomiting [LT.1M].

Endocrine: [LT.1T] Negative [LT.1M].

Genitourinary: Negative for [LT.1T] bladder incontinence [LT.1M], [LT.1T] dysuria [LT.1M], [LT.1T] flank pain [LT.1M], [LT.1T]

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)**

frequency^[LT.1T],^[LT.1M] hematuria^[LT.1M] and^[LT.1T] pelvic pain^[LT.1M].

Musculoskeletal: Positive for^[LT.1T] back pain^[LT.1M] and^[LT.1T] gait problem^[LT.1M].

Skin:^[LT.1T] Negative^[LT.1M]. Negative for^[LT.1T] color change^[LT.1M] and^[LT.1T] wound^[LT.1M].

Allergic/Immunologic:^[LT.1T] Negative^[LT.1M].

Neurological: Positive for^[LT.1T] weakness^[LT.1M] and^[LT.1T] numbness^[LT.1M]. Negative for^[LT.1T] tingling^[LT.1M] and^[LT.1T] headaches^[LT.1M].

Hematological:^[LT.1T] Negative^[LT.1M].

Psychiatric/Behavioral:^[LT.1T] Negative^[LT.1M].

Physical Exam:**Physical Exam:**^[LT.1T]

Vitals^[LT.1M] and^[LT.1T] nursing note^[LT.1M] reviewed.

Constitutional:

Appearance:^[LT.1T] Normal appearance^[LT.1M].

HENT:

Head:^[LT.1T] Normocephalic^[LT.1M] and^[LT.1T] atraumatic^[LT.1M].

Nose:^[LT.1T] Nose normal^[LT.1M].

Mouth/Throat:

Mouth: Mucous membranes are^[LT.1T] moist^[LT.1M].

Eyes:

Extraocular Movements:^[LT.1T] Extraocular movements intact^[LT.1M].

Conjunctiva/sclera:^[LT.1T] Conjunctivae normal^[LT.1M].

Pupils:^[LT.1T] Pupils are equal, round, and reactive to light^[LT.1M].

Cardiovascular:

Rate and Rhythm:^[LT.1T] Normal rate^[LT.1M] and^[LT.1T] regular rhythm^[LT.1M].

Pulses:^[LT.1T] Normal pulses^[LT.1M].

Heart sounds:^[LT.1T] Normal heart sounds^[LT.1M].^[LT.1T] No murmur^[LT.1M] heard.

No^[LT.1T] friction rub^[LT.1M]. No^[LT.1T] gallop^[LT.1M].

Pulmonary:

Effort: Pulmonary effort is^[LT.1T] normal^[LT.1M]. No^[LT.1T] respiratory distress^[LT.1M].

Breath sounds: Normal^[LT.1T] breath sounds^[LT.1M]. No^[LT.1T] wheezing^[LT.1M].

Chest:

Chest wall: No^[LT.1T] tenderness^[LT.1M].

Abdominal:

General: Abdomen is^[LT.1T] flat^[LT.1M]. Bowel sounds are^[LT.1T] normal^[LT.1M]. There is no^[LT.1T] distension^[LT.1M].

Palpations: Abdomen is^[LT.1T] soft^[LT.1M].

Tenderness: There is^[LT.1T] no abdominal tenderness^[LT.1M]. There is no^[LT.1T] guarding^[LT.1M].

Musculoskeletal:

General:^[LT.1T] Tenderness^[LT.1M] present.

Cervical back:^[LT.1T] Normal^[LT.1M].^[LT.1T] normal range of motion^[LT.1M] and^[LT.1T] neck supple^[LT.1M].

Lumbar back:^[LT.1T] Spasms^[LT.1M].^[LT.1T] tenderness^[LT.1M] and^[LT.1T] bony tenderness^[LT.1M] present.^[LT.1T] Decreased range of motion^[LT.1M].

Skin:

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Provider Note (continued)

General: Skin is^[LT.1T] warm^[LT.1M].

Capillary Refill: Capillary refill takes^[LT.1T] less than 2 seconds^[LT.1M].

Neurological:

General:^[LT.1T] No focal deficit^[LT.1M] present.

Mental Status: He is^[LT.1T] alert^[LT.1M] and^[LT.1T] oriented to person, place, and time^[LT.1M].

Psychiatric:

Mood and Affect:^[LT.1T] Mood^[LT.1M] normal.

Behavior:^[LT.1T] Behavior^[LT.1M] normal.

Thought Content:^[LT.1T] Thought content^[LT.1M] normal.

Judgment:^[LT.1T] Judgment^[LT.1M] normal.^[LT.1T]

Strength 5/5 in upper extremities bilaterally.

Strength 5/5 in left lower extremity

Strength 4/5 in right lower extremity^[LT.1M]

Triage Vitals:

BP: (!) 174/96, Heart Rate: 93, Temp: 36.7 °C (98.1 °F), Resp: 17, SpO2: 100 %, Height: 175.3 cm (5' 9"), Weight: 74.8 kg (165 lb)

Last Recorded Vitals:

BP: (!) 187/115, Heart Rate: 74, Temp: 36.7 °C (98 °F), Resp: 17, SpO2: 100 %, Height: 175.3 cm (5' 9"), Weight: 74.8 kg (165 lb)^[LT.1T]

Procedures Performed:

Procedures^[LT.1M]

ED Course :^[LT.1T]

ED Course: as of 03/03/25 0606

Mon Mar 03, 2025

0154 Briefly, patient is a 50 y.o. with relevant PMH including HTN, esophageal constriction s/p G-tube placement, known L3/4/5 compression fractures who presented with back pain.

Relevant exam findings: Ambulatory independently to restroom (~20ft one way) with steady gait

See APP note for full exam

Workup so far notable for:

Hypertension on vitals, otherwise no concerning findings

No leukocytosis or fever

Next/Plan:

MRI L spine (prior history of L5/S1

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)**

discitis/osteо in 11/2024, supposed to be discharged on 6 weeks of daptomycin, unclear if completed course, acute on chronic worsening pain [EP]

0358 On my reassessment, patient has 5/5 (age-appropriate and symmetric) strength in his bilateral lower extremities with dorsiflexion, plantarflexion, knee flexion, hip flexion, knee extension.
Intact sensation in the bilateral lower extremities.
Able to ambulate and urinate, however, patient states he is usually able to ambulate all day without difficulty (works as a teacher). Now he states he is only able walk about 20 feet to bathroom due to pain and feeling like legs are "going to give out". Due to this, and patient's recent history of discitis/osteо, for which he did complete IV dapto/oral clinda, will obtain MRI lumbar spine with and without contrast for further evaluation. [EP]

0507 pMRI esophageal stricture with g-tube, chronic back pain with discectomy and laminectomy, nov 2024 and osteо and discitis. Acute on chronic back pain x2d, can't ambulate 20 ft.
Ambulated and urinated here, no saddle anesthesia, no numbness [ZF]

ED Course: User Index

[EP] Eric J Power, MD

[ZF] Zoe Renee Fisher, MD

Diagnoses as of 03/03/25 0606

Acute midline low back pain with right-sided sciatica^[LT,ST]

Disposition:**Medical Decision Making****Scoring Tools**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

ED Provider Note (continued)

MEDICAL DECISION MAKING

Complexity of Problems Addressed^[LT.1T]

High: I am concerned about a severe complexity problem which was evidenced by the differential, and associated workup to rule out the severe problem: lower back pain with difficulty ambulation, which is a acute problem for this patient as evidenced by Patient is a 50 y/o male with Pmhx of HTN, Esophageal Constriction, G-Tube, Discitis who presented to the Emergency Room with complaints of lower back pain radiating down right leg and difficulty ambulating.^[LT.1M]

Complexity of Data Review

Category 1:^[LT.1T]

(# Of Data Points) Ordered the following tests: cbc, cmp, pt/ptt, blood type and (External Notes) For improved patient care, I have reviewed external notes from previous discharge summary and found Osteomyelitis of Lumbar Spine, Lumbar Radiculopathy, Intractable Low Back pain.^[LT.2M]

Risk of Management^[LT.1T]

(Social Determinants of Health) This patient's health conditions are influenced by the following social determinants of health which cause increased risk of management: financial

04:39am-Patient resting comfortably. Patient in no acute distress. About 1.5 hrs ago, patient ambulated to bathroom on his own.^[LT.2M]

Patient care transferred to Malini Randeep, PA-C@06:03am^[LT.4M]

Lukman Olufemi Telufusi, PA

03/03/25 0603^[LT.4T]

1. Acute midline low back pain with right-sided sciatica^[LT.3T]

Plan

-pending MRI with and without contrast of lumbar spine^[LT.5M]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Provider Note (continued)**

Lukman Olufemi Telufusi, PA

03/03/25 0607

[LT.6T]

Electronically signed by Lukman Olufemi Telufusi, PA at 3/3/2025 6:07 AM
Electronically signed by Eric J Power, MD at 3/6/2025 4:06 PM**Attribution Key**

LT.1 - Lukman Olufemi Telufusi, PA on 3/3/2025 2:02 AM
LT.2 - Lukman Olufemi Telufusi, PA on 3/3/2025 4:35 AM
LT.3 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:06 AM
LT.4 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:03 AM
LT.5 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:05 AM
LT.6 - Lukman Olufemi Telufusi, PA on 3/3/2025 6:07 AM
M - Manual, T - Template

ED Provider Notes by Malini Randeep, PA at 3/2/2025 1830Author: Malini Randeep, PA
Filed: 3/3/2025 6:20 PMService: Emergency Medicine
Date of Service: 3/2/2025 6:30 PM

Editor: Malini Randeep, PA (Physician Assistant)

Author Type: Physician Assistant
Status: Attested
Cosigner: Samuel David Luber, MD at
3/5/2025 1:24 PM**Attestation signed by Samuel David Luber, MD at 3/5/2025 1:24 PM****Attending Physician APP Attestation (APP's Assumption of Care Note):**

I have discussed the patient's care with the PA/NP, and I agree with the above documentation and plan unless further documented below.

Impression:

1. **Acute midline low back pain with right-sided sciatica**
2. Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)
3. Discitis

Samuel David Luber, MD

Patient care excepted at 6 AM.

HPI: Briefly patient is a 50 years old with history of L3-L4-L5 compression fractures, history of discitis last week, status post treatment with daptomycin who is presenting with worsening pain, and weakness to right lower extremity. Pending MRI at this time to rule out discitis. According to checkout patient can be discharged if MRI is negative for discitis. Patient is ambulatory, and no complaints of saddle paresthesias or bowel bladder incontinence. APP this report that patient was seen ambulating to the bathroom.

Assessment: Patient states that he needs something stronger for pain. Can ambulate but not as much as he did of a

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Provider Note (continued)

week ago.

MRI with and without contrast of the back pending^[MR.1M]

1. Acute midline low back pain with right-sided sciatica^[MR.2T]

1430: Spoke with the MRI rads, patient with Diskitis at L5-S1, unsure if that is chronic since that cannot be compared with the one in 11/24

Nsgy called at 1552, spoke with the resident, wants us to call back in an hour since he is doing an emergent procedure at this time^[MR.3M]

Spoke with the NSGY resident at 1700 hrs, will see the patient

Pending NSGY eval and dispo, care transferred to the resident Dr. Abbey Pastorelle at 1800 hrs^[MR.4M]

Malini Randeep, PA

03/03/25 1820

[MR.5T]

Electronically signed by Malini Randeep, PA at 3/3/2025 6:20 PM

Electronically signed by Samuel David Luber, MD at 3/5/2025 1:24 PM

Attribution Key

MR.1 - Malini Randeep, PA on 3/3/2025 8:33 AM
 MR.2 - Malini Randeep, PA on 3/3/2025 8:37 AM
 MR.3 - Malini Randeep, PA on 3/3/2025 3:54 PM
 MR.4 - Malini Randeep, PA on 3/3/2025 6:18 PM
 MR.5 - Malini Randeep, PA on 3/3/2025 6:20 PM
 M - Manual, T - Template

ED Care Timeline

Patient Care Timeline (3/2/2025 18:30 to 3/4/2025 04:31)

3/2/2025	Event	Details	User
18:30	Patient arrived in ED		Xiomara Mendez
18:30	Interfaced Flowsheet Data	Bamboo PDMP Risk Scores Overdose Risk Score: 590 (NARxCHECK scores) (Device Time: 18:30:00) Sedatives Risk Score: 450 (Device Time: 18:30:00) Stimulants Risk Score: 301 (Device Time: 18:30:00) Narcotics Risk Score: 490 (Device Time: 18:30:00)	Interface, Bamboo Doc Flowsheet In Bamboo
18:30:01	Emergency encounter created		Xiomara Mendez
18:30:18	Arrival Complaint	Back pain	
18:35:15	Assign Attending	Ryan Drey Walsh, MD assigned as Attending	Ryan Drey Walsh, MD

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5)
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

18:35:15	Assign Physician	Ryan Drey Walsh, MD
18:35:22	Remove Attending	Ryan Drey Walsh, MD removed as Attending
18:35:42	Interfaced Flowsheet Data	Vitals BP: 174/96 ! (Device Time: 18:35:42) Vital Signs MAP (mmHg): 122 ! (Device Time: 18:35:42)
18:35:42	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000
18:35:59	Interfaced Flowsheet Data	Vitals Temp: 36.7 °C (98.1 °F) (Device Time: 18:35:59)
18:35:59	Custom Formula Data	Relevant Labs and Vitals Temp (in Celsius) for APACHE IV: 36.7
18:36:15	Interfaced Flowsheet Data	Vitals Temp Source: Oral (Device Time: 18:36:15) Heart Rate: 93 (Device Time: 18:36:15) Resp: 17 (Device Time: 18:36:15) SpO2: 100 % (Device Time: 18:36:15) Vital Signs BP Location: Right arm (Device Time: 18:36:15) Patient Position: Sitting (Device Time: 18:36:15) Oxygen Therapy Oxygen Therapy: None (Room air) (Device Time: 18:36:15)
18:36:15	Vitals Reassessment	Veronica Barrutia, LVN
18:40	Travel Screening	Have you been in contact with someone who was sick? No / Unsure ; Do you Nicolai Harcrow, have any of the following new or worsening symptoms? None of these ; Have RN you traveled internationally or domestically in the last month? No Travel Locations: Travel history not shown for past encounters
18:40	TB & Infectious Disease Screening	TB Screening TB Screening Symptoms: Assess Bloody sputum: No Persistent cough > 3wks: No Immigrant: No History of positive chest x-ray for TB: No Night sweats: No Unexplained weight loss: No History of or Recent exposure to TB (last 3 months): No History of positive TB skin test: No TB Screening Score: 0 Infectious Disease Screening Infectious Disease Screen: None

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

18:41	Glasgow Coma Scale	Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Nicolai Harcrow, RN
18:41	Vital Signs	Oxygen Therapy Oxygen Therapy: None (Room air) Height and Weight Height: 175.3 cm (5' 9") Height Method: Estimated Weight: 74.8 kg (165 lb) Weight Method: Estimated Pain Assessment Pain Assessment: 0-10 Pain Score: 10	Nicolai Harcrow, RN
18:41	Custom Formula Data	Anthropometrics IBW/kg (Calculated) : 70.7 Adjusted body weight (calculated): 72.36 kg Weight and Growth Recommendation IBW/kg (Calculated) Male: 70.7 kg Anthropometrics BMI (Calculated): 24.36 Vital Signs BMI (Calculated): 24.36 Height and Weight BSA (Calculated - sq m): 1.91 sq meters Weight in (lb) to have BMI = 25: 168.9 Glasgow Coma Scale Glasgow Coma Scale Numeric: 15 Measurements BMI (Calculated): 24.4 Percent Excess Weight Loss: 0 Percent Weight Loss Since Preop (kg): -74.84 kg Excess Body Weight (kg): -76.79 kg IBW in kg (Bariatric): 76.79 kg Weight Loss Since Last Bariatric Visit (kg): -74.84 kg Percent of IBW: 103.13 Percent EBW in kg (Bariatric): -1.96 kg EBW in lb (Bariatric): 5 lb Bariatric Measurements IBW in lb (Bariatric): 169.29 Weight and Growth Recommendation IBW/kg (Calculated) Male: 70.7 kg Adult IBW/VT Calculations IBW/kg (Calculated) : 72.72 Low Range Vt 6mL/kg : 436.32 mL/kg Adult Moderate Range Vt 8mL/kg : 581.76 mL/kg Adult High Range Vt 10mL/kg: 727.2 mL/kg Adult High Range Vt 8mL/kg : 581.76 mL/kg Adult Moderate Range Vt 7mL/kg : 509.04 mL/kg Other flowsheet entries Adult Female Ideal Body Weight (European): 65.734 kg Adjusted Ideal Body Weight: 69.38 IBW in lb (Bariatric): 160 lb	Nicolai Harcrow, RN

18:41:15	Triage Started		Nicolai Harcrow, RN
18:41:15	Chief Complaints Updated	Back Pain	Nicolai Harcrow, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

18:42	Triage Completed		Nicolai Harcrow, RN
18:42	Acuity Patient Acuity: 3 Triage Complete: Triage complete		Nicolai Harcrow, RN
18:42:15	Allergies Reviewed		Nicolai Harcrow, RN
18:42:24	Acuity 3 Selected		Nicolai Harcrow, RN
18:43:31	Home Medications Reviewed		Nicolai Harcrow, RN
18:44	Primary Assessment Airway Airway (WDL): Within Defined Limits Breathing Breathing (WDL): Within Defined Limits Circulation Circulation (WDL): Within Defined Limits Disability Disability (WDL): Within Defined Limits		Nicolai Harcrow, RN
18:44	Columbia Suicide Severity Rating Scale (Screener/Recent Self-Report)	Columbia Suicide Severity Rating Scale (Screener/Recent Self-Report) 1. Wish to be Dead (Past 1 Month): No 2. Non-Specific Active Suicidal Thoughts (Past 1 Month): No 6. Suicidal Behavior (Lifetime): No	Nicolai Harcrow, RN
18:44	Sepsis Screening - Adult	Sepsis Screening Are there risk factors of infection present/new?: Indwelling catheters/devices; Current infection present/suspected ? Sepsis Escalation Criteria: No additional criteria met Screen Outcome- Nurse: Sepsis screening negative	Nicolai Harcrow, RN
18:44	Custom Formula Data	C-SSRS Risk (Lifetime/Recent) Calculated C-SSRS Risk Score (Lifetime/Recent): No Risk Indicated Suicide Screening Complete: Yes	Nicolai Harcrow, RN
18:44:02	History Reviewed	Sections Reviewed: Medical, Surgical, Sexual Activity, Alcohol, Tobacco, Drug Use, Custom, Social Documentation, Family, Socioeconomic	Nicolai Harcrow, RN
18:44:40	Home Medications Reviewed		Nicolai Harcrow, RN
18:46:42	Orders Placed	Medications - acetaminophen (Tylenol) tablet 650 mg; oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet Lab - Complete Blood Count w/Diff and Platelet; Comprehensive Metabolic Panel; PT and PTT; ABORh Blood Type and Antibody Screen	Ryan Drey Walsh, MD
18:46:43	Lab Ordered	TYPE AND SCREEN, PT AND PTT, COMPREHENSIVE METABOLIC PANEL, COMPLETE BLOOD COUNT W/DIFF AND PLATELET	Ryan Drey Walsh, MD
18:47	First Provider Evaluation		Ryan Drey Walsh, MD
18:47	Presence of Emergent Medical Condition	Emergent Medical Condition Presence of Emergent Medical Condition:: Possible	Ryan Drey Walsh, MD
18:47:29	Note Shared	ED Prov Note filed by Ryan Drey Walsh, MD	Ryan Drey Walsh, MD
18:48:01	Lab Ordered	COMPLETE BLOOD COUNT	Eduardo Barrera, EMT
18:48:01	Lab Ordered	AUTOMATED DIFFERENTIAL	Eduardo Barrera, EMT

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 - Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

18:48:02	Print Label for ABORh Blood Type and Antibody Screen and Antibody Screen Completed	ABORh Blood Type and Antibody Screen - Type: Blood ; Source: Blood, Venous	Eduardo Barrera, EMT
18:48:02	Print Label for Complete Blood Count w/Diff and Platelet Completed	Complete Blood Count w/Diff and Platelet - Type: Blood ; Source: Blood, Venous	Eduardo Barrera, EMT
18:48:02	Print Label for Comprehensive Metabolic Panel Completed	Comprehensive Metabolic Panel - Type: Blood ; Source: Blood, Venous	Eduardo Barrera, EMT
18:48:02	Print Label for PT and PTT Completed	PT and PTT - Type: Blood ; Source: Blood, Venous	Eduardo Barrera, EMT
18:50	Interfaced Flowsheet Data	Bamboo PDMP Risk Scores Overdose Risk Score: 590 (NARxCHECK scores) (Device Time: 18:50:00) Sedatives Risk Score: 450 (Device Time: 18:50:00) Stimulants Risk Score: 301 (Device Time: 18:50:00) Narcotics Risk Score: 490 (Device Time: 18:50:00)	Interface, Bamboo Doc Flowsheet In Bamboo
18:55	Interfaced Flowsheet Data	CarePort Booked Providers (1) Accepted Level of Care Description: Durable Medical Equipment (Device Time: 18:55:00) (1) Booked Provider Date: 03/06/25 (Device Time: 18:55:00) (1) CMS Certification Number: 431930001 (Device Time: 18:55:00) (1) Provider Address Line 1: 16538 Air Center Boulevard (Device Time: 18:55:00) (1) Provider City: HOUSTON (Device Time: 18:55:00) (1) Provider Fax Number: (281) 784-7545 (Device Time: 18:55:00) (1) Provider Name: Memorial Hermann DME (Device Time: 18:55:00) (1) Provider Phone Number: (281) 784-7550 (Device Time: 18:55:00) (1) Provider State: Texas (Device Time: 18:55:00) (1) Provider Zip: 77032 (Device Time: 18:55:00)	Interface, Careport Discharge Doc Flowsheet In
19:07	ED_REG_ASSIGN	ED REG ASSIGN ED REG ASSIGN: rita	Margarita Nadal
19:15	Medication Given	acetaminophen (Tylenol) tablet 650 mg - Dose: 650 mg ; Route: Oral ; Scheduled Time: 1850	Maria Campos Neri, PMD
19:15	Medication Given	oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet - Dose: 1 tablet ; Route: Oral ; Scheduled Time: 1850	Maria Campos Neri, PMD
19:18	[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm Placed	Removal Date/Time: 03/07/25 1900 Placement Date/Time: 03/02/25 1918 Hand Hygiene Completed: Yes Size Gauge: 20 G Orientation: Anterior;Left Location: Forearm Site Prep: Chlorhexidine Local Anesthetic: None Placed by: Maria Campos Paramedic Insertion attempts: 1 Patient Tolerance: Tolerated well Difficult Venous Access: Yes	Maria Campos Neri, PMD
20:44	Vitals	Vitals Timer Update Vitals Alert Interval: 4 hours	McKenzie Ermis, EMT
20:50	Collect ABORh Blood Type and Antibody Screen Completed	ABORh Blood Type and Antibody Screen - Type: Blood ; Source: Blood, Venous	Veronica Barrutia, LVN
20:50	Collect Automated Differential Completed	Automated Differential - Type: Blood ; Source: Blood, Venous	Veronica Barrutia, LVN

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

20:50	Collect Complete Blood Count Completed	Complete Blood Count - Type: Blood ; Source: Blood, Venous	Veronica Barrutia, LVN
20:50	Collect Comprehensive Metabolic Panel Completed	Comprehensive Metabolic Panel - Type: Blood ; Source: Blood, Venous	Veronica Barrutia, LVN
20:50	Collect PT and PTT Completed	PT and PTT - Type: Blood ; Source: Blood, Venous	Veronica Barrutia, LVN
20:50	Specimens Collected	Comprehensive Metabolic Panel - ID: 25TE-061-CH0254 Type: Blood PT and PTT - ID: 25TE-061-CO0083 Type: Blood ABORh Blood Type and Antibody Screen - ID: 25TM-061-BB0153 Type: Blood Complete Blood Count - ID: 25TE-061-HE0116 Type: Blood Automated Differential - ID: 25TE-061-HE0116 Type: Blood	Veronica Barrutia, LVN
20:50	Specimens Collected	Complete Blood Count w/Diff and Platelet - ID: 25TE-061-HE0116 Type: Blood	
21:00:34	Lab Resulted	(Preliminary result) COMPLETE BLOOD COUNT	Lab, Background User
21:00:34	Lab Resulted	(Final result) AUTOMATED DIFFERENTIAL	Lab, Background User
21:00:34	Automated Differential Resulted	Collected: 3/2/2025 20:50 Last updated: 3/2/2025 21:00 Status: Final result Segs %: 69.8 % [Ref Range: 40.6 - 75.7] Lymphs %: 22.1 % [Ref Range: 14.9 - 47.8] Monos %: 6.5 % [Ref Range: 4.2 - 12.6] Eos %: 0.6 % [Ref Range: 0.2 - 5.0] Basos %: 0.7 % [Ref Range: 0.2 - 1.3] Immature Grans %: 0.3 % [Ref Range: 0.1 - 1] Segs #: 4.87 10^3/uL [Ref Range: 1.48 - 6.56] Lymphs #: 1.54 10^3/uL [Ref Range: 0.86 - 3.84] Monos #: 0.45 10^3/uL [Ref Range: 0.29 - 0.96] Eos #: 0.04 10^3/uL [Ref Range: 0.00 - 0.46] Basos #: 0.05 10^3/uL [Ref Range: 0.01 - 0.08] Imm Grans #: 0.02 10^3/uL [Ref Range: 0.01 - 0.07]	Lab, Background User
21:00:39	Lab Resulted	(Final result) COMPLETE BLOOD COUNT W/DIFF AND PLATELET	Lab, Background User
21:00:39	Lab Resulted	(Final result) COMPLETE BLOOD COUNT	Lab, Background User
21:00:39	Complete Blood Count w/Diff and Platelet Resulted	Abnormal Result Collected: 3/2/2025 20:50 Last updated: 3/2/2025 21:00 Status: Final result	Lab, Background User
21:00:39	Complete Blood Count Resulted	Abnormal Result Collected: 3/2/2025 20:50 Last updated: 3/2/2025 21:00 Status: Final result WBC: 6.97 10^3/uL [Ref Range: 3.92 - 10.07] RBC: 5.30 10^6/uL [Ref Range: 4.27 - 6.02] NRBC %: 0.0 /100 WBC [Ref Range: 0] Hgb: 13.0 g/dL [Ref Range: 12.4 - 17.4] Hct: 40.0 % [Ref Range: 37.1 - 50.8] MCV: 75.5 fL ▼ [Ref Range: 79.2 - 96.8] MCH: 24.5 pg ▼ [Ref Range: 26.1 - 32.4] MCHC: 32.5 g/dL [Ref Range: 31.2 - 36.1] RDW - SD: 42.0 fL ^ [Ref Range: 34.0 - 37.0] Plt Count: 348 10^3/uL [Ref Range: 160 - 381] MPV: 9.2 fL [Ref Range: 9.0 - 12.0]	Lab, Background User
21:10:58	Lab Resulted	(Final result) PT AND PTT	Lab, Background User
21:10:58	PT and PTT Resulted	Collected: 3/2/2025 20:50 Last updated: 3/2/2025 21:10 Status: Final result Prothrombin Time (PT): 13.5 Seconds [Ref Range: 12 - 14.7] INR: 1.01 [Ref Range: 0.85 - 1.17] PTT: 27.6 Seconds [Ref Range: 22.9 - 35.8]	Lab, Background User
21:17:17	Lab Resulted	(Final result) COMPREHENSIVE METABOLIC PANEL	Lab, Background User

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

21:17:17	Comprehensive Metabolic Panel Resulted	<p>Abnormal Result Collected: 3/2/2025 20:50 Last updated: 3/2/2025 21:17</p> <p>Status: Final result Sodium Lvl: 131 mEq/L ▼ [Ref Range: 136 - 145] Potassium Lvl: 3.8 mEq/L [Ref Range: 3.4 - 4.5] Chloride Lvl: 98 mEq/L [Ref Range: 98 - 107] CO2 Lvl: 30.2 mEq/L [Ref Range: 20.0 - 31.0] Anion Gap: 6.6 mEq/L ▼ [Ref Range: 10.0 - 20.0] Glucose Lvl: 101 mg/dL ▲ [Ref Range: 70 - 99] (Adult reference range values reflect the clinical guidelines of the American Diabetes Association.) Creatinine Lvl: 0.78 mg/dL [Ref Range: 0.7 - 1.30] BUN: 9 mg/dL [Ref Range: 9 - 23] B/C Ratio: 12 [Ref Range: 6 - 25] Protein: 7.2 g/dL [Ref Range: 5.7 - 8.2] Albumin Lvl: 3.0 g/dL ▼ [Ref Range: 3.4 - 5.0] Globulin, Calc: 4.2 g/dL ▲ [Ref Range: 2.0 - 4.0] Albumin/Globulin Ratio: 0.71 [Ref Range: 0.7 - 1.6] Calcium Lvl: 8.3 mg/dL [Ref Range: 8.3 - 10.6] ALT: 15 U/L [Ref Range: 7 - 40] AST: 22 U/L [Ref Range: 12 - 40] Alkaline Phosphatase: 133 U/L ▲ [Ref Range: 46 - 116] Bilirubin Total: 0.30 mg/dL [Ref Range: 0.30 - 1.20] eGFR: 109 mL/min/1.73m² [Ref Range: >60] (The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m². The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not recommended in the following populations: Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions.</p> <p>Patients with extremes in muscle mass or diet.</p> <p>The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.)</p>	Lab, Background User
23:34:06	ABORh Blood Type and Antibody Screen Resulted	<p>Collected: 3/2/2025 20:50 Last updated: 3/2/2025 23:34 Status: Final result</p> <p>ABO Grouping: A Rh Type: Positive Antibody Screen: Negative</p>	Lab, Background User
23:34:08	Lab Resulted	(Final result) TYPE AND SCREEN	Lab, Background User
23:39:03	ED Provider Notes	Note filed at this time	Ryan Drey Walsh, MD
23:39:03	ED Note Filed	ED Prov Note filed by Ryan Drey Walsh, MD	Ryan Drey Walsh, MD
23:54:52	Interfaced Flowsheet Data	<p>Vitals</p> <p>Temp: 36.7 °C (98 °F) (Device Time: 23:54:52)</p>	Interface, Masimo Doc Flowsheet In
23:54:52	Custom Formula Data	<p>Relevant Labs and Vitals</p> <p>Temp (in Celsius) for APACHE IV: 36.7</p>	Interface, Masimo Doc Flowsheet In
23:55:17	Interfaced Flowsheet Data	<p>⌚ Vitals</p> <p>BP: 187/115 ! (Device Time: 23:55:17)</p> <p>Vital Signs</p> <p>MAP (mmHg): 139 ! (Device Time: 23:55:17)</p>	Interface, Masimo Doc Flowsheet In
23:55:17	Custom Formula Data	<p>Vigilance Interface Values</p> <p>Para: 0</p> <p>Para Term: 0</p> <p>Para PreTerm: 0</p> <p>Total AB: 0</p> <p>Living: 0</p> <p>Other flowsheet entries</p> <p>Hemorrhage Risk Assessment Score: -1000</p>	Interface, Masimo Doc Flowsheet In

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

23:55:29	Interfaced Flowsheet Data	Vitals Temp Source: Oral (Device Time: 23:55:29) Heart Rate: 74 (Device Time: 23:55:29) SpO2: 100 % (Device Time: 23:55:29)	Interface, Masimo Doc Flowsheet In
23:57	Vitals	Vitals Timer Restart Vitals Timer: Yes Update Vitals Alert Interval: 4 hours	McKenzie Ermis, EMT

Date	Event	Details	User
00:55:02	Patient roomed in ED	To room DECK	McKenzie Ermis, EMT
01:54:47	Assign Attending	Eric J Power, MD assigned as Attending	Eric J Power, MD
01:54:47	Assign Physician		Eric J Power, MD
02:02:37	Assign Mid-level	Lukman Olufemi Telufusi, PA assigned as Physician Assistant	Lukman Olufemi Telufusi, PA
02:02:37	Assign Physician		Lukman Olufemi Telufusi, PA
02:04:44	Orders Placed	Lab - CBC w/ diff and platelet; Comprehensive Metabolic Panel Imaging - MRI lumbar spine w and wo-IV contrast	Lukman Olufemi Telufusi, PA
02:04:45	Lab Ordered	COMPREHENSIVE METABOLIC PANEL, COMPLETE BLOOD COUNT W/DIFF AND PLATELET	Lukman Olufemi Telufusi, PA
02:04:45	MRI Ordered	MRI LUMBAR SPINE W AND WO IV CONTRAST	Lukman Olufemi Telufusi, PA
02:05:49	Orders Discontinued	CBC w/ diff and platelet (03/03/25 0204) ; Comprehensive Metabolic Panel (03/03/25 0204)	Lukman Olufemi Telufusi, PA
02:05:49	Print Label for CBC w/ diff and platelet Discontinued	CBC w/ diff and platelet	Lukman Olufemi Telufusi, PA
02:05:49	Print Label for Comprehensive Metabolic Panel Discontinued	Comprehensive Metabolic Panel	Lukman Olufemi Telufusi, PA
02:06:16	Orders Placed	Medications - morphine PF injection 4 mg; ondansetron (Zofran) injection 4 mg	Lukman Olufemi Telufusi, PA
02:18:21	Note Shared	ED Prov Note filed by Lukman Olufemi Telufusi, PA	Lukman Olufemi Telufusi, PA
03:10	Medication Given	morphine PF injection 4 mg - Dose: 4 mg ; Route: Intravenous ; Line: Peripheral IV 03/02/25 Anterior;Left Forearm ; Scheduled Time: 0210	Madeline Kotarski, RN
03:10	Medication Given	ondansetron (Zofran) injection 4 mg - Dose: 4 mg ; Route: Intravenous ; Line: Peripheral IV 03/02/25 Anterior;Left Forearm ; Scheduled Time: 0210	Madeline Kotarski, RN
04:38:16	Orders Acknowledged	New - acetaminophen (Tylenol) tablet 650 mg; oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet; Complete Blood Count w/Diff and Platelet; Comprehensive Metabolic Panel; PT and PTT; ABORh Blood Type and Antibody Screen; MRI lumbar spine w and wo IV contrast; morphine PF injection 4 mg; ondansetron (Zofran) injection 4 mg	Madeline Kotarski, RN
04:42:05	Note Shared	ED Prov Note filed by Lukman Olufemi Telufusi, PA	Lukman Olufemi Telufusi, PA

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

05:08:43	Remove Attending	Eric J Power, MD removed as Attending	Zoe Renee Fisher, MD
05:08:43	Assign Attending	Zoe Renee Fisher, MD assigned as Attending	Zoe Renee Fisher, MD
05:08:43	Assign Physician		Zoe Renee Fisher, MD
05:11:52	Orders Placed	Medications - HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1	Lukman Olufemi Telufusi, PA
06:03:28	ED Provider Notes	Note filed at this time	Lukman Olufemi Telufusi, PA; Cosign required
06:03:28	ED Note Filed	ED Prov Note filed by Lukman Olufemi Telufusi, PA	Lukman Olufemi Telufusi, PA
06:07:03	ED Note Filed	ED Prov Note filed by Lukman Olufemi Telufusi, PA	Lukman Olufemi Telufusi, PA
06:11	Medication Given	HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet - Dose: 1 tablet ; Route: Oral ; Scheduled Time: 0515	Madeline Kotarski, RN
06:11:59	Remove Midlevel	Lukman Olufemi Telufusi, PA removed as Physician Assistant	Lukman Olufemi Telufusi, PA
06:11:59	Assign Mid-level	Malini Randeep, PA assigned as Physician Assistant	Lukman Olufemi Telufusi, PA
06:11:59	Assign Physician		Lukman Olufemi Telufusi, PA
06:15	Patient transferred	From room DECK to room EC53	Madeline Kotarski, RN
06:21:54	Assign Nurse	Madisyn Nall, RN assigned as Registered Nurse	Madisyn Nall, RN
06:22:01	Orders Acknowledged	New - CBC w/ diff and platelet; Comprehensive Metabolic Panel; HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet Discontinued - CBC w/ diff and platelet; Comprehensive Metabolic Panel	Madisyn Nall, RN
06:23:41	Remove Attending	Zoe Renee Fisher, MD removed as Attending	Samuel David Luber, MD
06:23:41	Assign Attending	Samuel David Luber, MD assigned as Attending	Samuel David Luber, MD
06:23:41	Assign Physician		Samuel David Luber, MD
06:39	Vitals	• Vital Signs Heart Rate: 56 BP: 172/93 ! Oxygen Therapy SpO2: 100 %	Madisyn Nall, RN
06:39	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Madisyn Nall, RN
07:10:38	Remove Nurse	Madisyn Nall, RN removed as Registered Nurse	Madisyn Nall, RN
07:11:47	Assign Nurse	Gerardo Salazar, RN assigned as Registered Nurse	Gerardo Salazar, RN

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

07:26	Patient Radiology Status	Patient Radiology Status Patient Radiology Status: (NO RN)	Lauren Ray, RN
08:00	Vital Signs	Vital Signs Restart Vitals Timer: Yes	Gerardo Salazar, RN
08:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gerardo Salazar, RN
08:00	Complex Vitals	② Vitals Heart Rate: 56 (Device Time: 08:00:00) Resp: 18 BP: 214/105 ↑ (Device Time: 08:01:00) MAP (mmHg): 144 ↑ (Device Time: 08:01:00) Oxygen Therapy SpO2: 100 % (Device Time: 08:00:00) Oxygen Therapy: None (Room air)	Gerardo Salazar, RN
08:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Gerardo Salazar, RN
08:04	Primary Assessment	Airway Airway (WDL): Within Defined Limits Breathing Breathing (WDL): Within Defined Limits Circulation Circulation (WDL): Within Defined Limits Disability Disability (WDL): Within Defined Limits Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Gerardo Salazar, RN
08:04	Custom Formula Data	Glasgow Coma Scale Glasgow Coma Scale Numeric: 15	Gerardo Salazar, RN
08:05	Neurological	Neurological Neuro (WDL): Within Defined Limits Neuro Pertinent Negatives: Alert and oriented x 4; Speech clear Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Gerardo Salazar, RN
08:05	Respiratory	Respiratory Respiratory (WDL): Within Defined Limits Respiratory Pertinent Negatives: Respirations regular/unlabored Oxygen Therapy: None (Room air)	Gerardo Salazar, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

08:05	Cardiac/Telemetry	Cardiac Cardiac (WDL): Within Defined Limits Cardiac Pertinent Negatives: Heart rate regular; S1 S2 Pain Assessment Pain Assessment: DVPRS Pain Score: 0 Pain Rating Scale (DVPRS): No pain Cardiac Monitoring/Tele Bedside Cardiac Monitor On: Yes Bedside Cardiac Audible: Yes Bedside Cardiac Alarms Set: Yes	Gerardo Salazar, RN
08:05	Custom Formula Data	Glasgow Coma Scale Glasgow Coma Scale Numeric: 15	Gerardo Salazar, RN
08:10	Vital Signs	Vital Signs Restart Vitals Timer: Yes	Gerardo Salazar, RN
08:10	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gerardo Salazar, RN
08:10	Complex Vitals	⌚ Vitals Heart Rate: 61 (Device Time: 08:10:00) Resp: 18 BP: 165/103 ! (Device Time: 08:08:00) MAP (mmHg): 129 ! (Device Time: 08:08:00) Oxygen Therapy SpO2: 100 % (Device Time: 08:10:00) Oxygen Therapy: None (Room air)	Gerardo Salazar, RN
08:10	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Gerardo Salazar, RN
08:21:26	Orders Placed	Medications - gabapentin (Neurontin) capsule 800 mg	Malini Randeep, PA
08:27:22	Orders Placed	Medications - morphine PF injection 4 mg	Malini Randeep, PA
08:38:17	Note Shared	ED Prov Note filed by Malini Randeep, PA	Malini Randeep, PA
08:46:31	Orders Acknowledged	New - gabapentin (Neurontin) capsule 800 mg; morphine PF injection 4 mg	Gerardo Salazar, RN
08:52	Medication Given	gabapentin (Neurontin) capsule 800 mg - Dose: 800 mg ; Route: Oral ; Scheduled Time: 0825	Gerardo Salazar, RN
08:53	Medication Given	morphine PF injection 4 mg - Dose: 4 mg ; Route: Intravenous ; Line: Peripheral IV 03/02/25 Anterior;Left Forearm ; Scheduled Time: 0830	Gerardo Salazar, RN
09:00	Vital Signs	Vital Signs Restart Vitals Timer: Yes	Gerardo Salazar, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

09:00	Glasgow Coma Scale	Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Gerardo Salazar, RN
09:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gerardo Salazar, RN
09:00	Complex Vitals	⌚ Vitals Heart Rate: 64 (Device Time: 09:00:00) Resp: 18 BP: 194/109 † (Device Time: 09:00:00) MAP (mmHg): 144 † (Device Time: 09:00:00) Oxygen Therapy SpO2: 97 % (Device Time: 09:00:00) Oxygen Therapy: None (Room air)	Gerardo Salazar, RN
09:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Glasgow Coma Scale Glasgow Coma Scale Numeric: 15 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Gerardo Salazar, RN
10:00	Vital Signs	Vital Signs Restart Vitals Timer: Yes	Gerardo Salazar, RN
10:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gerardo Salazar, RN
10:00	Complex Vitals	⌚ Vitals Heart Rate: 67 (Device Time: 10:00:00) Resp: 18 BP: 196/102 † (Device Time: 10:00:00) MAP (mmHg): 141 † (Device Time: 10:00:00) Oxygen Therapy SpO2: 100 % (Device Time: 10:00:00) Oxygen Therapy: None (Room air)	Gerardo Salazar, RN
10:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Gerardo Salazar, RN
11:00	Glasgow Coma Scale	Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Gerardo Salazar, RN

**03/03/2025 ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

11:00	Custom Formula Data	Glasgow Coma Scale Glasgow Coma Scale Numeric: 15	Gerardo Salazar, RN
11:19:17	Imaging Exam Started	MRI lumbar spine w and wo IV contrast	Juan Valenzuela
11:21:53	Orders Placed	Medications - gadobenate dimeglumine (Multihance) injection 15 mL	Lukman Olufemi Telufusi, PA
11:23:37	Orders Acknowledged	New - gadobenate dimeglumine (Multihance) injection 15 mL	Gerardo Salazar, RN
11:36	Patient transferred	From room EC53 to room MOVF	Gerardo Salazar, RN
11:57	Medication Given	gadobenate dimeglumine (Multihance) injection 15 mL - Dose: 15 mL ; Route: Intravenous ; Line: Peripheral IV 03/02/25 Anterior;Left Forearm ; Scheduled Time: 1157 ; Comment: Iot# ST4110A	Juan Valenzuela
11:57	Data	gadobenate dimeglumine (Multihance) injection 15 mL Volume (mL): 15	Juan Valenzuela
12:53:07	Orders Placed	Medications - acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet	Malini Randeep, PA
12:53:21	Orders Acknowledged	New - acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet	Gerardo Salazar, RN
12:57	Medication Given	acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet - Dose: 1 tablet ; Route: Oral ; Scheduled Time: 1255	Gerardo Salazar, RN
13:00	Glasgow Coma Scale	Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Gerardo Salazar, RN
13:00	Custom Formula Data	Glasgow Coma Scale Glasgow Coma Scale Numeric: 15	Gerardo Salazar, RN
13:21:51	Imaging Exam Ended	MRI lumbar spine w and wo IV contrast	Juan Valenzuela
14:38	Patient transferred	From room MOVF to room EC52	Gerardo Salazar, RN
14:57:52	Remove Attending	Samuel David Luber, MD removed as Attending	Carolyn L Gardiner, MD
14:57:52	Assign Attending	Carolyn L Gardiner, MD assigned as Attending	Carolyn L Gardiner, MD
14:57:52	Assign Physician		Carolyn L Gardiner, MD
15:00	Vital Signs	Vital Signs Restart Vitals Timer: Yes	Gerardo Salazar, RN
15:00	Glasgow Coma Scale	Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Gerardo Salazar, RN
15:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gerardo Salazar, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

15:00	Complex Vitals	Vitals Heart Rate: 78 (Device Time: 15:00:00) Resp: 18 BP: 148/94 ! (Device Time: 15:00:00) MAP (mmHg): 113 ! (Device Time: 15:00:00) Oxygen Therapy SpO2: 94 % (Device Time: 15:00:00) Oxygen Therapy: None (Room air)	Gerardo Salazar, RN
15:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Glasgow Coma Scale Glasgow Coma Scale Numeric: 15 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Gerardo Salazar, RN
15:46:18	Orders Placed	Microbiology - Blood culture, peripheral #1; Blood culture, peripheral #2	Malini Randeep, PA
15:46:21	Lab Ordered	BLOOD CULTURE, BLOOD CULTURE	Malini Randeep, PA
15:47:05	Orders Acknowledged	New - Blood culture, peripheral #1; Blood culture, peripheral #2	Gerardo Salazar, RN
15:47:06	Orders Placed	Lab - Lactic acid with 2 Hours Reflex; Sedimentation Rate	Malini Randeep, PA
15:47:07	Lab Ordered	SEDIMENTATION RATE, LACTIC ACID WITH 2 HOUR REFLEX	Malini Randeep, PA
15:47:09	Orders Placed	Lab - C-reactive protein	Malini Randeep, PA
15:47:10	Lab Ordered	C-REACTIVE PROTEIN	Malini Randeep, PA
15:52:44	Print Label for Blood culture, peripheral #1 Completed	Blood culture, peripheral #1 - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
15:52:44	Print Label for Blood culture, peripheral #2 Completed	Blood culture, peripheral #2 - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
15:52:44	Print Label for C-reactive protein Completed	C-reactive protein - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
15:52:44	Print Label for Lactic acid with 2 Hours Reflex Completed	Lactic acid with 2 Hours Reflex - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
15:52:44	Print Label for Sedimentation Rate Completed	Sedimentation Rate - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
15:52:55	Orders Acknowledged	New - Lactic acid with 2 Hours Reflex; Sedimentation Rate; C-reactive protein	Gerardo Salazar, RN
15:54:07	Orders Placed	Consult - Inpatient consult to Neurosurgery	Malini Randeep, PA
15:54:13	Neuro Consult Ordered	Inpatient consult to Neurosurgery - [231265843]	Malini Randeep, PA

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

15:56:02	Note Shared	ED Prov Note filed by Malini Randeep, PA	Malini Randeep, PA
16:07:46	Orders Acknowledged	New - Inpatient consult to Neurosurgery	Gerardo Salazar, RN
16:29	Collect Blood culture, peripheral #1 Completed	Blood culture, peripheral #1 - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
16:29	Collect Blood culture, peripheral #2 Completed	Blood culture, peripheral #2 - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
16:29	Collect C-reactive protein Completed	C-reactive protein - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
16:29	Collect Lactic acid with 2 Hours Reflex Completed	Lactic acid with 2 Hours Reflex - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
16:29	Collect Sedimentation Rate Completed	Sedimentation Rate - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
16:29	Specimens Collected	Blood culture, peripheral #1 - ID: 25SW-062-MI0852 Type: Blood Blood culture, peripheral #2 - ID: 25SW-062-MI0853 Type: Blood Lactic acid with 2 Hours Reflex - ID: 25TE-062-CH0241 Type: Blood Sedimentation Rate - ID: 25TM-062-HE0859 Type: Blood C-reactive protein - ID: 25TM-062-CH1623 Type: Blood	Gerardo Salazar, RN
16:49:04	MRI lumbar spine w and wo IV contrast Resulted	Collected: 3/3/2025 16:49 Last updated: 3/3/2025 16:52 Status: Final result	Interface, Radiology Results In
16:49:04	Order Performed	MRI lumbar spine w and wo IV contrast - ID: 250303315028	
16:52:09	MRI Final Result	MRI lumbar spine w and wo IV contrast	Interface, Radiology Results In
16:52:09	MRI Final Result	(Final result) MRI LUMBAR SPINE W AND WO IV CONTRAST	Interface, Radiology Results In
17:00	Vital Signs	Vital Signs Restart Vitals Timer: Yes	Gerardo Salazar, RN
17:00	Glasgow Coma Scale	Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Gerardo Salazar, RN
17:00	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gerardo Salazar, RN
17:00	Complex Vitals	Vitals Heart Rate: 58 (Device Time: 17:00:00) Resp: 18 BP: 184/98 ! (Device Time: 17:00:00) MAP (mmHg): 135 ! (Device Time: 17:00:00) Oxygen Therapy SpO2: 100 % (Device Time: 17:00:00) Oxygen Therapy: None (Room air)	Gerardo Salazar, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

17:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Glasgow Coma Scale Glasgow Coma Scale Numeric: 15 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Gerardo Salazar, RN
17:00:19	Lab Resulted	(Final result) LACTIC ACID WITH 2 HOUR REFLEX	Lab, Background User
17:00:19	Lactic acid with 2 Hours Reflex Resulted	Collected: 3/3/2025 16:29 Last updated: 3/3/2025 17:00 Status: Final result Lactic Acid Lvl: 0.85 mmol/L [Ref Range: 0.5 - 2.2]	Lab, Background User
17:23:07	Emergent Medical Condition Possible		Lukman Olufemi Telufusi, PA
17:43:21	Lab Resulted	(Final result) C-REACTIVE PROTEIN	Lab, Background User
17:43:21	C-reactive protein Resulted	Abnormal Result Collected: 3/3/2025 16:29 Last updated: 3/3/2025 17:43 Status: Final result C-Reactive Protein: 16 mg/L ^ [Ref Range: <=10]	Lab, Background User
17:50:12	Lab Ordered	CRP HIGH SENSITIVITY	Michael Alexis Goutnik, MD
17:50:12	MRI Ordered	MRI ENTIRE SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD
17:50:12	Other Imaging Ordered	TRANSTHORACIC ECHO (TTE) COMPLETE	Michael Alexis Goutnik, MD
17:50:12	Orders Placed	Lab - CRP High Sensitivity	Michael Alexis Goutnik, MD
17:50:12	Orders Placed	Imaging - MRI entire spine w and wo IV contrast Echocardiography - Transthoracic echo (TTE) complete	Bhrugesh Jogeshkumar Shah, MD
17:50:50	Orders Acknowledged	New - CRP High Sensitivity; MRI entire spine w and wo IV contrast; Transthoracic echo (TTE) complete	Gerardo Salazar, RN
18:03	Infectious Disease Screening	Infectious Disease Screening Declined Test: Declines HIV Testing	Gerardo Salazar, RN
18:04:32	Print Label for CRP High Sensitivity Completed	CRP High Sensitivity - Type: Blood ; Source: Blood, Venous	Gerardo Salazar, RN
18:05	Vital Signs	Vital Signs Restart Vitals Timer: Yes	Gerardo Salazar, RN
18:05	Vitals Reassessment	Vitals Timer Restart Vitals Timer: Yes	Gerardo Salazar, RN
18:05	Complex Vitals	⌚ Vitals Heart Rate: 73 (Device Time: 18:05:00) Resp: 18 BP: 198/117 ! (Device Time: 18:07:00) MAP (mmHg): 148 ! (Device Time: 18:07:00) Oxygen Therapy SpO2: 97 % (Device Time: 18:05:00) Oxygen Therapy: None (Room air)	Gerardo Salazar, RN

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

18:05	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Gerardo Salazar, RN
18:06:56	Assign Resident	Abbey Lauren Pastorelle, MD assigned as Resident	Abbey Lauren Pastorelle, MD
18:06:56	Assign Physician		Abbey Lauren Pastorelle, MD
18:09:12	Orders Placed	Medications - ketorolac (Toradol) injection 15 mg	Abbey Lauren Pastorelle, MD
18:09:43	Orders Acknowledged	New - ketorolac (Toradol) injection 15 mg	Gerardo Salazar, RN
18:17:51	Remove Midlevel	Malini Randeep, PA removed as Physician Assistant	Malini Randeep, PA
18:18	Medication Given	ketorolac (Toradol) injection 15 mg - Dose: 15 mg ; Route: Intravenous ; Line: Peripheral IV 03/02/25 Anterior;Left Forearm ; Scheduled Time: 1810	Gerardo Salazar, RN
18:20:10	ED Note Filed	ED Prov Note filed by Malini Randeep, PA	Malini Randeep, PA
19:15	Neurological	Neurological Neuro (WDL): Within Defined Limits Neuro Pertinent Negatives: Alert and oriented x 4 Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15	Julian Malone, RN
19:15	Respiratory	Respiratory Respiratory (WDL): Within Defined Limits Oxygen Therapy: None (Room air)	Julian Malone, RN
19:15	Cardiac/Telemetry	Cardiac Cardiac (WDL): Within Defined Limits Pain Assessment Pain Assessment: DVPRS Pain Score: 6 Pain Rating Scale (DVPRS): Hard to ignore, avoid usual activities Pain Location: Back	Julian Malone, RN
19:15	Musculoskeletal	Musculoskeletal Musculoskeletal (WDL): Exceptions to WDL (generalized pain with movement, back pain)	Julian Malone, RN
19:15	Peripheral Vascular	Peripheral Vascular Peripheral Vascular (WDL): Within Defined Limits Peripheral Vascular Pertinent Negatives: +2 pulses	Julian Malone, RN
19:15	Custom Formula Data	Glasgow Coma Scale Glasgow Coma Scale Numeric: 15	Julian Malone, RN
19:26:56	Remove Nurse	Gerardo Salazar, RN removed as Registered Nurse	Gerardo Salazar, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

19:30	Vitals	⑨ Vital Signs Heart Rate: 62 (Device Time: 19:30:00) BP: 185/99 ! MAP (mmHg): 127 ! Oxygen Therapy SpO2: 100 % (Device Time: 19:30:00) Oxygen Therapy: None (Room air)	Julian Malone, RN
19:30	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Julian Malone, RN
19:35	Interfaced Flowsheet Data	Bamboo PDMP Risk Scores Overdose Risk Score: 590 (NARxCHECK scores) (Device Time: 19:35:00) Sedatives Risk Score: 450 (Device Time: 19:35:00) Stimulants Risk Score: 301 (Device Time: 19:35:00) Narcotics Risk Score: 490 (Device Time: 19:35:00)	Interface, Bamboo Doc Flowsheet In Bamboo
19:35:34	Assign Nurse	Julian Malone, RN assigned as Registered Nurse	Julian Malone, RN
19:38	Collect CRP High Sensitivity Completed	CRP High Sensitivity - Type: Blood ; Source: Blood, Venous	Julian Malone, RN
19:38:17	Specimens Collected	CRP High Sensitivity - ID: 25SW-062-CH0852 Type: Blood	Julian Malone, RN
19:50:32	Sedimentation Rate Resulted	Abnormal Result Collected: 3/3/2025 16:29 Last updated: 3/3/2025 19:50 Status: Final result Sedimentation Rate: 44 mm/hr^ [Ref Range: 0 - 15]	Shilpa Shetty, MT
19:50:32	Lab Resulted	(Final result) SEDIMENTATION RATE	Lab, Background User
21:00	Vitals	⑩ Vital Signs Heart Rate: 68 (Device Time: 21:00:00) BP: 161/81 ! (Device Time: 21:01:00) MAP (mmHg): 112 ! (Device Time: 21:01:00) Oxygen Therapy SpO2: 95 % Oxygen Therapy: None (Room air)	Julian Malone, RN
21:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Julian Malone, RN
21:11:05	Registration Completed		Katherine Miranda
21:31:15	Orders Placed	Medications - gabapentin (Neurontin) capsule 800 mg	Abbey Lauren Pastorelle, MD
22:00	Vitals	Oxygen Therapy Oxygen Therapy: None (Room air)	Julian Malone, RN

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

22:00	Complex Vitals	Vitals Heart Rate: 64 (Device Time: 22:00:00) BP: 185/96 ! (Device Time: 22:00:00) MAP (mmHg): 132 ! (Device Time: 22:00:00) Oxygen Therapy SpO2: 96 % (Device Time: 22:00:00)	Julian Malone, RN
22:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Julian Malone, RN
22:12:47	Assign Attending	Mary K Gorlick, MD assigned as Attending	Mary K Gorlick, MD
22:12:47	Assign Physician		Mary K Gorlick, MD
22:13:42	Remove Resident	Abbey Lauren Pastorelle, MD removed as Resident	Altamish Faiaz Daredia, MD
22:13:42	Assign Resident	Altamish Faiaz Daredia, MD assigned as Resident	Altamish Faiaz Daredia, MD
22:13:42	Assign Physician		Altamish Faiaz Daredia, MD
22:21:40	ED Provider Notes	Note filed at this time	Altamish Faiaz Daredia, MD; Cosign required
22:21:41	Note Shared	ED Prov Note filed by Altamish Faiaz Daredia, MD	Altamish Faiaz Daredia, MD
22:28	Patient Status Change to Inpatient		Georges Israel Labaze, MD
22:28:50	Admit/Obs Disposition Selected	ED Disposition set to Admit/Observation.	Georges Israel Labaze, MD
22:28:50	Disposition Selected		Georges Israel Labaze, MD
22:28:50	Admit Disposition Selected		Georges Israel Labaze, MD
22:28:50	Orders Placed	Admission - Admit to inpatient	Georges Israel Labaze, MD
22:28:53	Team Member Assigned	Benjamin D Mouser, MD assigned as Admitting	Georges Israel Labaze, MD
22:28:53	ED IP Bed Requested	Requested: TMC 5J NEU	Georges Israel Labaze, MD
22:28:53	Bed Request Ready	Ready to Plan: TMC 5J NEU to Plan	Georges Israel Labaze, MD
22:28:53	ED Boarder Patient	ADT1 Signed Before IP Bed Assigned - Admit to inpatient - [231400029]	Georges Israel Labaze, MD
22:30:12	Bed Pre-Assigned	Preassigned: TMC 5J NEU	Calista Silva-Ford, RN
22:34	Medication Given	gabapentin (Neurontin) capsule 800 mg - Dose: 800 mg ; Route: Oral ; Scheduled Time: 2135	Julian Malone, RN
22:47:30	Lab Resulted	(Final result) CRP HIGH SENSITIVITY	Lab, Background User

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

22:47:30	CRP High Sensitivity Resulted	Abnormal Result Collected: 3/3/2025 19:38 Last updated: 3/3/2025 22:47 Status: Final result CRP, High Sensitivity: 9.54 mg/L ^ [Ref Range: <=3.00] (User Low Risk: < 1 mg/L Average Risk: 1-3 mg/L High Risk: > 3 mg/L)	Lab, Background
23:00	Vitals	● Vital Signs Heart Rate: 71 (Device Time: 23:00:00) BP: 155/89 (Device Time: 23:00:00) MAP (mmHg): 115 ! (Device Time: 23:00:00) Oxygen Therapy SpO2: 100 % (Device Time: 23:00:00) Oxygen Therapy: None (Room air)	Julian Malone, RN
23:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Julian Malone, RN
23:42:50	Hospital bed ready	Bed Ready: TMC 5J NEU - J5.553/J5.553	Calista Silva-Ford, RN
23:47:58	Bed Request Ready	Ready to Plan: TMC 5J NEU to Plan	Calista Silva-Ford, RN
23:48:52	Bed Pre-Assigned	Preassigned: TMC 5J NEU	Calista Silva-Ford, RN

3/4/2025	Event	Details	User
00:50:23	Orders Placed	Point of Care Testing - Docked Device - POCT Glucose PT - PT Eval and Treat OT - OT Eval and Treat Nursing - Vital Signs; Pulse Oximetry Spot Check by Nurse; Hypoglycemia Management (BG < 70 mg/dL); Notify MD If hypoglycemia persists for more than 30 minutes; Notify MD; Notify MD; Notify MD; Call physicians for further orders if pain is unrelieved; Contact physician to discontinue all previous orders for "as-needed" analgesics.; If PCA is ordered, contact physician to discontinue all PRN Pain Medications on the MAR; Thermal Therapy; Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily Medications - sodium chloride (NS) 0.9 % flush 10 mL; sodium chloride (NS) 0.9 % flush 10 mL; dextrose 50 % solution 12.5 g; dextrose 50 % solution 25 g; glucagon injection 1 mg; naloxone (Narcan) injection 0.04 mg; oxyCODONE (Roxicodone) immediate release tablet 5 mg; traMADol (Ultram) tablet 50 mg; acetaminophen (Tylenol) tablet 1,000 mg; docusate sodium (Colace) capsule 100 mg; polyethylene glycol (PEG) 3350 (Miralax) packet 17 g Lab - Complete Blood Count w/Diff and Platelet; Basic metabolic panel Diet - Adult Diet Regular CORE MEASURES - Reason for No Pharmacological VTE Prophylaxis; Apply graduated compression stockings	Bhrugesh Jogeshkumar Shah, MD
00:50:24	Lab Ordered	BASIC METABOLIC PANEL, COMPLETE BLOOD COUNT W/DIFF AND PLATELET, POCT GLUCOSE METER	Bhrugesh Jogeshkumar Shah, MD
00:50:25	Orders Completed	Reason for No Pharmacological VTE Prophylaxis ; Apply graduated compression stockings	Bhrugesh Jogeshkumar Shah, MD

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

00:55	Medication Given	sodium chloride (NS) 0.9 % flush 10 mL - Dose: 10 mL ; Route: Intravenous ; Line: Peripheral IV 03/02/25 Anterior;Left Forearm ; Scheduled Time: 0055	Charlicie Cagle, RN
00:59:44	Orders Placed	Medications - gabapentin (Neurontin) tablet 800 mg; DULoxetine (Cymbalta) DR capsule 30 mg; losartan (Cozaar) tablet 50 mg	Bhrugesh Jogeshkumar Shah, MD
01:15:49	ED Boarder Patient		Rani Gabat, RN
01:22:30	Orders Modified	Rx Verify - gabapentin (Neurontin) capsule 800 mg (Comment: Modified during verification from gabapentin (Neurontin) tablet 800 mg)	Hilda Ankutse, PharmD
01:30	Vitals	Oxygen Therapy Oxygen Therapy: None (Room air)	Julian Malone, RN
01:30	Complex Vitals	⌚ Vitals Heart Rate: 58 (Device Time: 01:30:00) BP: 183/81 ! (Device Time: 01:31:00) MAP (mmHg): 116 ! (Device Time: 01:31:00) Oxygen Therapy SpO2: 100 % (Device Time: 01:30:00)	Julian Malone, RN
01:30	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Julian Malone, RN
01:45	Complex Vitals	⌚ Vitals Heart Rate: 56 (Device Time: 01:45:00) BP: 160/86 (Device Time: 01:46:00) MAP (mmHg): 118 ! (Device Time: 01:46:00) Oxygen Therapy SpO2: 94 % (Device Time: 01:45:00)	Charlicie Cagle, RN
01:45	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Charlicie Cagle, RN
01:46	Medication Given	oxyCODONE (Roxicodone) immediate release tablet 5 mg - Dose: 5 mg ; Route: Oral	Charlicie Cagle, RN
01:46	Medication Given	acetaminophen (Tylenol) tablet 1,000 mg - Dose: 1,000 mg ; Route: Oral ; Scheduled Time: 0055	Charlicie Cagle, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

03:00	Complex Vitals	Vitals Heart Rate: 61 (Device Time: 03:00:00) BP: 144/81 (Device Time: 03:01:00) MAP (mmHg): 104 ! (Device Time: 03:01:00) Oxygen Therapy SpO2: 94 % (Device Time: 03:00:00)	Charlicie Cagle, RN
03:00	Custom Formula Data	Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Other flowsheet entries Hemorrhage Risk Assessment Score: -1000	Charlicie Cagle, RN
03:34:51	IP Bed Assigned	Assigned: TMC 5J NEU - J5.501/J5.501	Calista Silva-Ford, RN
03:35:50	Hospital bed ready	Bed Ready: TMC 5J NEU - J5.501/J5.501	Nachen Seymore
03:50:39	Assign Nurse	Daine Joseph, RN assigned as Registered Nurse	Daine Joseph, RN
03:51:36	Orders Acknowledged	New - MRI entire spine w and wo IV contrast; Transthoracic echo (TTE) complete; gabapentin (Neurontin) capsule 800 mg; Admit to inpatient; Adult Diet Regular; Vital Signs; Pulse Oximetry Spot Check by Nurse; sodium chloride (NS) 0.9 % flush 10 mL; sodium chloride (NS) 0.9 % flush 10 mL; Hypoglycemia Management (BG < 70 mg/dL); dextrose 50 % solution 12.5 g; dextrose 50 % solution 25 g; glucagon injection 1 mg; Notify MD If hypoglycemia persists for more than 30 minutes; Notify MD; Notify MD; Notify MD; PT Eval and Treat; OT Eval and Treat; Complete Blood Count w/Diff and Platelet; Basic metabolic panel; Reason for No Pharmacological VTE Prophylaxis; Apply graduated compression stockings; Call physicians for further orders if pain is unrelieved; Contact physician to discontinue all previous orders for "as-needed" analgesics.; If PCA is ordered, contact physician to discontinue all PRN Pain Medications on the MAR; Thermal Therapy; naloxone (Narcan) injection 0.04 mg; oxyCODONE (Roxicodone) immediate release tablet 5 mg; traMADol (Ultram) tablet 50 mg; acetaminophen (Tylenol) tablet 1,000 mg; docusate sodium (Colace) capsule 100 mg; polyethylene glycol (PEG) 3350 (Miralax) packet 17 g; Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily; gabapentin (Neurontin) capsule 800 mg; DULoxetine (Cymbalta) DR capsule 30 mg; losartan (Cozaar) tablet 50 mg	Daine Joseph, RN
04:10	Encounter Vitals	Encounter Vitals BP: 144/81 Heart Rate: 61 Weight: 74.8 kg (164 lb 14.5 oz) Height: 175.3 cm (5' 9.02")	Hang Cortes, RT
04:10	Anthropometrics	Anthropometrics Weight Change: -0.06	Hang Cortes, RT

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

04:10	Custom Formula Data	Anthropometrics IBW/kg (Calculated) : 70.74 Adjusted body weight (calculated): 72.36 kg Weight and Growth Recommendation IBW/kg (Calculated) Male: 70.74 kg Anthropometrics BMI (Calculated): 24.34 Vital Signs BMI (Calculated): 24.34 Height and Weight BSA (Calculated - sq m): 1.91 sq meters Weight in (lb) to have BMI = 25: 169 Vigilance Interface Values Para: 0 Para Term: 0 Para PreTerm: 0 Total AB: 0 Living: 0 Measurements BMI (Calculated): 24.4 Percent Excess Weight Loss: 0 Percent Weight Loss Since Preop (kg): -74.8 kg Excess Body Weight (kg): -76.83 kg IBW in kg (Bariatric): 76.83 kg Weight Loss Since Last Bariatric Visit (kg): 0.04 kg Percent of IBW: 103 Percent EBW in kg (Bariatric): -2.05 kg EBW in lb (Bariatric): 4.8 lb Bariatric Measurements IBW in lb (Bariatric): 169.37 Weight and Growth Recommendation IBW/kg (Calculated) Male: 70.74 kg Adult IBW/VT Calculations IBW/kg (Calculated) : 72.77 Low Range Vt 6mL/kg : 436.62 mL/kg Adult Moderate Range Vt 8mL/kg : 582.16 mL/kg Adult High Range Vt 10mL/kg: 727.7 mL/kg Adult High Range Vt 8mL/kg : 582.16 mL/kg Adult Moderate Range Vt 7mL/kg : 509.39 mL/kg Other flowsheet entries Adult Female Ideal Body Weight (European): 65.771 kg Adjusted Ideal Body Weight: 69.38 Hemorrhage Risk Assessment Score: -1000 IBW in lb (Bariatric): 160.1 lb	Hang Cortes, RT
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04:17	Patient transferred	From room EC52 to room Off The Floor - Pool	Julian Malone, RN
04:17:21	Patient transferred to OTF		Julian Malone, RN
04:18:51	Imaging Exam Started	Transthoracic echo (TTE) complete	Hang Cortes, RT

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

04:30	Complex Assessment	Neurological Level of Consciousness: Alert (Normal) Orientation Level: Oriented X4 Cognition: Appropriate judgement; Follows commands Speech: Clear R Pupil Size (mm): 3 mm R Pupil Shape: Round R Pupil Reaction: Brisk L Pupil Size (mm): 3 mm L Pupil Shape: Round L Pupil Reaction: Brisk RUE Motor Response: Follows commands RUE Sensation: Full sensation RUE Motor Strength: Normal strength LUE Motor Response: Follows commands LUE Sensation: Full sensation LUE Motor Strength: Normal strength RLE Motor Response: Follows commands RLE Sensation: Full sensation RLE Motor Strength: Normal strength LLE Motor Response: Follows commands LLE Sensation: Full sensation LLE Motor Strength: Normal strength Reflexes Gag Reflex: Present Cough Reflex: Present Glasgow Coma Scale Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15 Head, Ears, Eyes, Nose, and Throat (HEENT) Head, Ears, Eyes, Nose, and Throat (WDL): Exceptions to WDL Head and Face: Symmetrical R Eye: Intact L Eye: Intact R Ear: Intact L Ear: Intact Nose: Intact Lips: Symmetrical Throat: Intact Tongue: Pink; Moist Mucous Membrane(s): Moist; Pink; Intact Teeth: Intact Respiratory Respiratory (WDL): Exceptions to WDL Respiratory Depth/Rhythm: Regular Respiratory Effort: Unlabored Dyspnea Occurrence: None Chest Assessment: Symmetrical Bilateral Breath Sounds: Clear R Breath Sounds: Clear L Breath Sounds: Clear Cough: None Cardiac Cardiac (WDL): Exceptions to WDL Cardiac Regularity: Regular Heart Sounds: S1, S2 Jugular Venous Distention (JVD): No Cardiac Rhythm: NSR Detailed Cardiac Monitoring Measurements: No Cardiac Symptoms: None	Daine Joseph, RN
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03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

ED Care Timeline (continued)

Cardiac Monitor
Bedside Cardiac Monitor On: No
Peripheral Vascular
Peripheral Vascular (WDL): Within Defined Limits
Integumentary
Integumentary (WDL): Exceptions to WDL
Skin Condition: Dry
Skin Temperature: Warm
Skin Integrity: Other (Comment) (G-tube site abdomen)
Skin Turgor: Non-tenting
Second Nurse Skin Signoff: Jomel RN
Musculoskeletal
Musculoskeletal (WDL): Within Defined Limits
Gastrointestinal
Gastrointestinal (WDL): Within Defined Limits
Genitourinary
Genitourinary (WDL): Exceptions to WDL
Urinary Incontinence: No
Urine Color: Yellow:straw
Suprapubic Tenderness: No
Genitourinary Symptoms: None
Urine Assessment
Urinary Incontinence: No
Urine Color: Yellow:straw
Psychosocial
Psychosocial (WDL): Within Defined Limits
Charting Type
Charting Type: Shift assessment
GI Interventions
GI Interventions Performed: Encouraged adequate fluid intake; Frequent small meals

04:30	Vitals	Pain Assessment Pain Assessment: DVPRS Pain Score: 8 Pain Rating Scale (DVPRS): Awful, hard to do anything Pain Type: Chronic pain Pain Location: Back Pain Orientation: Posterior Pain Descriptors: Aching Pain Frequency: Intermittent Pain Onset: Gradual Clinical Progression: Gradually worsening Patient's Stated Pain Goal: 8 Pain Interventions: Medication (See MAR)	Daine Joseph, RN
04:30	Custom Formula Data	Glasgow Coma Scale Glasgow Coma Scale Numeric: 15 Fall Risk Scale Fall Risk Calculated Score: 3 (Hester Davis) Other flowsheet entries Goal met?: Goal not met Time since last AM-PAC (hours): 0 Mobility performed compared to goal: -6 Most recent goal: 7 Count of JH-HLM performed (today): 1	Daine Joseph, RN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

ED Care Timeline (continued)

04:30	Daily Cares/Safety	Precautions	Daine Joseph, RN
		Precautions: Fall Safe Environment Arm Bands On: ID; Allergies; Fall The Patient's Environment is Safe: Yes Standard Bedside Safety: Suction available and working Additional Bedside Safety: Bed in locked and low position; Clutter free environment Call Light Within Reach: Yes Overbed Table Within Reach: Yes Bed In Lowest Position: Yes Bed Wheels Locked: Yes Side Rails/Bed Safety: 2/4 NonSkid Footwear: On Hester Davis Fall Risk Assessment Last Known Fall: No falls Mobility: No limitations Medications: Cardiovascular or central nervous system meds Medication Interventions: Adjust med admin per side effects (i.e., Lasix to be given in AM); Answer call light promptly Mental Status/LOC/Awareness: Awake, alert, and oriented to date, place, and person Mental Status/LOC/Awareness Interventions: Activate bed/chair alarm Toileting Needs: No needs Volume/Electrolyte Status: No problems Communication/Sensory: No deficits Behavior: Appropriate behavior Hester Davis Fall Risk Total: 3 Hester Davis Fall Risk: Universal Fall Risk Interventions Toilet Every 2 Hours-In Advance of Need: Yes Hourly Visual Checks: Awake Fall Armband On: Yes Room Door Open: Yes Gait Belt Used For Transfers: Not applicable Alarm On: Bed AM-PAC Basic Mobility Inpatient Turning in bed without bedrails: None Lying on back to sitting on edge of flat bed: None Bed to chair: None Standing up from chair: None Walk in room: None Climbing 3-5 stairs: None Mobility Inpatient Raw Score: 24 JH-HLM Goal: 7 Mobility Highest Level of Mobility Performed (JH-HLM): Lying in bed Activity: Bedrest Level of Assistance: Assistive person Repositioned: Turns self Positioning Frequency: Able to turn self Head of Bed Elevated : HOB 30 Heels/Feet: Bilateral heel protectors Range of Motion: Active Anti-Embolism Devices: Bilateral Anti-Embolism Intervention: Refused Nutrition Feeding: Independent Appetite: Good Hygiene CHG (Chlorhexidine Gluconate) Hygiene: Bath Incontinence Protective Devices: Applied; Diaper	

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****ED Care Timeline (continued)**

Level of Assistance: Assistive person
Comfort and Environment Interventions
Comfort: Repositioned
Additional Comfort/Environmental Interventions: Quiet Environment
Safety Equipment at Bedside
Safety Equipment at Bedside: Suction
Entertainment
Entertainment Activities: Watching TV/movies/sports

04:30	Peripheral IV 03/02/25 Anterior;Left Forearm Assessment	Site Assessment: Clean; Dry; Intact Dressing Status: Clean; Intact; Dry Line Status: Flushed; Saline locked Reason Not Rotated: Not due Dressing Type: Transparent Phlebitis Score: 0 Infiltration Score: 0	Daine Joseph, RN
04:31	Patient admitted	To department TMC JONES 5 NEUROSCIENCE ACUTE CARE	Toina Elzie
04:31:11	Orders Completed	Admit to inpatient	Toina Elzie

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****H&P Notes****H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 0043**

Author: Bhrugesh Jogeshkumar Shah, MD Service: Internal Medicine
Filed: 3/4/2025 1:00 AM Date of Service: 3/4/2025 12:43 AM
Editor: Bhrugesh Jogeshkumar Shah, MD (Physician)

Author Type: Physician
Status: Signed

Subjective**Chief Complaint**

Patient presents with:

- Back Pain

:

History Of Present Illness^[BS.1T]

50-year-old gentleman with past medical history significant for back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p^[BS.1C] gastric bypass^[BS.1M], esophageal stricture with J tube placement, h/o TPN via central line, complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

Patient otherwise hemodynamically stable. Denies any bowel bladder incontinence or saddle anesthesia. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. Patient otherwise denies any fever. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

Patient continues to have leakage from the G-tube stoma. Patient is able to tolerate p.o. intake. He only uses G-tube for medications. Patient has complex bariatric^[BS.1C] surgery history.^[BS.1M]

Past Medical History^[BS.1T]

HTN

Back pain

H/o MRSA infection

Spinal osteomyelitis^[BS.1M]

Surgical History

He has no past surgical history on file.

Family History

No family history on file.

Social History

He has no history on file for tobacco use, alcohol use, and drug use.

Allergies

Patient has no known allergies.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****H&P Notes (continued)****Medications**No current outpatient medications^[BS.1T]Review of Systems^[BS.1M]**Objective****Last Recorded Vitals**Blood pressure (!) 185/96, pulse 64, temperature 36.7 °C (98 °F), resp. rate 18, height 1.753 m (5' 9"), weight 74.8 kg (165 lb), SpO2 96%.^[BS.1T]**Physical Exam:**

General Alert awake oriented not in apparent distress

Heart regular rate and rhythm

Lungs clear to auscultation bilaterally

Abdomen soft nontender, G stoma present, peristomal leaking noted covered in gauze

Neuro A and O x 3

Musculoskeletal no midline spinal tenderness noted, right lower extremity straight leg test positive with pain radiating to his right glutes.^[BS.1M]**Lab Results****Results from last 7 days**

Lab	Units	03/02/25 2050
WBC	10 ³ /uL	6.97
HEMOGLOBIN	g/dL	13.0
HEMATOCRIT	%	40.0
PLATELETS	10 ³ /uL	348

Results from last 7 days

Lab	Units	03/02/25 2050
SODIUM	mEq/L	131*
POTASSIUM	mEq/L	3.8
CHLORIDE	mEq/L	98
CO2	mEq/L	30.2
BUN	mg/dL	9
CREATININE	mg/dL	0.78
GLUCOSE	mg/dL	101*
CALCIUM	mg/dL	8.3

Imaging Results^[BS.1T]

MRI lumbar spine w and wo IV contrast

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****H&P Notes (continued)**

Result Date: 3/3/2025

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST DATE: 3/3/2025 11:02 INDICATION: lower back pain . COMPARISON: Correlation to abdomen pelvis CT 12/11/2020 TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine. IV contrast: Refer to MRI technologist documentation FINDINGS: Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5. Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1. Postoperative: L4 and L5 laminectomy. Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion. Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5. Conus medullaris: Normal in size and signal. Terminates at L1-L2. Cauda equina: Nonenlarged. Individual levels: L1-L2: Normal. L2-L3: Normal. L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis. L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing. L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion. No significant spinal canal stenosis. Other: Incidental retroperitoneal structures are unremarkable Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute on chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid IMPRESSION: * Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. * No evidence of fluid collections. * Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion. This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41 This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings. Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49^[BS.2T]

Assessment**Assessment & Plan**

Acute midline low back pain with right-sided sciatica^[BS.1T]

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture
No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

Pending entire MRI imaging of spine

CRP mildly elevated

Will monitor off antibiotics for now

PT OT evaluation

PT is duloxetine and Gabapentin

Will resume

MMPR with tylenol tramadol and Oxycodone^[BS.1M]

Hypertension^[BS.1T]

Lisinopril

Resume^[BS.1M]

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

H&P Notes (continued)

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)^[BS.1T]

Neurosurgery is on board^[BS.1M]

Discitis^[BS.1T]

As above imaging findings concerning for discitis

Blood cultures were drawn^[BS.1M]

History of MRSA infection^[BS.1T]

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered^[BS.1M]

Malfunction of gastrostomy tube (CMS/HCC) (HCC)^[BS.1T]

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation^[BS.1M]

VTE prophylaxis:^[BS.1T] Holding chemo ppx until^[BS.1M]

Disposition:^[BS.1T] Follow hospital course^[BS.1M]

Electronically signed by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 1:00 AM

Attribution Key

BS.1 - Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 12:43 AM

BS.2 - Bhrugesh Jogeshkumar Shah, MD on 3/4/2025 12:44 AM

C - Copied, M - Manual, T - Template

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Discharge Summary Note****Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 1429**

Author: Omar Naji Saab Saab, MD
Filed: 3/8/2025 3:22 PM
Editor: Omar Naji Saab Saab, MD (Physician)

Service: Internal Medicine
Date of Service: 3/7/2025 2:29 PM

Author Type: Physician
Status: Addendum

Date of discharge:^[OS.1T]

3/7/2025^[OS.2T]

Discharge Diagnosis^[OS.1T]**Principal Problem:**

Acute midline low back pain with right-sided sciatica

Active Problems:

Hypertension

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Anemia, unspecified

Resolved Problems:

* No resolved hospital problems. *^[OS.2T]

Hospital Course^[OS.1T]

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

During this admission:

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

ID recommended:

- Daptomycin 8mg/kg Q24 until 3/16/25
- Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to (281) 365-0085

Attention Dr Charles Ericsson

Outpatient follow up:

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Discharge Summary Note (continued)**

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury
- Pain management doctor:

UT Pain clinics

Pearland Main Branch: 713-486-6000

MHOSH Pain Clinic: 713-486-6000

Bayshore Pain Clinic: 713-486-6325

Addendum:

- Pain management team met with the patient and made recommendations, the patient was not satisfied with.
- During the afternoon round of the floor quality manager, the patient mentioned to her that his pain is not well controlled and he would go get drugs by himself, this was reported to the primary and ID teams. I personally discussed it with the patient, he mentioned that he was joking, but after discussing with the nurses; it seems this is not the first time he spoke about getting pain drugs from non-prescription sources.
- Based on that ID canceled his OPAT as risks are over the benefits.
- We offered him to stay in the hospital for IV antibiotics, vs going to SNF for IV antibiotics, or at least to stay until Monday to arrange a visit to his primary ID doctor, but the patient insisted to ask the RN to remove his PICC line and leave.
- We told him this will be AMA as you are not following our medical advices.
- I discussed this issue with the CM, charge nurse, ID doctor, and risk assessment division.
- The patient has capacity to make decisions.
- I will order doxycycline pills to be sent to his pharmacy, although it is not an optimal option and not a common practice for patients leaving AMA , but we concerned about the patient's health and we want to help him out in any way we can.^[OS.2T]

Information Provided to Patient/Family

I discussed with the patient/family details of the stay. See After Visit Summary which were reviewed and shared with patient/family.

Operative Procedures Performed^[OS.1T]

Procedure(s):

LUMBAR 5 CORPECTOMY, LUMBAR 3- PELVIS POSTERIOR SPINAL FUSION^[OS.2T]

Pertinent Physical Exam At Time of Discharge^[OS.1T]

Physical Exam:^[OS.1M]

General: NAD

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Discharge Summary Note (continued)**

Abdomen: soft, non tender

Back: no CVA tenderness

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE 3/5, LLE 5/5

Pulses: Good pulses in the upper and lower extremities^[OS.1C]

Patient Condition at Discharge^[OS.1T]

Stable^[OS.1M]

Disposition^[OS.1T]

Home with Home Health^[OS.2T]

Discharge Medications^[OS.1T]**New**

- acetaminophen (Tylenol) 500 MG tablet - 1,000 mg Every 6 hours scheduled
- heparin flush 100 units/mL solution - 300 Units As needed (3 mL)
- Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection - 30 Units As needed
- ibuprofen 800 MG tablet - 800 mg Every 8 hours PRN
- melatonin 3 MG tablet - 6 mg Nightly PRN
- methocarbamol (Robaxin) 500 MG tablet - 500 mg Every 6 hours scheduled
- oxyCODONE (Roxicodone) 10 MG immediate release tablet - 10 mg Every 6 hours PRN
- polyethylene glycol, PEG, 3350 (Miralax) 17 g packet - 17 g Daily
- sennosides (Senokot) 8.6 MG tablet - 17.2 mg Nightly (2 tablet)
- sodium chloride (NS) 0.9 % flush - 10 mL As needed
- sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg - 600 mg Every 24 hours scheduled (rounded from 598.4 mg = 8 mg/kg × 74.8 kg)

Changed

- DULoxetine (Cymbalta) 60 MG DR capsule - 60 mg Daily - Dose changed from "30 mg" to "60 mg". Frequency changed from "Daily 630" to "Daily".
- gabapentin (Neurontin) 600 MG tablet - 1,200 mg 3 times daily - Dose changed from "800 mg" to "1,200 mg". Frequency changed from "2 times daily" to "3 times daily".
- losartan (Cozaar) 100 MG tablet - 100 mg Daily - Dose changed from "50 mg" to "100 mg". Frequency changed from "Daily RT" to "Daily".

Stopped

- clindamycin (Cleocin) 300 MG capsule - 300 mg 3 times daily

Continued

- amphetamine-dextroamphetamine (Adderall) 30 MG tablet - 30 mg 2 times daily
- LORazepam (Ativan) 1 MG tablet - 1 mg Daily PRN^[OS.2T]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Discharge Summary Note (continued)****Test Results Pending At Discharge^[OS.1T]****Pending Labs**

Order	Current Status
Candida Auris Fungal Culture Surveillance	In process
Blood culture, peripheral #1	Preliminary result
Blood culture, peripheral #2	Preliminary result ^[OS.2T]

Issues Requiring Follow-Up^[OS.1T]Weekly labs^[OS.1M]**Outpatient Follow-Up^[OS.1T]**

Ambulatory referral to Home Health 3/6/2025 (Approximate)

Home Health Services

Referral to Home Health for Home Infusion 3/6/2025 (Approximate)

Home Health ServicesFollow Up In Internal Medicine 3/10/2025^[OS.2T]**Time Spent:** I have spent total^[OS.1T] 120^[OS.3M] minutes completing this discharge.^[OS.1T]

Electronically signed by Omar Naji Saab Saab, MD at 3/8/2025 3:22 PM

Attribution Key

- OS.1 - Omar Naji Saab Saab, MD on 3/7/2025 2:29 PM
- OS.2 - Omar Naji Saab Saab, MD on 3/7/2025 6:48 PM
- OS.3 - Omar Naji Saab Saab, MD on 3/8/2025 3:21 PM
- C - Copied, M - Manual, T - Template

Coding Queries**Coding Query sent by Hb, Background to on 3/3/2025 0055**

Created: 3/3/2025 0055

Recipients:



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Coding Queries (continued)

Current status: Completed

Outcome: Auto Completed - Provider Response Received

Responding provider: McKenzie Ermis, EMT

Suggested response note: —

Message History: ---- Message ----

From: McKenzie Ermis, EMT

Sent: 3/3/2025 12:55 AM CST

Subject: ED Provider Note

This is an auto-generated reply.

The following user has specified that this query has been addressed:

McKenzie Ermis, EMT : 3/3/2025 12:55 AM CST

Coding Query sent by Hb, Background to Eric J Power, MD on 3/3/2025 0603

Created: 3/3/2025 0603

Recipients: Eric J Power, MD

Current status: Completed

Outcome: Auto Completed - Provider Response Received

Responding provider: Eric J Power, MD

Suggested response note: —

Message History: ---- Message ----

From: Eric J Power, MD

Sent: 3/6/2025 4:07 PM CST

Subject: ED Provider Note

This is an auto-generated reply.

The following user has specified that this query has been addressed:

Eric J Power, MD : 3/6/2025 4:07 PM CST

Coding Query sent by Hb, Background to Samuel David Luber, MD on 3/3/2025 1820

Created: 3/3/2025 1820

Recipients: Samuel David Luber, MD

Current status: Completed

Outcome: Auto Completed - Provider Response Received

Responding provider: Samuel David Luber, MD

Suggested response note: —

Message History: ---- Message ----

From: Samuel David Luber, MD

Sent: 3/5/2025 1:24 PM CST

Subject: ED Provider Note

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Coding Queries (continued)

This is an auto-generated reply.

The following user has specified that this query has been addressed:

Samuel David Luber, MD : 3/5/2025 1:24 PM CST

Coding Query sent by Hb, Background to on 3/4/2025 0431

Created: 3/4/2025 0431

Recipients:

Current status: Completed

Outcome: Auto Completed - Provider Response Received

Responding provider: Toina Elzie

Suggested response note: —

Message History: ----- Message -----

From: Toina Elzie

Sent: 3/4/2025 4:31 AM CST

Subject: History & Physical

This is an auto-generated reply.

The following user has specified that this query has been addressed:

Toina Elzie : 3/4/2025 4:31 AM CST

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes

Consults

Michael Alexis Goutnik, MD at 3/3/2025 2056

Author: Michael Alexis Goutnik, MD

Service: Neurosurgery

Author Type: Resident

Filed: 3/3/2025 9:01 PM

Date of Service: 3/3/2025 8:56 PM

Status: Signed

Editor: Michael Alexis Goutnik, MD (Resident)

Cosigner: Karl M Schmitt, MD at 3/5/2025
 2:51 PM

Consult Orders

- Inpatient consult to Neurosurgery [231265843] ordered by Malini Randeep, PA at 03/03/25 1554

NEUROSURGERY Consult

Date: [MG.1C] 03/03/25 [MG.1T]	Patients Name: [MG.1C] Steve Kaminczak [MG.1T]
Admit Date: [MG.1C] 3/3/2025 [MG.1T]	MRN: [MG.1C] 38345229 [MG.1T]
Admitting Provider: [MG.1C] Carolyn L Gardiner, MD [MG.1T]	DOB: [MG.1C] 5/28/1974 [MG.1T]
Service: Neurosurgery Spine Trauma	Age/Sex: [MG.1C] 50 y.o. male [MG.1T]

CHIEF COMPLAINT:

- Chief Complaint: back pain [MG.1C], difficulty ambulating [MG.1M]
- Consult Time: [MG.1C] 8:56 PM [MG.1T]
- Evaluation Time: [MG.1C] 8:56 PM [MG.1T]

HISTORY AND PHYSICAL: [MG.1C]

Steve Kaminczak [MG.1T] is a [MG.1C] 50 y.o. male [MG.1T] with history of [MG.1C] esophageal stricture, HTN, [MG.1M] L3-L4-L5 compression fractures, L5/S1 discitis/osteo in 11/2024 treated with [MG.1C] 6 weeks of [MG.1M] daptomycin and discharged 12/30 [MG.1C] [MG.1M] treated at Catholic Health Initiatives, present [MG.1C]ing [MG.1M] to ER with worsening back pain, and [MG.1C] difficulty walking for 2 days [MG.1M]. NSGY consulted for MRI lumbar spine showing discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. Patient denies bladder incontinence [MG.1C] and saddle anesthesia [MG.1M]. [MG.1C] He denies drug use, and blood thinner use. [MG.1M] Patient [MG.1C] endorses compliance with [MG.1M] daptomycin. No antiplatelet anticoagulant use. [MG.1C] He has a remote lumbar laminectomy history over 25 years ago. [MG.1M]

REVIEW OF SYSTEMS:

14 point review of systems was performed and negative except for those noted in the HPI

MEDICAL HISTORY:

PAST MEDICAL HISTORY: [MG.1C]

History reviewed. No pertinent past medical history. [MG.1T]

PAST SURGICAL HISTORY: [MG.1C]

History reviewed. No pertinent surgical history. [MG.1T]

PRE-ADMISSION MEDICATIONS: [MG.1C]

(Not in a hospital admission) [MG.1T]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****ALLERGIES:**^[MG.1C]No Known Allergies^[MG.1T]**SOCIAL HISTORY:**^[MG.1C]**Social History****Tobacco Use**

- Smoking status: Unknown^[MG.1T]

No drug use^[MG.1M]**FAMILY HISTORY:**Family history is non-contributory to current disease process^[MG.1C]No family history on file.^[MG.1T]**VITAL SIGNS:**^[MG.1C]**Vitals:**

	03/03/25 1500	03/03/25 1700	03/03/25 1805	03/03/25 1930
BP:	(!) 148/94	(!) 184/98	(!) 198/117	(!) 185/99
Pulse:	78	58	73	62
Resp:	18	18	18	
Temp:				
SpO2:	94%	100%	97%	100% ^[MG.1T]

PHYSICAL EXAM:

Eye Opening: Spontaneously (4) Verbal: Oriented (5) Best Motor: Follows Commands (6)

GCS: 15

Orientation: Alert & Oriented x 3

R/L

Deltoids	5/5
Biceps	5/5
Triceps	5/5
Wrist Ext	5/5
Wrist Flex	5/5
Hand Grip	5/5
Fing Abd	5/5
Hip Flex	5/5

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Knee Ext 5/5
Knee Flex 5/5
Foot Dorsif 5/5^[MG.1C]
EHL 4+/5^[MG.1M]
Foot Plantar 5/5

Reflexes R/L
Hoffmans -/-
Patellar 2+/2+
Ankle jerk 2+/2+

Sensation intact to light touch in C5-S5 dermatomes^[MG.1C], except for R EHL numbness^[MG.1M]

LABS:^[MG.1C]**Results from last 7 days**

Lab	Units	03/02/25 2050
WBC	10 ³ /uL.	6.97
HEMOGLOBIN	g/dL	13.0
HEMATOCRIT	%	40.0
PLATELETS	10 ³ /uL	348
LYMPHOCYTES	%	22.1
MONOCYTES	%	6.5

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

Results from last 7 days

Lab	Units	03/02/25 2050
SODIUM	mEq/L	131*
POTASSIUM	mEq/L	3.8
CHLORIDE	mEq/L	98
CO2	mEq/L	30.2
BUN	mg/dL	9
CREATININE	mg/dL	0.78
CALCIUM	mg/dL	8.3
PROTEIN	g/dL	7.2
TOTAL		
BILIRUBIN	mg/dL	0.30
TOTAL		
ALK PHOS	U/L	133*
ALT	U/L	15
AST	U/L	22
GLUCOSE	mg/dL	101*

Prothrombin Time (PT)

Date	Value	Ref Range	Status
03/02/2025	13.5	12 - 14.7 Seconds	Final

INR

Date	Value	Ref Range	Status
03/02/2025	1.01	0.85 - 1.17	Final

PTT

Date	Value	Ref Range	Status
03/02/2025	27.6	22.9 - 35.8 Seconds	Final

No results found for: "ACTIVATEDCL"^[MG.1T]

IMAGING:^[MG.1C]

MRI lumbar spine w and wo IV contrast

Final Result

MRI entire spine w and wo IV contrast (Results Pending)

Transthoracic echo (TTE) complete (Results

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 - Neuroscience Acute Care) (continued)**Clinical Notes (continued)**Pending)^[MG.1T]**NEURO ASSESSMENT/PLAN:****Assessment:**^[MG.1C]

Steve Kaminczak^[MG.1T] is a^[MG.1C] 50 y.o. male^[MG.1T] with history of^[MG.1C] esophageal stricture, HTN,^[MG.1M] L3-L4-L5 compression fractures, L5/S1 discitis/osteo in 11/2024 treated with^[MG.1C] 6 weeks of^[MG.1M] daptomycin and discharged 12/30^[MG.1C],^[MG.1M] treated at Catholic Health Initiatives, present^[MG.1C]ing^[MG.1M] to ER with worsening back pain, and^[MG.1C] difficulty walking for 2 days^[MG.1M]. NSGY consulted for MRI lumbar spine showing discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. Patient denies bladder incontinence^[MG.1C] and saddle anesthesia^[MG.1M],^[MG.1C] He denies drug use, and blood thinner use.^[MG.1M] Patient^[MG.1C] endorses compliance with^[MG.1M] daptomycin. No antiplatelet anticoagulant use.^[MG.1C] He has a remote lumbar laminectomy history over 25 years ago.^[MG.1M]

Impression:

- L5/S1 discitis/osteo^[MG.1C] with phlegmon^[MG.1M]

Plan:

- Admission per medicine team for continued osteo/discitis treatment
 - No surgical intervention planned currently^[MG.1C]
 - MRI entire spine with and without contrast ordered for further evaluation^[MG.1M]
 - Infectious workup, including ESR, CRP, UA, Bcx
 - Type and screen, CBC, BMP, coag
 - TTE
 - Further disposition pending imaging
- Please call NSGY Spine Trauma Treatment Team at 49741 if Tu-Fri from 6a-4p. If outside these hours then please page 713-327-0531.^[MG.1C]

Michael Goutnik, MD, MS
Neurosurgery PGY-1^[MG.1T]

Electronically signed by Michael Alexis Goutnik, MD at 3/3/2025 9:01 PM
Electronically signed by Karl M Schmitt, MD at 3/5/2025 2:51 PM

Attribution Key

MG.1 - Michael Alexis Goutnik, MD on 3/3/2025 8:56 PM
C - Copied, M - Manual, T - Template

Aarohi Amol Vora, MD at 3/5/2025 1209

Author: Aarohi Amol Vora, MD
Filed: 3/5/2025 5:15 PM

Service: Infectious Disease
Date of Service: 3/5/2025 12:09 PM

Author Type: Resident
Status: Attested

**03/03/2025 ED to Hosp Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Editor: Aarohi Amol Vora, MD (Resident)

Cosigner: Divya Bhamidipati, MD at
3/5/2025 8:17 PM**Consult Orders**

1. Inpatient consult to Infectious Diseases [232022004] ordered by Omar Naji Saab Saab, MD at 03/05/25 0721

Attestation signed by Divya Bhamidipati, MD at 3/5/2025 8:17 PM

I saw and evaluated the patient, participating in the key portions of the service. I reviewed the fellow's note.
I agree with the fellow's findings and plan.

Divya Bhamidipati, MD MSc
Division of Infectious Diseases
McGovern Medical School
Pager 713 200 0399

UT^[AV.1T] Surgical^[AV.1M] Infectious Diseases Initial Consult Note**Assessment:**^[AV.1T]

50 y.o. male with history of esophageal stricture status post PEG tube placement. Patient had a PICC line for several months^[AV.1C] (for TPN).^[AV.1M] He was admitted on 11/^[AV.1C]2024^[AV.1M] for abdominal pain and PEG tube leakage. He was taken to the OR where he underwent laparoscopic takedown of the previous jejunostomy site that was causing a volvulus and bowel obstruction^[AV.1C] and^[AV.1M] his blood cultures were positive for MRSA^[AV.1C] s/p 6 weeks of Daptomycin. Eventually represented and found to have Staph epi bacteremia and MRI findings concerning for discitis/OM. He was continued with IV Daptomycin with Dr. Khouri and planned for 3 month post suppressive therapy with PO Clindamycin but has been unable to take the recommended regimen due to issues using his g-tube during school hours. He presented now to MHH with phlegmon. He was offered NGSY with corpectomy but has trouble with taking necessary time off for recovery.^[AV.1M]

Diagnoses:^[AV.1T]

- #MRSA^[AV.1M] L5/S1^[AV.1C] Discitis/^[AV.1M] osteo with phlegmon^[AV.1C]
- s/p 6 weeks with Daptomycin w/ Dr. Khouri and subsequent PO Clinda
- #Prior laminectomy
- #Esophageal stricture previously on TPN now with G-tube^[AV.1M]

Recommendations:^[AV.1T]

- Can discuss if patient is a candidate for any other intervention/drainage or otherwise^[AV.1M]
- Patient asking for pain management eval^[AV.2M]
- Will plan for IV Daptomycin again w/ weekly^[AV.1M] CK monitoring. Patient follows with Dr. Khouri (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery^[AV.1M]. OPAT to follow and patient will re-establish care with Dr. Khouri^[AV.3M]

Discussed with ID attending Dr.^[AV.1T] Bhamidipati^[AV.1M]

Thank you for involving us in the care of your patient.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Aarohi Vora, MD
PGY-5 Infectious Diseases Fellow
UTHealth

38345229

Reason for consult:^[AV.1T] MRSA Discitis^[AV.1M]

Requesting service:^[AV.1T] Hosp^[AV.1M]

HPI:^[AV.1T]

50 y.o. male with history of esophageal stricture status post PEG tube placement. Patient had a PICC line for several months^[AV.1C] (for TPN)^[AV.1M] He was admitted on 11/^[AV.1C]2024^[AV.1M] for abdominal pain and PEG tube leakage. He was taken to the OR where he underwent laparoscopic takedown of the previous jejunostomy site that was causing a volvulus and bowel obstruction^[AV.1C] and^[AV.1M] his blood cultures were positive for MRSA and he was given vancomycin and cefepime^{[AV.1C], [AV.1M]} For unclear reasons, he was discharged on 11/14 without antibiotics or PICC line^[AV.1C]. After this had multiple admission for various reasons including back pain and progressive weakness. Eventually represented and found to have Staph epi bacteremia and MRI findings concerning for discitis/OM. He was treated with 6 weeks of IV Daptomycin with Dr. Khouri and planned for 3 month post suppressive therapy with PO Clindamycin but has been unable to take the recommended regimen due to issues using his g-tube during school hours. He presented now to MHH with phlegmon. He was offered NGSY with corpectomy but has trouble with taking necessary time off for recovery.^[AV.1M]

Review of systems: 14 point review of systems reviewed with patient and is negative except as per HPI.

No Known Allergies

acetaminophen, 1,000 mg, Oral, q6h SCH
DULoxetine, 30 mg, Oral, Daily 630
 gabapentin, 800 mg, Oral, TID
 losartan, 100 mg, Oral, Daily
 polyethylene glycol (PEG) 3350, 17 g, Oral, Daily
 sennosides, 2 tablet, Oral, Nightly
 sodium chloride, 10 mL, Intravenous, q12h SCH

PRN medications: dextrose, dextrose, glucagon, ibuprofen, LORazepam, naloxone, oxyCODONE, sodium chloride, traMADol

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Visit Vitals**

BP	126/88
Pulse	73
Temp	36.6 °C (97.9 °F)
Resp	18
Ht	1.753 m (5' 9.02")
Wt	74.8 kg (164 lb 14.5 oz)
Spo ₂	100%
BMI	24.34 kg/m ²
Smoking Status	Unknown
BSA	1.91 m ²

Physical Exam

General -^[AV.1T] Mild distress, spinal tenderness^[AV.1M]
HEENT - Pupils equal, round and reactive to light
Lungs - Clear to auscultation bilaterally
Heart - Regular rate and rhythm, normal S1 and S2
Abdomen - Soft, non tender, bowel sounds present
Musculoskeletal - Normal range of motion in all extremities
Skin - warm, dry
Extremities - No lower extremity edema
Neuro - Alert and oriented x3

LDAs:

Peripheral IV 03/02/25 Anterior;Left Forearm (Active)

Number of days: 3

Current antimicrobials:^[AV.1T]

Clindamycin^[AV.1M]

Prior antimicrobials:^[AV.1T]

Daptomycin^[AV.1M]

Microbiology:^[AV.1T]

1/11/2024 MRSA^[AV.1M]

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

Specimen: Blood - Structure or part of left upper limb (body structure)

Component	3 mo ago	Comments	
Blood culture Isolate	<p>1</p> <p>Staphylococcus aureus</p> <p>Anaerobic only:</p> <p>This organism should be considered Methicillin Resistant. If you have questions, please call the microbiology laboratory at 713-441-0330 and ask for the medical director.</p>	<p>Specimen Information</p> <p>Specimen Source: Blood</p> <p>Specimen Site: Arm, left</p>	
Blood culture Isolate	<p>2</p> <p>Staphylococcus, coagulase negative</p> <p>Anaerobic only:</p> <p>Organism failed to thrive for identification and susceptibility testing.</p>		
Resulting Agency	Houston Methodist Hospital		
Susceptibility			
Organism	Antibiotic	Method	Susceptibility
Staphylococcus aureus	Ampicillin	MIC	R mcg/mL: Resistant
Staphylococcus aureus	Cefazolin	MIC	R mcg/mL: Resistant
Staphylococcus aureus	Cefotaxime	MIC	0.5 mcg/mL: Susceptible
Staphylococcus aureus	Clindamycin	MIC	=0.5 mcg/mL: Susceptible
Staphylococcus aureus	Daptomycin	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus aureus	Doxycycline	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus aureus	Linezolid	MIC	2 mcg/mL: Susceptible
Staphylococcus aureus	Minocycline	MIC	<=1 mcg/mL: Susceptible
Staphylococcus aureus	Oxacillin	MIC	2 mcg/mL: Resistant
Staphylococcus aureus	Rifampin	MIC	<=0.25 mcg/mL: Susceptible
Staphylococcus aureus	Tetracycline	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus aureus	Trimethoprim/Sulfamethoxazole	MIC	<=0.5/9.5 mcg/mL: Susceptible
Staphylococcus aureus	Vancomycin	MIC	1 mcg/mL: Susceptible

Specimen Collected: 11/11/24 04:48

Performed by: HMAN DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE

Received From: Houston Methodist C

Last Resulted: 11/13/24 11:15

Result Received: 03/02/25 18:30

[AV.1C]

1/16/2025 Stph Epi[AV.1M]

① Blood culture; aerobic & anaerobic

Specimen: Blood - Structure or part of left upper limb (body structure)

Component	2 y. ago	Comments	
Blood culture Isolate	<p>1</p> <p>Staphylococcus epidermidis</p> <p>An/Aer Anaerobes</p>	<p>Specimen Information</p> <p>Specimen Source: Blood</p> <p>Specimen Site: Arm, left</p>	
Resulting Agency	Houston Methodist Hospital		
Susceptibility			
Organism	Antibiotic	Method	Susceptibility
Staphylococcus epidermidis	Ampicillin	MIC	R mcg/mL: Resistant
Staphylococcus epidermidis	Cefazolin	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Clindamycin	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Doxycycline	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Daptomycin	S/MIC	2 mcg/mL: Susceptible
Staphylococcus epidermidis	Linezolid	MIC	2 mcg/mL: Susceptible
Staphylococcus epidermidis	Minocycline	MIC	<1 mcg/mL: Susceptible
Staphylococcus epidermidis	Oxacillin	MIC	>1 mcg/mL: Resistant
Staphylococcus epidermidis	Tetracycline	MIC	<=0.5 mcg/mL: Susceptible
Staphylococcus epidermidis	Vancomycin	MIC	1 mcg/mL: Susceptible
Staphylococcus epidermidis	Trimethoprim/Sulfamethoxazole	MIC	<=0.5/9.5 mcg/mL: Susceptible

Specimen Collected: 01/16/23 11:00

Performed by: HMAN DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE

Received From: Houston Methodist C

Last Resulted: 01/20/23 10:23

Result Received: 03/02/25 18:30

[AV.1C]

No results found for the last 90 days.

Results from last 7 days

Lab	Units	03/03/25
		1629
SED RATE	mm/hr	44*
CRP	mg/L	16*

MRI cervical spine w and wo IV contrast, MRI thoracic spine w and wo IV contrast

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)

Clinical Notes (continued)

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

FINDINGS:**CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality. No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.

Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.
Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

Transthoracic echo (TTE) complete

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.
- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**Clinical Notes (continued)**

present.

- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.^[AV.1T]

Electronically signed by Aarohi Amol Vora, MD at 3/5/2025 5:15 PM
Electronically signed by Divya Bhamidipati, MD at 3/5/2025 8:17 PM

Attribution Key

AV.1 - Aarohi Amol Vora, MD on 3/5/2025 12:09 PM

AV.2 - Aarohi Amol Vora, MD on 3/5/2025 5:15 PM

AV.3 - Aarohi Amol Vora, MD on 3/5/2025 5:09 PM

C - Copied, M - Manual, T - Template

Jaisy Jose Kandanattu, NP at 3/5/2025 1401

Author: Jaisy Jose Kandanattu, NP

Service: —

Author Type: Nurse Practitioner

Filed: 3/5/2025 2:04 PM

Date of Service: 3/5/2025 2:01 PM

Status: Signed

Editor: Jaisy Jose Kandanattu, NP (Nurse Practitioner)

Cosigner: Juri Bassuner, MD at 3/16/2025

5:38 PM

Consult Orders

1. Request for IR [232249388] ordered by Omar Naji Saab Saab, MD at 03/05/25 1322

Brief IR Note

IR was consulted for^[JK.1T] aspiration of lumbar discitis.^[JK.1M] Case was reviewed by Dr.^[JK.1T] Bassuner^[JK.1M].^[JK.1T] No IR intervention is indicated. We recommend treating with empirical antibiotics.^[JK.1M] Team was notified. If you have any questions please contact IR at 44657.^[JK.1T]

Electronically signed by Jaisy Jose Kandanattu, NP at 3/5/2025 2:04 PM

Electronically signed by Juri Bassuner, MD at 3/16/2025 5:38 PM

Attribution Key

JK.1 - Jaisy Jose Kandanattu, NP on 3/5/2025 2:01 PM

M - Manual, T - Template

Shabri Worthey, LMSW at 3/5/2025 1630

Author: Shabri Worthey, LMSW

Service: —

Author Type: Social Worker

Filed: 3/5/2025 4:32 PM

Date of Service: 3/5/2025 4:30 PM

Status: Signed

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Editor: Shabri Worthey, LMSW (Social Worker)

Consult Orders

1. Inpatient consult to Social Work [231891221] ordered by Benjamin D Mouser, MD at 03/04/25 2025

SW and CM met with pt at bedside. Pt maintains that he will delay surgery and confirms plans to coordinate with his employer for short term disability or other work benefit that may allow to move fwd with the surgery at an earlier date than he expects at this time. [SW.1M]

Shabri Worthey, LMSW

Office: 713-704-6103 [SW.1T] [SW.1M]

Electronically signed by Shabri Worthey, LMSW at 3/5/2025 4:32 PM

Attribution Key

SW.1 - Shabri Worthey, LMSW on 3/5/2025 4:30 PM

M - Manual, T - Template

Chad Qianhao Zhao, MD at 3/7/2025 1101

Author: Chad Qianhao Zhao, MD

Service: Anesthesiology

Author Type: Resident

Filed: 3/7/2025 11:08 AM

Date of Service: 3/7/2025 11:01 AM

Status: Attested

Editor: Chad Qianhao Zhao, MD (Resident)

Cosigner: Sudipta Sen, MD at 3/7/2025

11:26 AM

Consult Orders

1. Inpatient consult to Pain Management [233185416] ordered by Omar Naji Saab Saab, MD

Attestation signed by Sudipta Sen, MD at 3/7/2025 11:26 AM

I saw and evaluated the patient with the resident, participating in the key portions of the service. I reviewed the resident's note and agree with the documented findings and plan of care.

Department of Anesthesiology, Critical Care, and Pain Medicine**Acute Pain Medicine Service (APMS) Consult Note**

Reason for consult: [CZ.1T] Back [CZ.1M] Pain

Consulting physician: [CZ.1T] Inpatient consult to Pain Management [CZ.1M]Performed by: [CZ.1T] **Chad Qianhao Zhao, MD** [CZ.1M]Authorized by: [CZ.1T] **Omar Naji Saab Saab, MD** [CZ.1M]**Assessment/Recommendations:**

Steve Kaminczak is a 50 y.o. male with PMH of [CZ.1T] back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip.^[CZ.1C]

APMS consulted for^[CZ.1T] pain medication recommendations

Current regimen: Tylenol 1g q6H, gabapentin 800mg TID, Oxy 10mg PRN, Tramadol 100 mg PRN, ibuprofen PRN

opioid naive^[CZ.1M]

#^[CZ.1T]**Back Pain**^[CZ.1M]

-^[CZ.1T] **Recommend increasing gabapentin to 1200mg TID**^[CZ.1M]

- Continue^[CZ.1T] other pain medications as ordered
- If patient would like additional resources for chronic pain management or to transfer his care, he can call and schedule an appointment with one of the following UT Pain clinics

Pearland Main Branch: 713-486-6000

MHOSH Pain Clinic: 713-486-6000

Bayshore Pain Clinic: 713-486-6325^[CZ.1M]

- APMS will^[CZ.1T] sign off, please reach out with any additional questions or concerns.^[CZ.1M]

I have reviewed the patient's labs and diagnostics and the above plan indicates whether adjustments were made to the patient's pain regimen in response to pertinent findings.

HPI:

Steve Kaminczak is a 50 y.o. male with PMH of^[CZ.1T] back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip.^[CZ.1C]

APMS consulted for medication management for pain. On our interview, patient states that he is overall content with his current regimen. Was wondering if we can increase the gabapentin. Otherwise did not have any desire to change other medications or change his current outpatient chronic pain physician.

opioid naive^[CZ.1M]

PRN requirements in last 12h: See MAR

Location:

Type of Pain:^[CZ.1T] acute on chronic^[CZ.1M]

Onset:^[CZ.1T] acute on chronic^[CZ.1M]

Frequency:^[CZ.1T] constant^[CZ.1M]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Alleviating Factors: rest

Aggravating Factors: movement/strain

Pain is described as: [CZ.1T] moderate [CZ.1M]

Pain Scores:

- Static: [CZ.1T] 2 [CZ.1M] /10

- Dynamic: [CZ.1T] 9 [CZ.1M] /10

- Goal per patient: [CZ.1T] 2 [CZ.1M] /10

PAST MEDICAL HISTORY

Patient has no past medical history on file.

PAST SURGICAL HISTORY

Patient has no past surgical history on file.

SOCIAL HISTORY

Patient has no history on file for tobacco use, alcohol use, and drug use.

ALLERGIES

Patient has no known allergies.

PROBLEM LIST:**Principal Problem:**

Acute midline low back pain with right-sided sciatica

Active Problems:

Hypertension

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Anemia, unspecified

SCHEDULED MEDICATIONS:

acetaminophen, 1,000 mg, Oral, q6h SCH

DAPTOmycin, 8 mg/kg, Intravenous, q24h

DULoxetine, 60 mg, Oral, Daily

enoxaparin, 40 mg, Subcutaneous, q24h

gabapentin, 800 mg, Oral, TID

lidocaine, 5 mL, Intradermal, Oncall

losartan, 100 mg, Oral, Daily

methocarbamol, 500 mg, Oral, q6h SCH

polyethylene glycol (PEG) 3350, 17 g, Oral, Daily

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

sennosides, 2 tablet, Oral, Nightly
sodium chloride, 10 mL, Intravenous, q8h SCH

CONTINUOUS MEDICATIONS:

PRN medications: dextrose, dextrose, glucagon, ibuprofen, LORazepam, melatonin, naloxone, oxyCODONE, sodium chloride, traMADol

REVIEW OF SYSTEMS

Positive in bold, otherwise negative for:

Gen: malaise, fever/chills

Skin: rashes, pruritus

Eyes: blurry vision, blindness

Ears/Nose/Throat: tinnitus, dysphagia, perioral numbness

Resp: cough, SOB, wheezes

CV: chest pain, palpitations

GI: abdominal pain, vomiting, nausea, constipation

MSK: arthralgias, effusions

Neuro: headache, paresthesias, bowel/bladder incontinence

Psych: depression, SI/HI, sleep disturbances

Objective**VITAL SIGNS**

Vital signs for last 24 hours:

Temp: [35.9 °C (96.7 °F)-36.9 °C (98.4 °F)] 35.9 °C (96.7 °F)

Heart Rate: [58-93] 58

Resp: [17-18] 17

BP: (113-177)/(83-108) 160/96

PHYSICAL EXAM:

General: Well-appearing, NAD

Head: Normocephalic atraumatic

Eyes/ENT: EOMI, normal facies

Lungs: breathing non-labored, regular

Chest: atraumatic

Abdomen: Non-distended

Neurologic: Alert/Oriented, appropriate, clear speech

Psych: Mood congruent affect, responds appropriately to questions

Skin: no Rash, no lesions

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

	3/6/2025 8:57 PM	3/6/2025 8:58 PM	3/7/2025 12:17 AM	3/7/2025 4:37 AM	3/7/2025 4:38 AM	3/7/2025 8:01 AM	3/7/2025 8:02 AM
Vitals							
Systolic	136 !		138	113		160 !	
Diastolic	94 ^		88	83		96 ^	
Heart Rate		93	72		86		58
Temp		36.2 °C (97.2 °F)	36.9 °C (98.4 °F)				35.9 °C (96.7 °F) !
Resp		18	17		18		17

Lab Results

Component	Value	Date
Creatinine Lvl	0.87	03/07/2025
BUN	16	03/07/2025
Sodium Lvl	134 (L)	03/07/2025
Potassium Lvl	4.3	03/07/2025
Chloride Lvl	100	03/07/2025
CO2 Lvl	26.7	03/07/2025

Lab Results

Component	Value	Date
WBC	6.68	03/07/2025
Hgb	11.3 (L)	03/07/2025
Hct	36.7 (L)	03/07/2025
MCV	77.3 (L)	03/07/2025
Plt Count	340	03/07/2025

No results found for: "ABORH"

Lab Results

Component	Value	Date
ALT	15	03/02/2025
AST	22	03/02/2025
Alkaline Phosphatase	133 (H)	03/02/2025
Bilirubin Total	0.30	03/02/2025

Lab Results

Component	Value	Date
INR	1.01	03/02/2025
Prothrombin Time (PT)	13.5	03/02/2025

Lab Results

Component	Value	Date
PTT	27.6	03/02/2025

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Transthoracic echo (TTE) complete 03/04/2025****Interpretation Summary**

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.
- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.

No results found for this or any previous visit (from the past 4464 hours). [CZ.1T]

Electronically signed by Chad Qianhao Zhao, MD at 3/7/2025 11:08 AM

Electronically signed by Sudipta Sen, MD at 3/7/2025 11:26 AM

Attribution Key

CZ.1 - Chad Qianhao Zhao, MD on 3/7/2025 11:01 AM

C - Copied, M - Manual, T - Template

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Hospital Course****Omar Naji Saab Saab, MD at 3/7/2025 1425**

Author: Omar Naji Saab Saab, MD

Service: —

Author Type: Physician

Filed: 3/7/2025 6:51 PM

Date of Service: 3/7/2025 2:25 PM

Status: Edited

Editor: Omar Naji Saab Saab, MD (Physician)

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.^[OS.1C]

During this admission:^[OS.1M]

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.^[OS.1C]

ID recommended:

-^[OS.1M] Daptomycin 8mg/kg Q24^[OS.1C] until 3/16/25

- Every^[OS.1M] Monday^[OS.1C] labs^[OS.1M]: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to (281) 365-0085

Attention Dr Charles Ericsson^[OS.1C]

Outpatient follow up:

- PCP in 3 days

- Infectious diseases:^[OS.1M] Patient follows with Dr. Khoury (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khoury^[OS.1C]

- Pain management doctor:^[OS.1M]

UT Pain clinics

Pearland Main Branch: 713-486-6000

MHOSH Pain Clinic: 713-486-6000

Bayshore Pain Clinic: 713-486-6325^[OS.1C]

Addendum:

- Pain management team met with the patient and made recommendations, the patient was not satisfied with.
- During the afternoon round of the floor quality manager, the patient mentioned to her that his pain is not well controlled and he would go get drugs by himself, this was reported to the primary and ID teams. I personally discussed it with the patient, he mentioned that he was joking, but after discussing with the nurses; it seems this is not the first time he spoke about getting pain drugs from non-prescription sources.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

- Based on that ID canceled his OPAT as risks are over the benefits.
- We offered him to stay in the hospital for IV antibiotics, vs going to SNF for IV antibiotics, or at least to stay until Monday to arrange a visit to his primary ID doctor, but the patient insisted to ask the RN to remove his PICC line and leave.^[OS.2M]
- Discharge was canceled as it will be unsafe with the PICC line as per our policies for OPAT.^[OS.3M]
- We told him this will be AMA as you are not following our medical advices.
- I discussed this issue with the CM, charge nurse, ID doctor, and risk assessment division.
- The patient has capacity to make decisions.
- I will order doxycycline pills to be sent to his pharmacy, although it is not an optimal option and not a common practice for patients leaving AMA , but we concerned about the patient's health and we want to help him out in any way we can.^[OS.2M]

Electronically signed by Omar Naji Saab Saab, MD at 3/7/2025 6:51 PM

Attribution Key

- OS.1 - Omar Naji Saab Saab, MD on 3/7/2025 2:21 PM
- OS.2 - Omar Naji Saab Saab, MD on 3/7/2025 6:40 PM
- OS.3 - Omar Naji Saab Saab, MD on 3/7/2025 6:50 PM
- C - Copied, M - Manual

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Progress Notes****Shannon Sudrla, OT at 3/4/2025 0915**

Author: Shannon Sudrla, OT
Filed: 3/4/2025 1:11 PM
Editor: Shannon Sudrla, OT (Occupational Therapist)

Service: —
Date of Service: 3/4/2025 9:15 AM

Author Type: Occupational Therapist
Status: Signed

Evaluation and Treatment

Patient Name: Steve Kaminczak
MRN: 38345229
Today's Date: 3/4/2025

Preferred Language: English

Assessment & Plan**Assessment:**^[SS.1T]

Pt is a 50yo M who presents with worsening back pain that radiates to his R hip. Imaging shows L4-L5 and L5-S1 discitis/osteomyelitis with epidural phlegmon.

PLOF: Pt lives alone in an apartment with elevator access, performs bADLs indep, and owns a cane but states that he doesn't usually use it.

CLOF: Pt is currently functioning near his baseline status, ambulates with SBA/CGA with minor LOB and shuffling gait pattern, and performs bADLs and transfers SBA/CGA. Pt will benefit from acute skilled OT while in house to maximize safety and independence with mobility and ADL performance.^[SS.1M]

OT Assessment Results: Impaired ADL status, Impaired endurance, Impaired functional mobility

Prognosis: Good

Evaluation/Treatment Tolerance: Patient limited by pain

Medical Staff Made Aware: Yes

Strengths: Ability to acquire knowledge

Plan:

Treatment Plan/Goals Established with Patient/Caregiver: Yes

Treatment Interventions: ADL retraining, Endurance training

OT Plan: Skilled OT

OT Frequency: 2-3 times per week until discharge

OT Duration: Discharge

Equipment Recommended: Walker- rolling^[SS.1T]

Subjective

"I can't really walk"^[SS.1M]

Current Problem:^[SS.1T]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Per EMR: "[SS.1M]50-year-old gentleman with past medical history significant for back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line, complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

Patient otherwise hemodynamically stable. Denies any bowel bladder incontinence or saddle anesthesia. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. Patient otherwise denies any fever. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

Patient continues to have leakage from the G-tube stoma. Patient is able to tolerate p.o. intake. He only uses G-tube for medications. Patient has complex bariatric surgery history.[SS.1C][SS.1M]

Pain:[SS.1T]

Pain Assessment: 0-10 (3/4/2025 9:15 AM)
Pain Score: 5 (3/4/2025 9:15 AM)
Pain Type: Chronic pain (3/4/2025 4:30 AM)
Pain Location: Back (3/4/2025 9:15 AM)
Pain Orientation: Posterior (3/4/2025 4:30 AM)
Pain Descriptors: Aching (3/4/2025 4:30 AM)
Pain Frequency: Intermittent (3/4/2025 4:30 AM)[SS.2T]

Objective

RN approves OT evaluation. Pt received semi-supine and mobilizes to EOB and stands supervision without OT prompting. Pt then ambulates to RR, demo's toilet t/f, and returns to EOB. One minor LOB during ambulating requiring CGA. Pt denies UE deficits including sensation loss or weakness. Pt left in bed with all needs met.[SS.1M]

General Visit Information:

Family/Caregiver Present: No

Precautions:

Medical Precautions: Spinal

Braces Applied: LSO donned upon OT arrival

Cognition:

Overall Cognitive Status: Within Functional Limits

Orientation Level: Oriented X4

Home Living:

Type of Home: Apartment

Lives With: Alone

Home Adaptive Equipment: Cane

Home Living Comments: single story flat with elevator access - states he "rarely uses his cane"

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Home Layout: One level

Home Access: Elevator

Bathroom Shower/Tub: Tub/shower unit

Prior Function:

Level of Independence: Household ambulation

ADL Assistance: Independent

Mobility/Transfers:^[SS.1T]

Bed Mobility^[SS.1M]

Bed Mobility

Bed Mobility: Yes

Bed Mobility 1

Level of Assistance 1: Independent

Bed Mobility To/From: Supine to sit on EOB, Sitting EOB to supine^[SS.3T]

Transfer^[SS.1M]

Transfers

Transfer: Yes

Transfer 1

Level of Assistance 1: Supervision/touching assistance

Trials/Comments 1: supervision

Transfer To/From: Sit-to-Stand/Stand-to-Sit^[SS.3T]

Toilet Transfers^[SS.1M]

Toilet Transfers

Level of Assistance: Supervision/touching assistance

Toilet Transfers Comments: SBA; grab bar^[SS.3T]

Functional Mobility^[SS.1M]

Functional Mobility

Functional Mobility: Pt ambulate room-distance with SBA, minor LOB, shuffled gait pattern^[SS.3T]

OT General Assessments:^[SS.1T]

Vision - Complex Assessment

Vision Comments: WFL

Sensation

Sensation Comments: WFL - reports occasional numbness in RLE

Proprioception

Proprioception: RUE Intact, LUE Intact

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Perception**

Inattention/Neglect: Appears intact

Initiation: Appears intact

Motor Planning: Appears intact

Perseveration: Not present

Coordination

Movements are Fluid and Coordinated: Yes

Finger to Nose: Left intact, Right intact

Hand Function

Gross Grasp: Functional

Coordination: Functional^[SS.3T]

Extremity Assessments:^[SS.1T]

Right Upper Extremity^[SS.1M] RUE Assessment

RUE Assessment: Within Functional Limits^[SS.3T]

Left Upper Extremity^[SS.1M] LUE Assessment

LUE Assessment: Within Functional Limits^[SS.3T]

AM-PAC Daily Activity:

Putting on and taking off regular lower body clothing: A Little

Bathing (including washing, rinsing, drying): A Little

Toileting, which includes using toilet, bedpan or urinal: A Little

Putting on and taking off regular upper body clothing: None

Taking care of personal grooming such as brushing teeth: None

Eating Meals: None

AM-PAC Daily Activity Raw Score: 21

Mobility

Highest Level of Mobility Performed (JH-HLM): Walked 10 steps or more (i.e. walked to restroom)

Patient Education:**Education Documentation**

Occupational Therapy Plan of Care, taught by Shannon Sudrla, OT at 3/4/2025 12:54 PM.

Learner: Patient

Readiness: Acceptance

Method: Explanation

Response: Verbalizes Understanding

Education Comments

No comments found.

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Goals:****Encounter Goals****Encounter Goals (Active)**

Patient will perform bADL tasks SBA by DC to promote functional independence.

Start: 03/04/25 Expected End: 03/21/25

Patient will perform functional mobility SBA with RW as needed with no overt LOB

Start: 03/04/25 Expected End: 03/21/25

Patient will tolerate >20 min of therapeutic activity to maximize activity tolerance for I/ADL performance

Start: 03/04/25 Expected End: 03/21/25

Treatment Note: If this is the last documented treatment, then it will signify discharge from acute care prior to discharge from the therapy service and will serve as the discharge summary.

Shannon Sudrla, OT^[SS.1T]

Electronically signed by Shannon Sudrla, OT at 3/4/2025 1:11 PM

Attribution Key

SS.1 - Shannon Sudrla, OT on 3/4/2025 12:54 PM
SS.2 - Shannon Sudrla, OT on 3/4/2025 1:02 PM
SS.3 - Shannon Sudrla, OT on 3/4/2025 1:10 PM
C - Copied, M - Manual, T - Template

Sarah Williams, PT at 3/4/2025 1040

Author: Sarah Williams, PT	Service: —	Author Type: Physical Therapist
Filed: 3/4/2025 2:02 PM	Date of Service: 3/4/2025 10:40 AM	Status: Signed
Editor: Sarah Williams, PT (Physical Therapist)		

Physical Therapy**Evaluation and Treatment Note**

Patient Name:^[SW.1T] Steve Kaminczak^[SW.2T]

MRN:^[SW.1T] 38345229^[SW.2T]

Today's Date:^[SW.1T] 3/4/2025^[SW.2T]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Preferred Language:** [SW.1T] English [SW.2T]**Assessment & Plan****Assessment:** [SW.1T]

Patient referred to PT evaluation s/p [SW.1M] with worsening back pain radiating to his right hip. Patient endorses falling at his school week ago. [SW.1C] [SW.1M] imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. [SW.1C]

PLOF: Pt lives in an apartment with elevator access. IND with community ambulation, ADL's, working, driving.

CLOF: Pt presents with LSO donned, A/Ox4, hesitant for PT d/t uncontrolled LBP. Pt stands with CGA and takes 10 steps before near LOB 2/2 pain. Pt assisted to bed by PT. Pt provided with RW for t/f training and gait progression. Pt ambulates 150' with SPV, demo's improved balance and endurance with ad and reports decreased LBP when ambulating. [SW.1M]

Patient will benefit from skilled therapy services while in house. PT POC to address decreased activity tolerance, sitting/standing balance deficits, gait instability, and fall risk in order to return home at PLOF.

Plan: [SW.1T]

Equipment Recommended: Walker- rolling [SW.2T]

DC Rec: OP PT to address BLE weakness, falls, LBP, sciatica.

Subjective

"I can't walk very far because of the pain." [SW.1M]

Current Problem: [SW.1T]

Per EMR: [SW.1M]

50-year-old gentleman with past medical history significant for back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line, complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

Patient otherwise hemodynamically stable. Denies any bowel bladder incontinence or saddle anesthesia. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. Patient otherwise denies any fever. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

Patient continues to have leakage from the G-tube stoma. Patient is able to tolerate p.o. intake. He only uses G-tube for medications. Patient has complex bariatric surgery history. [SW.1C]

Pain: [SW.1T]

4/10 LBP at rest, 6/10 LBP with standing/gait. [SW.1M]

Skin Screening Assessment:**Vital Signs:** [SW.1T]

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

Patient Vitals for the past 24 hrs:

	BP	MAP (mmHg)	Pulse	Resp	SpO2
03/04/25 1201	—	—	69	18	94 %
03/04/25 1201	(!) 156/91	(!) 113	—	—	—
03/04/25 0752	—	—	60	17	97 %
03/04/25 0752	(!) 190/106	(!) 134	—	—	—
03/04/25 0532	145/85	—	59	19	99 %
03/04/25 0439	—	—	54	13	100 %
03/04/25 0439	(!) 176/99	(!) 125	—	—	—
03/04/25 0410	144/81	—	61	—	—
03/04/25 0300	144/81	(!) 104	61	—	94 %
03/04/25 0145	160/86	(!) 118	56	—	94 %
03/04/25 0130	(!) 183/81	(!) 116	58	—	100 %
03/03/25 2300	155/89	(!) 115	71	—	100 %
03/03/25 2200	(!) 185/96	(!) 132	64	—	96 %
03/03/25 2100	(!) 161/81	(!) 112	68	—	95 %
03/03/25 1930	(!) 185/99	(!) 127	62	—	100 %
03/03/25 1805	(!) 198/117	(!) 148	73	18	97 %
03/03/25 1700	(!) 184/98	(!) 135	58	18	100 %
03/03/25 1500	(!) 148/94	(!) 113	78	18	94 % ^[SW.2T]

Home Living:^[SW.1T]

Type of Home: Apartment

Lives With: Alone

Home Adaptive Equipment: Cane

Home Layout: One level

Home Access: Elevator^[SW.2T]

Prior Level of Function:^[SW.1T]

Level of Independence: Other (Comment) (IND community ambulation)

ADL Assistance: Independent

Homemaking Assistance: Independent^[SW.2T]

Objective

General Visit Information: RN cleared for eval. Pt is agreeable to PT^[SW.1T] session limited by LBP. **Postsession checklist: Bed alarm on, RN notified, Call light in place, and Rails raised**^[SW.1M]

Precautions:^[SW.1T]

Braces Applied: pt wearing LSO^[SW.2T]

Cognition:^[SW.1T]

Overall Cognitive Status: Within Functional Limits

Orientation Level: Oriented X4^[SW.2T]

General^[SW.1T] Assessments^[SW.1M]

Activity Tolerance^[SW.1M] Activity Tolerance

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**Clinical Notes (continued)**

Endurance: Tolerates 10 - 20 min exercise with multiple rests

Sitting Balance: Supports self independently with both upper extremities^[SW.3T]

Sensation^[SW.1M] Sensation

Light Touch: RLE Intact, LLE Intact

Sensation Comments: intermittent RLE paresthesia^[SW.3T]

Proprioception

Perception^[SW.1M] Perception

Inattention/Neglect: Appears intact

Initiation: Appears intact

Motor Planning: Appears intact

Perseveration: Not present^[SW.3T]

Coordination^[SW.1M] Coordination

Movements are Fluid and Coordinated: Yes^[SW.3T]

Postural Control^[SW.1M] Postural Control

Postural Control: Within Functional Limits^[SW.3T]

Balance- Sitting^[SW.1M]

Level of Assistance: Independent^[SW.3T]

Balance- Standing^[SW.1M]

Static Standing-Level of Assistance: Supervision/touching assistance^[SW.3T]

Functional Assessments:^[SW.1T]

Bed Mobility Bed Mobility 1:^[SW.1M]

Level of Assistance 1: Independent

Bed Mobility To/From: Sitting EOB to supine, Supine to sit on EOB^[SW.3T]

Bed Mobility 2:

Transfers Transfers 1:^[SW.1M]

Level of Assistance 1: Supervision/touching assistance

Trials/Comments 1: CGA d/t pain

Transfer To/From: Sit-to-Stand/Stand-to-Sit

Assistive Devices And Adaptive Equipments: No device^[SW.3T]

Transfers 2:^[SW.1M]

Level of Assistance 2: Independent

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

Transfer To/From: Sit-to-Stand/Stand-to-Sit

Assistive Devices And Adaptive Equipments: Walker, front-wheeled^[SW.3T]

Gait

Gait Training Activity 1:^[SW.1M]

Distance (enter in feet): 10'

Gait Training Activity 1: Indoor surface

Assistive Devices And Adaptive Equipments: No device

Level of Assistance 1: Partial/Mod assistance

Gait Training Activity 1 Comment: ModA d/t increased back pain. pain effecting balance, coordination, and BLE strength leading to frequent LOLB and safety concerns.^[SW.3T]

Gait Training Activity 2:^[SW.1M]

Distance (enter in feet): 150

Gait Training Activity 2: Indoor surface

Assistive Devices And Adaptive Equipments: Walker, front-wheeled

Level of Assistance 2: Supervision/touching assistance

Gait Training Activity 2 Comment: SPV with RW.^[SW.3T]

Extremity Assessments:^[SW.1T]

Right Lower Extremity:^[SW.1M] RLE Assessment

RLE Assessment: Within Functional Limits^[SW.4T]

Left Lower Extremity:^[SW.1M] LLE Assessment

LLE Assessment: Within Functional Limits^[SW.4T]

Activity Tolerance:^[SW.1T]

Endurance: Tolerates 10 - 20 min exercise with multiple rests

Sitting Balance: Supports self independently with both upper extremities^[SW.2T]

Cognition:^[SW.1T]

Overall Cognitive Status: Within Functional Limits

Orientation Level: Oriented X4^[SW.2T]

Treatment:^[SW.1T]

Gait Training Activity 1:^[SW.1M]

Distance (enter in feet): 10'

Gait Training Activity 1: Indoor surface

Assistive Devices And Adaptive Equipments: No device

Level of Assistance 1: Partial/Mod assistance

Gait Training Activity 1 Comment: ModA d/t increased back pain. pain effecting balance, coordination, and BLE strength leading to frequent LOLB and safety concerns.^[SW.4T]

Gait Training Activity 2:^[SW.1M]

Distance (enter in feet): 150

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Gait Training Activity 2: Indoor surface

Assistive Devices And Adaptive Equipments: Walker, front-wheeled

Level of Assistance 2: Supervision/touching assistance

Gait Training Activity 2 Comment: SPV with RW.^[SW.4T]

AM-PAC Basic Mobility:^[SW.1T]

Turning in bed without bedrails: None

Lying on back to sitting on edge of flat bed: None

Bed to chair: A Little

Standing up from chair: None

Walk in room: A Little

Climbing 3-5 stairs: A Little

Mobility Inpatient Raw Score: 21

JH-HLM Goal: 6^[SW.2T]

Mobility: Highest Level of Mobility Performed (JH-HLM)^[SW.1T]

Walked 25 feet or more (i.e. walked outside of room)^[SW.2T]

Modified Rankin**Patient Education:**^[SW.1T]**Education Documentation**

No documentation found.

Education Comments

No comments found.^[SW.2T]

Goal:^[SW.1T]**Encounter Goals**

Encounter Goals (Active)

Patient will progress to ambulate on even surface using RW 300 ft modi.

Start: 03/04/25 Expected End: 03/28/25

Patient will progress level surface transfers using stand step transfer IND

Start: 03/04/25 Expected End: 03/28/25

Pt will perform dynamic standing balance activities c functional reaching modi with RW for 2 minutes to reduce fall risk.



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

Start: 03/04/25 Expected End: 03/28/25^[SW.2T]

Treatment Note: If this is the last documented treatment, then it will signify discharge from acute care prior to discharge from the therapy service and will serve as the discharge summary.^[SW.1T]

Sarah Williams, PT^[SW.2T]

Electronically signed by Sarah Williams, PT at 3/4/2025 2:02 PM

Attribution Key

SW.1 - Sarah Williams, PT on 3/4/2025 1:49 PM
SW.2 - Sarah Williams, PT on 3/4/2025 1:50 PM
SW.3 - Sarah Williams, PT on 3/4/2025 1:55 PM
SW.4 - Sarah Williams, PT on 3/4/2025 1:56 PM
C - Copied, M - Manual, T - Template

Shabri Worthey, LMSW at 3/4/2025 1154

Author: Shabri Worthey, LMSW	Service: —	Author Type: Social Worker
Filed: 3/4/2025 11:54 AM	Date of Service: 3/4/2025 11:54 AM	Status: Signed
Editor: Shabri Worthey, LMSW (Social Worker)		

		03/04/25 1100
Discharge Planning		
Barriers to Discharge Home	MRI, Bx, ABX plan	
In the past 12 months, how many times have you moved where you were living?	0	
Discharge Planning Status	Initial Assessment Complete <i>(SW concur VCM TPA with the following corrections)</i> ^[SW.1T]	

Pt provided updated insurance information as Unite HC Choice

ID 955504609

GN 0935815

SW provided updated insurance to financial counselor, however at pt request also informs them that Workers Comp should be utilized as primary payer for this admission.

MPOA: n/a

NOK: 3 sisters (Annette, Sandra and, Kathy). Not married, no biological children, parents deceased

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

PCP/Contact Information: Verified on Facesheet & Listed in Epic

Pharmacy: listed in Epic/verified

Home/Address: verified on Facesheet

Health Insurance/Payer: verified on facesheet

24/7 care/supervision at home if needed: N/a

Transportation arrangements: Plans to drive self at discharge

DCP A: Home Indp

DCP B: HH IV ABX

Shabri Worthey, LMSW

Office: 713-704-6103^[SW.1C]

Electronically signed by Shabri Worthey, LMSW at 3/4/2025 11:54 AM

Attribution Key

SW.1 - Shabri Worthey, LMSW on 3/4/2025 11:54 AM

C - Copied, T - Template

Jawad Radwan Khazaal, MD at 3/4/2025 1729

Author: Jawad Radwan Khazaal, MD

Service: Neurosurgery

Author Type: Resident

Filed: 3/4/2025 5:36 PM

Date of Service: 3/4/2025 5:29 PM

Status: Signed

Editor: Jawad Radwan Khazaal, MD (Resident)

Cosigner: Karl M Schmitt, MD at 3/5/2025

5:48 PM

NEUROSURGERY PROGRESS NOTE:

Date: ^[JK.1T] 03/04/25 ^[JK.2T]	Patients Name: ^[JK.1T] Steve Kaminczak ^[JK.2T]
Admit Date: ^[JK.1T] 3/3/2025 ^[JK.2T]	MRN: ^[JK.1T] 38345229 ^[JK.2T]
Admitting Provider: ^[JK.1T] Benjamin D Mouser, MD ^[JK.2T]	DOB: ^[JK.1T] 5/28/1974 ^[JK.2T]
Service: ^[JK.1T] Neurosurgery Spine Trauma ^[JK.1M]	Age/Sex: ^[JK.1T] 50 y.o. male ^[JK.2T]

SUBJECTIVE:^[JK.1T]

NAEON^[JK.1M]

OBJECTIVE:

Vitals:^[JK.1T]

Vitals:

03/04/25 1201

03/04/25 1603

03/04/25 1603

03/04/25 1603

BP:

135/81

Pulse:

76

69

Resp:

18

18

Temp:

37.4 °C (99.3 °F)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

SpO₂: 94% 100%^[UK2T]

I/O:^[UK1T]

No intake or output data in the 24 hours ending 03/04/25 1730^[UK2T]

PHYSICAL EXAM:^[UK1T]

Eye Opening: Spontaneously (4) Verbal: Oriented (5) Best Motor: Follows Commands (6)

GCS: 15

Orientation: Alert & Oriented x 3

R/L

Deltoids 5/5
Biceps 5/5
Triceps 5/5
Wrist Ext 5/5
Wrist Flex 5/5
Hand Grip 5/5
Fing Abd 5/5
Hip Flex 5/5
Knee Ext 5/5
Knee Flex 5/5
Foot Dorsif 5/5
EHL 4+/5
Foot Plantar 5/5

Reflexes R/L

Hoffmans -/
Patellar 2+/2+
Ankle jerk 2+/2+

Sensation intact to light touch in C5-S5 dermatomes, except for R EHL numbness^[UK1C]

LABS/IMAGING:

Labs:^[UK1T]

Hgb

Date	Value	Ref Range	Status
03/04/2025	13.0	12.4 - 17.4 g/dL	Final

Hct

Date	Value	Ref Range	Status
03/04/2025	41.8	37.1 - 50.8 %	Final

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

Plt Count

Date	Value	Ref Range	Status
03/04/2025	372	160 - 381 10 ³ /uL	Final

Sodium Lvl

Date	Value	Ref Range	Status
03/04/2025	135 (L)	136 - 145 mEq/L	Final

Potassium Lvl

Date	Value	Ref Range	Status
03/04/2025	4.4	3.4 - 4.5 mEq/L	Final

Creatinine Lvl

Date	Value	Ref Range	Status
03/04/2025	0.98	0.7 - 1.30 mg/dL	Final

Prothrombin Time (PT)

Date	Value	Ref Range	Status
03/02/2025	13.5	12 - 14.7 Seconds	Final

PTT

Date	Value	Ref Range	Status
03/02/2025	27.6	22.9 - 35.8 Seconds	Final [PK2T]

Radiology Imaging Reviewed:

- I have personally reviewed all pertinent NSGY imaging studies and agree with the findings under "impression"

ASSESSMENT AND PLAN:

Active Problems: [PK1T]

Patient Active Problem List

Diagnosis

- Acute midline low back pain with right-sided sciatica
- Hypertension
- Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)
- Discitis
- History of MRSA infection
- Malfunction of gastrostomy tube (CMS/HCC) (HCC) [PK2T]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Assessment:**

Steve Kaminczak is a 50 y.o. male with history of esophageal stricture, HTN, L3-L4-L5 compression fractures, L5/S1 discitis/osteitis in 11/2024 treated with 6 weeks of daptomycin and discharged 12/30, treated at Catholic Health Initiatives, presenting to ER with worsening back pain, and difficulty walking for 2 days. NSGY consulted for MRI lumbar spine showing discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. Patient denies bladder incontinence and saddle anesthesia. He denies drug use, and blood thinner use. Patient endorses compliance with daptomycin. No antiplatelet anticoagulant use. He has a remote lumbar laminectomy history over 25 years ago.

Impression:

- L5/S1 discitis/osteitis with phlegmon

Plan:

- [JK1C] Discussed surgical option with patient which would be a L3-pelvis with L5 corpectomy. Unfortunately patient is unable to be away from work for the anticipated recovery time of this operation. Risks of delaying surgical intervention have been discussed extensively with patient. He is a teacher and may consider surgical intervention in the summer.

- Discussed with primary team

- ID to be reconsulted to re-evaluate need for abx. Given that patient is not undergoing surgery, NSGY recommends continued abx. [JK1M]

- [JK1C] obtain [JK1M] MRI entire spine with and without contrast ordered for further evaluation

- Please call NSGY Spine Trauma Treatment Team at 49741 if Tu-Fri from 6a-4p. If outside these hours then please page 713-327-0531. [JK1C]

Jawad Radwan Khazaal, MD^[JK2T]
MH TMC Neurosurgery^[JK1T]

Electronically signed by Jawad Radwan Khazaal, MD at 3/4/2025 5:36 PM
Electronically signed by Karl M Schmitt, MD at 3/5/2025 5:48 PM

Attribution Key

JK.1 - Jawad Radwan Khazaal, MD on 3/4/2025 5:29 PM
JK.2 - Jawad Radwan Khazaal, MD on 3/4/2025 5:30 PM
C - Copied, M - Manual, T - Template

Benjamin D Mouser, MD at 3/4/2025 2021

Author: Benjamin D Mouser, MD	Service: Internal Medicine	Author Type: Physician
Filed: 3/4/2025 8:27 PM	Date of Service: 3/4/2025 8:21 PM	Status: Signed
Editor: Benjamin D Mouser, MD (Physician)		

**Memorial Hermann - UT Houston
HOSPITALIST PROGRESS NOTE**

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

For any questions/concerns, please use treatment teams to send message to hospitalist team. If unable to reach us, please contact via hospital operator at 713-704-4000. Thank you.

Date of Service: 03/04/25

F/U:^[BM.1T]

Back pain^[BM.1M]

Interval Hx:

Pt admitted earlier this morning. Reviewed admission documentation. Pt seen and examined this am. Exam stable.^[BM.1T] Discussed with NSGY after MRI reviewed. Would prefer to take pt to OR for corpectomy and extensive PSF but pt is declining at this time and wants to defer to summer as he is school teacher and cannot be out of work for financial reasons.^[BM.1M]

Plan addendum:^[BM.1T]

SW consulted to discuss assistance options

Will need ID consult in AM to discuss IV vs. PO treatment until OR

Home med rec updated/completed

Start prn ativan per home regimen

Hold adderall while admitted

Takes meds via PEG for convenience

Can swallow

F/u final reads of MRI

PT/OT - LSO brace when HOB > 30 or OOB

For pain

Add ibuprofen for mild/moderate pain

Tramadol/Oxycodone 5mg prn pain scale

Increase gaba to TID^[BM.1M]

Benjamin D Mouser, MD^[BM.2T]

Electronically signed by Benjamin D Mouser, MD at 3/4/2025 8:27 PM

Attribution Key

BM.1 - Benjamin D Mouser, MD on 3/4/2025 8:21 PM

BM.2 - Benjamin D Mouser, MD on 3/4/2025 8:24 PM

M - Manual, T - Template

Sarah Williams, PT at 3/5/2025 1020

03/03/2025 - ED to Hosp Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**Clinical Notes (continued)**

Author: Sarah Williams, PT
Filed: 3/5/2025 2:31 PM
Editor: Sarah Williams, PT (Physical Therapist)

Service: —
Date of Service: 3/5/2025 10:20 AM

Author Type: Physical Therapist
Status: Signed

Physical Therapy**Treatment Session Note**

Patient Name: [SW.1T] Steve Kaminczak [SW.2T]

MRN: [SW.1T] 38345229 [SW.2T]

Today's Date: [SW.1T] 3/5/2025 [SW.2T]

Preferred Language: [SW.1T] English [SW.2T]

Assessment & Plan**Assessment:** [SW.1T]

Patient demo's progress with pain mgmt and gait endurance today using RW. Pt ambulates 200' SPV with c/o right dorsal numbness. VC for BOS and ad mgmt. [SW.1M] Cont PT POC to address listed functional deficits in order to dc [SW.1T] safely [SW.1M] at highest LOF.

Plan: [SW.1T]

Equipment Recommended: Walker- rolling [SW.2T]

Subjective

"My pain is not being managed." [SW.1M]

Precautions: [SW.1T]

Medical Precautions: spinal

Braces Applied: LSO on when OOB or HOB >30 deg. [SW.2T]

Objective

General Visit Information: RN cleared for eval. Pt is agreeable to PT; tolerating session well with no new c/o sx's. [SW.1T]

Postsession checklist: pt left with ID MD for consult in room. [SW.1M]

PT Last Visit

PT Received On: 03/05/25 [SW.2T]

Activity Tolerance: [SW.1T]

Endurance: Tolerates 10 - 20 min exercise with multiple rests [SW.2T]

Cognition: [SW.1T]

Orientation Level: Oriented X4 [SW.2T]

Treatment: [SW.1T]**Bed Mobility: Bed Mobility 1:** [SW.1M]

Level of Assistance 1: Independent

Bed Mobility To/From: Supine to sit on EOB

Assistive Devices And Adaptive Equipments: No device [SW.3T]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Transfers: Transfers 1:**^[SW.1M]

Level of Assistance 1: Independent

Transfer To/From: Sit-to-Stand/Stand-to-Sit

Assistive Devices And Adaptive Equipments: Walker, front-wheeled^[SW.3T]

Gait Training Activity 1:^[SW.1M]

Distance (enter in feet): 200

Gait Training Activity 1: Indoor surface

Assistive Devices And Adaptive Equipments: Walker, front-wheeled

Level of Assistance 1: Supervision/touching assistance

Gait Training Activity 1 Comment: .^[SW.3T]

AM-PAC Basic Mobility:^[SW.1T]

AM-PAC Basic Mobility Inpatient

Turning in bed without bedrails: None

Lying on back to sitting on edge of flat bed: None

Bed to chair: None

Standing up from chair: None

Walk in room: None

Climbing 3-5 stairs: A Lot

Mobility Inpatient Raw Score: 22

JH-HLM Goal: 7^[SW.2T]

Mobility: Highest Level of Mobility Performed (JH-HLM)^[SW.1T]

JH-HLM Goal: 7

Highest Level of Mobility Performed (JH-HLM): Walked 25 feet or more (i.e. walked outside of room)^[SW.2T]

Modified Rankin**Patient Education:**^[SW.1T]**Education Documentation**

No documentation found.

Education Comments

No comments found.^[SW.2T]

Goals:^[SW.1T]**Encounter Goals**

Encounter Goals (Active)

Patient will progress to ambulate on even surface using RW 300 ft modi.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Start: 03/04/25 Expected End: 03/28/25

Patient will progress level surface transfers using stand step transfer IND

Start: 03/04/25 Expected End: 03/28/25

Pt will perform dynamic standing balance activities c functional reaching modi with RW for 2 minutes to reduce fall risk.

Start: 03/04/25 Expected End: 03/28/25^[SW.2T]

Treatment Note: If this is the last documented treatment, then it will signify discharge from acute care prior to discharge from the therapy service and will serve as the discharge summary.^[SW.1T]

Sarah Williams, PT^[SW.2T]

Electronically signed by Sarah Williams, PT at 3/5/2025 2:31 PM

Attribution Key

SW.1 - Sarah Williams, PT on 3/5/2025 2:24 PM
SW.2 - Sarah Williams, PT on 3/5/2025 2:25 PM
SW.3 - Sarah Williams, PT on 3/5/2025 2:30 PM
M - Manual, T - Template

Jawad Radwan Khazaal, MD at 3/5/2025 1740

Author: Jawad Radwan Khazaal, MD Service: Neurosurgery
Filed: 3/5/2025 5:41 PM Date of Service: 3/5/2025 5:40 PM
Editor: Jawad Radwan Khazaal, MD (Resident)

Author Type: Resident
Status: Signed
Cosigner: Karl M Schmitt, MD at 3/5/2025 5:52 PM

NSGY SPINE UPDATE

Surgical options discussed with patient. He continues to wish to delay surgical intervention at this time. Infectious disease has seen the patient and he is going to be reinitiated on daptomycin. Given patient not willing to undergo surgical intervention at this time neurosurgery spine to sign off. Please follow-up in neurosurgery spine clinic with Dr. Karl Schmitt 6 weeks following discharge with repeat MRI with and without contrast of the lumbar spine. Please call 7134868000 to schedule appointment. Neurosurgery spine to remain available at 7133270531 for questions or concerns while patient remains in house.^[JK1M]

Electronically signed by Jawad Radwan Khazaal, MD at 3/5/2025 5:41 PM
Electronically signed by Karl M Schmitt, MD at 3/5/2025 5:52 PM

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Attribution Key**

JK.1 - Jawad Radwan Khazaal, MD on 3/5/2025 5:40 PM

M - Manual

Omar Naji Saab Saab, MD at 3/5/2025 2040

Author: Omar Naji Saab Saab, MD

Service: Internal Medicine

Author Type: Physician

Filed: 3/5/2025 8:52 PM

Date of Service: 3/5/2025 8:40 PM

Status: Signed

Editor: Omar Naji Saab Saab, MD (Physician)

**Medicine Daily Progress Note**^[OS.1T]**Subjective**

- IR consulted, no intervention. Still not ready for surgical intervention. His private ID attending called him and advised him to get surgery to prevent paralysis.^[OS.1M]

Objective**Last Recorded Vitals**

Blood pressure (!) 141/92, pulse 87, temperature 37.2 °C (98.9 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 96%.^[OS.1T]

Physical Exam:^[OS.1M]

Blood pressure (!) 141/92, pulse 87, temperature 37.2 °C (98.9 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 96%.

General: NAD

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, non tender

Back: no CVA tenderness

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X^[OS.1T] 4^[OS.1M], answer questions appropriately, follow commands^[OS.1T]. RLE 3/5, LLE 5/5^[OS.1M]

Pulses: Good pulses in the upper and lower extremities

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

Lab Results

Results from last 7 days

Lab	Units	03/05/25 0115	03/04/25 0513	03/02/25 2050
WBC	10 ³ /uL	6.32	6.08	6.97
HEMOGLOBIN	g/dL	11.9*	13.0	13.0
HEMATOCRIT	%	38.3	41.8	40.0
PLATELETS	10 ³ /uL	322	372	348

Results from last 7 days

Lab	Units	03/05/25 0115	03/04/25 0513	03/02/25 2050
SODIUM	mEq/L	134*	135*	131*
POTASSIUM	mEq/L	4.4	4.4	3.8
CHLORIDE	mEq/L	100	99	98
CO ₂	mEq/L	27.0	28.9	30.2
BUN	mg/dL	13	11	9
CREATININE	mg/dL	0.98	0.98	0.78
GLUCOSE	mg/dL	77	98	101*
CALCIUM	mg/dL	8.6	9.1	8.3

Assessment

Steve Kaminczak is a 50 y.o. male presenting with^[OS.1T] back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line^[OS.1C] for 5 years^[OS.1M] [OS.1C] recently^[OS.1M] complicated by MRSA bacteraemia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake^[OS.1C] (except pills)^[OS.1M] presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.^[OS.1C]

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.^[OS.1M]

Assessment & Plan

Acute midline low back pain with right-sided sciatica^[OS.1T]

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention^[OS.1C]

S/p^[OS.1M] entire MRI imaging of spine

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

CRP mildly elevated

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone^[OS.1C]

- ID recommended^[OS.1M] Daptomycin 8mg/kg Q24^[OS.1C] until 3/16/25 , labs weekly, OP ID clinic follow up.^[OS.1M]

Hypertension^[OS.1T]

Lisinopril^[OS.1C] increased from 50 mg to 100 mg^[OS.1M]

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)^[OS.1T]

Neurosurgery is on board^[OS.1C]

Discitis^[OS.1T]

As above imaging findings concerning for discitis

Blood cultures were drawn^[OS.1C]

History of MRSA infection^[OS.1T]

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered^[OS.1C], no vegetations^[OS.1M]

Malfunction of gastrostomy tube (CMS/HCC) (HCC)^[OS.1T]

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation^[OS.1C]

Anemia, unspecified^[OS.1T]

- ACD , monitor^[OS.1M]

VTE prophylaxis: This patient does not have an active medication from one of the medication groupers.

Disposition:^[OS.1T] Final ID recs, discharge with OPAT in 1-2 days, likely tomorrow , PT: RW-ordered^[OS.1M]

Omar Naji Saab Saab, MD

Hospital Medicine Attending

Assistant Professor of Medicine

The University of Texas at Houston

#UTHealth Houston
McGovern Medical School

3/5/2025

8:40 PM

If you have any question, please EPIC chat me or you can call for urgent issues, my cell phone is in my EPIC message

Printed on 4/21/25 4:13 PM

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**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**status^[OS.1T]

Electronically signed by Omar Naji Saab Saab, MD at 3/5/2025 8:52 PM

Attribution KeyOS.1 - Omar Naji Saab Saab, MD on 3/5/2025 8:40 PM
C - Copied, M - Manual, T - Template**Shannon Sudrla, OT at 3/6/2025 0919**

Author: Shannon Sudrla, OT	Service: —	Author Type: Occupational Therapist
Filed: 3/6/2025 1:56 PM	Date of Service: 3/6/2025 9:19 AM	Status: Signed
Editor: Shannon Sudrla, OT (Occupational Therapist)		

Treatment Session Note**Patient Name:** Steve Kaminczak**MRN:** 38345229**Today's Date:** 3/6/2025**Preferred Language:** English**Assessment & Plan****Assessment:**^[SS.1T]

Pt tolerates session well and appears to be functioning at baseline status at this time. Pt demo's bADL performance and functional tub t/f. Pt to benefit from using a RW for safety with mobility. OT will follow up pending sx scheduling.^[SS.1M]

Precautions:

Medical Precautions: fall

Braces Applied: LSO donned upon OT arrival

Plan:Equipment Recommended: Walker- rolling^[SS.1T]**Subjective**"I'm doing better now. I need to have the surgery over summer because I can't not work"^[SS.1M]**Pain:**^[SS.1T]

Pain Assessment: DVPRS (3/6/2025 1:11 PM)

Pain Score: 0 (3/6/2025 12:00 PM)

Pain Type: Acute pain (3/6/2025 1:11 PM)

Pain Location: Leg (3/6/2025 1:11 PM)

Pain Orientation: Right (3/6/2025 5:14 AM)

Pain Descriptors: Aching (3/6/2025 1:11 PM)

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Pain Frequency: Constant/continuous (3/6/2025 1:11 PM)^[SS.2T]

Objective

Pt and OT discuss OT POC. Pt mobilizes to EOB, stands, and ambulates to RR. Pt demo's tub t/f SBA with use of grab bar. Pt returns to EOB and discusses LB dressed technique. Pt returns to semi-supine and is provided with a comb for grooming. Pt left with all needs met. RN aware.^[SS.1M]

General Visit Information:

Family/Caregiver Present: No

Self Care (ADL):

Self Care/Home Management (ADLs) Time Entry: 10

ADL Comments: Pt demo's ADL performance and related t/fs such as tub t/f

Mobility/Transfers:^[SS.1T]

Bed Mobility^[SS.1M]

Bed Mobility

Bed Mobility: Yes

Bed Mobility 1

Level of Assistance 1: Substantial/Max assistance, Independent

Bed Mobility To/From: Supine to sit on EOB, Sitting EOB to supine^[SS.3T]

Transfer^[SS.1M]

Transfers

Transfer: Yes

Transfer 1

Level of Assistance 1: Substantial/Max assistance, Independent

Transfer To/From: Sit-to-Stand/Stand-to-Sit^[SS.3T]

Functional Mobility^[SS.1M]

Functional Mobility

Functional Mobility: Pt requires SBA for mobility, no AD, mild LOB with good self correction^[SS.3T]

Treatment^[SS.1T]**Self-Care:^[SS.1M]**

Self Care/Home Management (ADLs) Time Entry: 10

ADL Comments: Pt demo's ADL performance and related t/fs such as tub t/f^[SS.3T]

AM-PAC Daily Activity:

Putting on and taking off regular lower body clothing: A Little

Bathing (including washing, rinsing, drying): A Little

Toileting, which includes using toilet, bedpan or urinal: None

Putting on and taking off regular upper body clothing: None

Taking care of personal grooming such as brushing teeth: None

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

Eating Meals: None

AM-PAC Daily Activity Raw Score: 22

Mobility

Highest Level of Mobility Performed (JH-HLM): Walked 10 steps or more (i.e. walked to restroom)

Patient Education:**Education Documentation**

No documentation found.

Education Comments

No comments found.

Goals:**Encounter Goals**

Encounter Goals (Active)

Patient will perform bADL tasks SBA by DC to promote functional independence. (Progressing)

Start: 03/04/25 Expected End: 03/21/25

Patient will perform functional mobility SBA with RW as needed with no overt LOB (Progressing)

Start: 03/04/25 Expected End: 03/21/25

Patient will tolerate >20 min of therapeutic activity to maximize activity tolerance for I/ADL performance (Progressing)

Start: 03/04/25 Expected End: 03/21/25

Treatment Note: If this is the last documented treatment, then it will signify discharge from acute care prior to discharge from the therapy service and will serve as the discharge summary.

Shannon Sudrla, OT^{SS,1T}

Electronically signed by Shannon Sudrla, OT at 3/6/2025 1:56 PM

Attribution Key

SS.1 - Shannon Sudrla, OT on 3/6/2025 1:52 PM
SS.2 - Shannon Sudrla, OT on 3/6/2025 1:55 PM
SS.3 - Shannon Sudrla, OT on 3/6/2025 1:56 PM
M - Manual, T - Template

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

Dianne Summerlin, RN at 3/6/2025 1208

Author: Dianne Summerlin, RN	Service: —	Author Type: Case Manager
Filed: 3/6/2025 5:14 PM	Date of Service: 3/6/2025 12:08 PM	Status: Addendum
Editor: Dianne Summerlin, RN (Case Manager)		

03/06/25 1200	
Discharge Planning	
Patient expects to be discharged to:	Home w/HH for IV ABX
Expected Discharge Disposition	HH Services
Anticipated Services at Discharge	In home services
Type of Home Care Services	Home nursing visits;DME or oxygen (Nurse for IV ABX, labs, PICC line management/dressing change. RW ordered.)
Discharge Planning Comments	HH arrangements pending for IV ABX; Dapto until 3.16.25

CASE MANAGEMENT ROUTINE DISCHARGE PLAN NOTE

LOS: 3^[DS.1T]

Per Financial counselor; billing will be done through pt's commercial insurance plan and not through Workers Comp.^[DS.2M]

Barriers to Discharge:^[DS.1T] Pending PICC line placement, Home Health and IV ABX arrangements^[DS.2M]

DISCHARGE PLAN A:^[DS.1T] Home w/HH Nurse for PICC line and IV ABX management^[DS.2M]

DISCHARGE PLAN B:^[DS.1T] Home w/HH, IV ABX

DME REC: RW^{[DS.2M];[DS.3M]} delivered to bedside.^[DS.4M]

EDD:^[DS.1T] 3.6.25

IV ABX plan from 3.5.25 ID note:^[DS.2M]

ID Diagnosis: MRSA Discitis and Phlegmon

Please continue the following through 3/16/25:

Daptomycin 8mg/kg Q24

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

Outpatient Lab Monitoring While on OPAT:

QMonday: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to **(281) 365-0085**

Attention Dr Charles Ericsson

Outpatient Infectious Diseases Follow-up:

1) Follow-up in ID Clinic: Dr. Khoury, see ID note

2) Follow-up MD: Dr Charles Ericsson

3) Pre-appointment Labs: CBC with differential, CMP, CPK, ESR, and CRP

4) Pre-appointment imaging: MRI Spine

5) Vascular access device plan: Remove after last dose of IV antibiotic. Okay for home health nurse to remove PICC. Tunneled catheters must be removed by IR (please coordinate outpatient follow-up with them prior to patient discharge).^[DS.2C]

Electronically signed by Dianne Summerlin, RN at 3/6/2025 5:14 PM

Attribution Key

DS.1 - Dianne Summerlin, RN on 3/6/2025 12:08 PM

DS.2 - Dianne Summerlin, RN on 3/6/2025 12:09 PM

DS.3 - Dianne Summerlin, RN on 3/6/2025 3:12 PM

DS.4 - Dianne Summerlin, RN on 3/6/2025 5:14 PM

C - Copied, M - Manual, T - Template

Omar Naji Saab Saab, MD at 3/6/2025 2251

Author: Omar Naji Saab Saab, MD

Service: Internal Medicine

Author Type: Physician

Filed: 3/6/2025 10:52 PM

Date of Service: 3/6/2025 10:51 PM

Status: Signed

Editor: Omar Naji Saab Saab, MD (Physician)



**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Medicine Daily Progress Note****Subjective**

-[OS.1C] s/p PICC line-[OS.2M]

Objective**Last Recorded Vitals**[OS.1C]Blood pressure (!) **136/94**, pulse 93, temperature 36.2 °C (97.2 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 98%. [OS.1T]**Physical Exam:**Blood pressure (!) **136/94**, pulse 93, temperature 36.2 °C (97.2 °F), resp. rate 18, height 1.753 m (5' 9.02"), weight 74.8 kg (164 lb 14.5 oz), SpO2 98%. [OS.2M]

General: NAD

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, non tender

Back: no CVA tenderness

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE 3/5, LLE 5/5

Pulses: Good pulses in the upper and lower extremities

Lab Results[OS.1T]**Results from last 7 days**

Lab	Units	03/06/25 0159	03/05/25 0115	03/04/25 0513
WBC	10 ³ /uL	6.25	6.32	6.08
HEMOGLOBIN	g/dL	11.4*	11.9*	13.0
HEMATOCRIT	%	36.4*	38.3	41.8
PLATELETS	10 ³ /uL	328	322	372

Results from last 7 days

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

Lab	Units	03/06/25 0159	03/05/25 0115	03/04/25 0513
SODIUM	mEq/L	132*	134*	135*
POTASSIUM	mEq/L	4.3	4.4	4.4
CHLORIDE	mEq/L	98	100	99
CO2	mEq/L	28.4	27.0	28.9
BUN	mg/dL	17	13	11
CREATININE	mg/dL	0.89	0.98	0.98
GLUCOSE	mg/dL	75	77	98
CALCIUM	mg/dL	7.9*	8.6	9.1 ^[OS.1C]

Assessment

Steve Kaminczak is a^[OS.1T] 50 y.o.^[OS.1C] male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.^[OS.1T]

Assessment & Plan

Acute midline low back pain with right-sided sciatica^[OS.1C]

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture
 No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

S/p entire MRI imaging of spine

CRP mildly elevated

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone

- ID recommended: **Daptomycin 8mg/kg Q24 until 3/16/25 , labs weekly, OP ID clinic follow up.**^[OS.1T]

Hypertension^[OS.1C]

Lisinopril increased from 50 mg to 100 mg^[OS.1T]

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)^[OS.1C]

Neurosurgery is on board^[OS.1T]

03/03/2025 ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)

Clinical Notes (continued)**Discitis^[OS.1C]**

As above imaging findings concerning for discitis
Blood cultures were drawn^[OS.1T]

History of MRSA infection^[OS.1C]

Completed daptomycin for 6 weeks
On Clindamycin PO> PT is self medicating
TTE ordered: no vegetations^[OS.1T]

Malfunction of gastrostomy tube (CMS/HCC) (HCC)^[OS.1C]

Leaking surrounding stoma
Can have EGS evaluation
Outpatient bariatric surgery evaluation^[OS.1T]

Anemia, unspecified^[OS.1C]

- ACD , monitor^[OS.1T]

VTE prophylaxis: enoxaparin - 40 mg/0.4mL^[OS.1C]

Disposition:^[OS.1T] set up IV ABX home infusion ,^[OS.1C] PT: RW-ordered^[OS.2M]

Omar Naji Saab Saab, MD^[OS.1C]

Hospital Medicine Attending
Assistant Professor of Medicine
The University of Texas at Houston

#UTHealth Houston
McGovern Medical School

^[OS.1T]

3/6/2025^[OS.1C]

10:52 PM

If you have any question, please EPIC chat me or you can call for urgent issues, my cell phone is in my EPIC message status^[OS.1T]

Electronically signed by Omar Naji Saab Saab, MD at 3/6/2025 10:52 PM

Attribution Key

OS.1 - Omar Naji Saab Saab, MD on 3/6/2025 10:52 PM
OS.2 - Omar Naji Saab Saab, MD on 3/6/2025 10:51 PM
C - Copied, M - Manual, T - Template

Victoria Arend, PTA at 3/7/2025 0900

Author: Victoria Arend, PTA

Service: —

Author Type: Physical Therapy Assistant

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Filed: 3/10/2025 6:38 AM

Date of Service: 3/7/2025 9:00 AM

Status: Addendum

Editor: Victoria Arend, PTA (Physical Therapy Assistant)

Cosigner: Kersty Gregerson, PT at
3/10/2025 6:57 AM**Treatment Session Note****Patient Name:** Steve Kaminczak**MRN:** 38345229**Today's Date:** 3/7/2025**Preferred Language:** English**Assessment & Plan****Assessment:**

PT Assessment: Pt remains SBA/SPV. PT will cont to follow.

Medical Staff Made Aware: Yes

Plan:PT Plan: Skilled PT^[VA.1T]**Subjective**RN Niya approved PT. Pt agreeable to tx.^[VA.1M]**Pain:**^[VA.1T]

Pain Assessment: 0-10 (3/7/2025 9:00 AM)

Pain Score: 0 (3/7/2025 9:00 AM)

Pain Type: Chronic pain (3/7/2025 8:36 AM)

Pain Location: Leg (3/7/2025 1:12 AM)

Pain Orientation: Right (3/7/2025 1:12 AM)

Pain Descriptors: Aching (3/7/2025 1:12 AM)

Pain Frequency: Constant/continuous (3/7/2025 1:12 AM)^[VA.2T]**Objective**

General Visit Information:

PT Last Visit

PT Received On: 03/07/25

General

Family/Caregiver Present: Yes

Cognition

Overall Cognitive Status: Within Functional Limits

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

Behavior/Cognition: Alert, Cooperative, Pleasant mood

Orientation Level: Oriented X4

Treatment^[VA.1T]**Therapeutic activity:^[VA.1M]**

Therapeutic Activity

Therapeutic Activity Time Entry: 13^[VA.3T]

Bed Mobility: Bed Mobility 1:^[VA.1M]

Level of Assistance 1: Independent

Bed Mobility To/From: Roll left/right

Assistive Devices And Adaptive Equipments: Bed rail^[VA.3T]

Bed Mobility 2:^[VA.1M]

Level of Assistance 2: Independent

Bed Mobility To/From: Supine to sit on EOB

Assistive Devices And Adaptive Equipments: Bed rail^[VA.3T]

Bed Mobility 3:^[VA.1M]

Level of Assistance 3: Independent

Bed Mobility To/From: Sitting EOB to supine

Assistive Devices And Adaptive Equipments: Bed rail^[VA.3T]

Transfers: Transfers 1:^[VA.1M]

Level of Assistance 1: Independent

Transfer To/From: Sit-to-Stand/Stand-to-Sit

Assistive Devices And Adaptive Equipments: Walker, front-wheeled^[VA.3T]

Transfers 2:**Gait training:^[VA.1M]**

Gait Training Time Entry: 10^[VA.3T]

Gait Training Activity 1:^[VA.1M]

Distance (enter in feet): 250'

Gait Training Activity 1: Indoor surface

Assistive Devices And Adaptive Equipments: Walker, front-wheeled

Level of Assistance 1: Supervision/touching assistance

Gait Training Activity 1 Comment: mild instability - no LOBs^[VA.3T]

Post-^[VA.1M]Therapy Checklist:^[VA.1T]

Pt supine in bed, Vital signs stable, and RN informed/aware^[VA.1M]

AM-PAC Basic Mobility:

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Clinical Notes (continued)

AM-PAC Basic Mobility Inpatient

Turning in bed without bedrails: None

Lying on back to sitting on edge of flat bed: None

Bed to chair: None

Standing up from chair: None

Walk in room: A Little

Climbing 3-5 stairs: A Little

Mobility Inpatient Raw Score: 22

JH-HLM Goal: 7

Mobility: Highest Level of Mobility Performed (JH-HLM)

JH-HLM Goal: 7

Modified Rankin

Patient Education:

Education Documentation

No documentation found.

Education Comments

No comments found.

Goals:

Encounter Goals

Encounter Goals (Active)

Patient will progress to ambulate on even surface using RW 300 ft modi.

Start: 03/04/25 Expected End: 03/28/25

Patient will progress level surface transfers using stand step transfer IND

Start: 03/04/25 Expected End: 03/28/25

Pt will perform dynamic standing balance activities c functional reaching modi with RW for 2 minutes to reduce fall risk.

Start: 03/04/25 Expected End: 03/28/25^[VA.1T]

Supervising Physical Therapist: Kersty Gregerson PT, DPT^[VA.1M]

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)**

Treatment Note: If this is the last documented treatment, then it will signify discharge from acute care prior to discharge from the therapy service and will serve as the discharge summary.

Victoria Arend, PTA^[VA.1T]

Electronically signed by Victoria Arend, PTA at 3/10/2025 6:38 AM
Electronically signed by Kersty Gregerson, PT at 3/10/2025 6:57 AM

Attribution Key

VA.1 - Victoria Arend, PTA on 3/7/2025 11:40 AM
VA.2 - Victoria Arend, PTA on 3/7/2025 11:41 AM
VA.3 - Victoria Arend, PTA on 3/7/2025 11:42 AM
M - Manual, T - Template

Aarohi Amol Vora, MD at 3/7/2025 1651

Author: Aarohi Amol Vora, MD	Service: Infectious Disease	Author Type: Resident
Filed: 3/7/2025 4:56 PM	Date of Service: 3/7/2025 4:51 PM	Status: Signed
Editor: Aarohi Amol Vora, MD (Resident)		

Infectious Disease Brief Note

Informed by primary team and case management that patient reported he^[AV.1M] takes OxyContin from the street for his pain^[AV.1C] and because his pain is currently uncontrolled he mentioned to staff that he will reach out to his drug dealer.

This patient is not an OPAT candidate due to concern for misuse/unsafe PICC line use and will cancel OPAT. Unfortunately his infection has progressed despite trials on PO regimens and ultimately needs surgical intervention with IV antibiotics.^[AV.1M]

Aarohi Vora, MD
PGY-5, Infectious Disease Fellow^[AV.1T]

Electronically signed by Aarohi Amol Vora, MD at 3/7/2025 4:56 PM

Attribution Key

AV.1 - Aarohi Amol Vora, MD on 3/7/2025 4:51 PM
C - Copied, M - Manual, T - Template

Dianne Summerlin, RN at 3/7/2025 1903

Author: Dianne Summerlin, RN	Service: —	Author Type: Case Manager
Filed: 3/7/2025 7:04 PM	Date of Service: 3/7/2025 7:03 PM	Status: Signed
Editor: Dianne Summerlin, RN (Case Manager)		

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Clinical Notes (continued)

03/07/25 1800	
Discharge Planning	
Discharge Planning Comments	CM and MD received message from pt's RN that pt verbalized frustration with pain management and stated to PCA and Quality Coordinator RN that he would now have no choice but to get medicine from his drug dealer. ID physicians had to be notified d/t plan for pt to discharge home with PICC line. OPAT orders cancelled d/t comments making him no longer a candidate for OPAT. HH Coordinator, Joseph, notified of change in plan for IV ABX and HH nursing plan. CM and MD spoke with pt in room to offer new IV ABX options for IV ABX therapy @ SNF vs continuing IV Dapto inpatient until possible arrangements with his ID physician that he normally sees could be made on Monday. Pt declined options and requested that PICC line removed.

Dianne Summerlin, RN, CM
RN Case Manager - Neuro Service Line
Phone: 713-704-2594^[DS.1T]

Electronically signed by Dianne Summerlin, RN at 3/7/2025 7:04 PM

Attribution Key

DS.1 - Dianne Summerlin, RN on 3/7/2025 7:03 PM
T - Template

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Clinical Notes (continued)****Significant Event****Omar Naji Saab Saab, MD at 3/6/2025 1036**

Author: Omar Naji Saab Saab, MD Service: Internal Medicine
Filed: 3/6/2025 10:37 AM Date of Service: 3/6/2025 10:36 AM
Editor: Omar Naji Saab Saab, MD (Physician) Author Type: Physician
Status: Signed

Discussed the risks and benefits of PICC line placement

The patient agreed to place a PICC line.^[OS.1M]

Omar Naji Saab Saab, MD^[OS.2T]

Electronically signed by Omar Naji Saab Saab, MD at 3/6/2025 10:37 AM

Attribution Key

OS.1 - Omar Naji Saab Saab, MD on 3/6/2025 10:36 AM
OS.2 - Omar Naji Saab Saab, MD on 3/6/2025 10:37 AM
M - Manual, T - Template

**03/03/2025 ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Labs

Complete Blood Count w/Diff and Platelet (Final result)

Electronically signed by: Ryan Drey Walsh, MD on 03/02/25 1846

Status: Completed

Ordering user: Ryan Drey Walsh, MD 03/02/25 1846

Ordering provider: Ryan Drey Walsh, MD

Authorized by: Ryan Drey Walsh, MD

Ordering mode: Standard

Frequency: STAT Once 03/02/25 1847 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Ryan Drey Walsh, MD (auto-released) 3/2/2025 6:46 PM

Questionnaire

Question

Answer

Release to patient

Immediate

Specimen Information

ID	Type	Source	Collected By
25TE-061- HE0116	Blood	Blood, Venous	03/02/25 2050

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)

Resulted: 03/02/25 2100, Result status: Final result

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1848

Order status: Completed

Filed by: Lab, Background User 03/02/25 2100

Collected by: Veronica Barrutia, LVN 03/02/25 2050

Resulting lab: MH TMC EMERGENCY LAB

CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.97	3.92-10.07 10 ³ /uL	—	TMC EC Lab
RBC	5.30	4.27 - 6.02 10 ⁶ /uL	—	TMC EC Lab
NRBC %	0.0	0 /100 WBC	—	TMC EC Lab
Hgb	13.0	12.4 - 17.4 g/dL	—	TMC EC Lab
Hct	40.0	37.1 - 50.8 %	—	TMC EC Lab
MCV	75.5	79.2 - 96.8 fL	L▼	TMC EC Lab
MCH	24.5	26.1 - 32.4 pg	L▼	TMC EC Lab
MCHC	32.5	31.2 - 36.1 g/dL	—	TMC EC Lab
RDW - SD	42.0	34.0 - 37.0 fL	H▲	TMC EC Lab
Plt Count	348	160 - 381 10 ³ /uL	—	TMC EC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC EC Lab

Automated Differential (Normal)

Resulted: 03/02/25 2100, Result status: Final result

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1848

Order status: Completed

Filed by: Lab, Background User 03/02/25 2100

Collected by: Veronica Barrutia, LVN 03/02/25 2050

Resulting lab: MH TMC EMERGENCY LAB

CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	69.8	40.6 - 75.7 %	—	TMC EC Lab
Lymphs %	22.1	14.9 - 47.8 %	—	TMC EC Lab
Monos %	6.5	4.2 - 12.6 %	—	TMC EC Lab
Eos %	0.6	0.2 - 5.0 %	—	TMC EC Lab
Basos %	0.7	0.2 - 1.3 %	—	TMC EC Lab
Immature Grans %	0.3	0.1 - 1 %	—	TMC EC Lab
Segs #	4.87	1.48 - 6.56 10 ³ /uL	—	TMC EC Lab
Lymphs #	1.54	0.86 - 3.84	—	TMC EC Lab

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

			10 ³ /uL	
Monos #	0.45	0.29 - 0.96	—	TMC EC Lab
		10 ³ /uL		
Eos #	0.04	0.00 - 0.46	—	TMC EC Lab
		10 ³ /uL		
Basos #	0.05	0.01 - 0.08	—	TMC EC Lab
		10 ³ /uL		
Imm Grans #	0.02	0.01 - 0.07	—	TMC EC Lab
		10 ³ /uL		

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)		Resulted: 03/02/25 2100, Result status: Final result
Ordering provider: Ryan Drey Walsh, MD	03/02/25 1848	Order status: Completed
Filed by: Lab, Background User	03/02/25 2100	Collected by: Veronica Barrutia, LVN 03/02/25 2050
Resulting lab: MH TMC EMERGENCY LAB		CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.97	3.92-10.07 10 ³ /uL	—	TMC EC Lab
RBC	5.30	4.27 - 6.02 10 ⁶ /uL	—	TMC EC Lab
NRBC %	0.0	0 /100 WBC	—	TMC EC Lab
Hgb	13.0	12.4 - 17.4 g/dL	—	TMC EC Lab
Hct	40.0	37.1 - 50.8 %	—	TMC EC Lab
MCV	75.5	79.2 - 96.8 fL	L▼	TMC EC Lab
MCH	24.5	26.1 - 32.4 pg	L▼	TMC EC Lab
MCHC	32.5	31.2 - 36.1 g/dL	—	TMC EC Lab
RDW - SD	42.0	34.0 - 37.0 fL	H^	TMC EC Lab
Plt Count	348	160 - 381 10 ³ /uL	—	TMC EC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC EC Lab

Automated Differential (Normal)

Resulted: 03/02/25 2100, Result status: Final result

Ordering provider: Ryan Drey Walsh, MD	03/02/25 1848	Order status: Completed
Filed by: Lab, Background User	03/02/25 2100	Collected by: Veronica Barrutia, LVN 03/02/25 2050
Resulting lab: MH TMC EMERGENCY LAB		CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	69.8	40.6 - 75.7 %	—	TMC EC Lab
Lymphs %	22.1	14.9 - 47.8 %	—	TMC EC Lab
Monos %	6.5	4.2 - 12.6 %	—	TMC EC Lab
Eos %	0.6	0.2 - 5.0 %	—	TMC EC Lab
Basos %	0.7	0.2 - 1.3 %	—	TMC EC Lab
Immature Grans %	0.3	0.1 - 1 %	—	TMC EC Lab
Segs #	4.87	1.48 - 6.56 10 ³ /uL	—	TMC EC Lab

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Lymphs #	1.54	0.86 - 3.84 $10^3/\mu\text{L}$	—	TMC EC Lab
Monos #	0.45	0.29 - 0.96 $10^3/\mu\text{L}$	—	TMC EC Lab
Eos #	0.04	0.00 - 0.46 $10^3/\mu\text{L}$	—	TMC EC Lab
Basos #	0.05	0.01 - 0.08 $10^3/\mu\text{L}$	—	TMC EC Lab
Imm Grans #	0.02	0.01 - 0.07 $10^3/\mu\text{L}$	—	TMC EC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

Comprehensive Metabolic Panel (Final result)

Electronically signed by: Ryan Drey Walsh, MD on 03/02/25 1846	Status: Completed
Ordering user: Ryan Drey Walsh, MD 03/02/25 1846	Ordering provider: Ryan Drey Walsh, MD
Authorized by: Ryan Drey Walsh, MD	Ordering mode: Standard
Frequency: STAT Once 03/02/25 1847 - 1 occurrence	Class: Unit Collect
Quantity: 1	Lab status: Final result
Instance released by: Ryan Drey Walsh, MD (auto-released) 3/2/2025 6:46 PM	

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TE-061-CH0254	Blood	Venipuncture	Blood, Venous	Veronica Barrutia, LVN 03/02/25 2050

Comprehensive Metabolic Panel (Abnormal)

Resulted: 03/02/25 2117, Result status: Final result

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1846	Order status: Completed
Filed by: Lab, Background User 03/02/25 2117	Collected by: Veronica Barrutia, LVN 03/02/25 2050
Resulting lab: MH TMC EMERGENCY LAB	CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Sodium Lvl	131	136 - 145 mEq/L	L▼	TMC EC Lab
Potassium Lvl	3.8	3.4 - 4.5 mEq/L	—	TMC EC Lab
Chloride Lvl	98	98 - 107 mEq/L	—	TMC EC Lab
CO2 Lvl	30.2	20.0 - 31.0 mEq/L	—	TMC EC Lab
Anion Gap	6.6	10.0 - 20.0 mEq/L	L▼	TMC EC Lab
Glucose Lvl	101	70 - 99 mg/dL	H^	TMC EC Lab
Comment:				
Adult reference range values reflect the clinical guidelines of the American Diabetes Association.				
Creatinine Lvl	0.78	0.7 - 1.30 mg/dL	—	TMC EC Lab
BUN	9	9 - 23 mg/dL	—	TMC EC Lab
B/C Ratio	12	6 - 25	—	TMC EC Lab
Protein	7.2	5.7 - 8.2 g/dL	—	TMC EC Lab
Albumin Lvl	3.0	3.4 - 5.0 g/dL	L▼	TMC EC Lab
Globulin, Calc	4.2	2.0 - 4.0 g/dL	H^	TMC EC Lab

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Albumin/Globulin Ratio	0.71	0.7 - 1.6	—	TMC EC Lab
Calcium Lvl	8.3	8.3 - 10.6 mg/dL	—	TMC EC Lab
ALT	15	7 - 40 U/L	—	TMC EC Lab
AST	22	12 - 40 U/L	—	TMC EC Lab
Alkaline Phosphatase	133	46 - 116 U/L	H▲	TMC EC Lab
Bilirubin Total	0.30	0.30 - 1.20 mg/dL	—	TMC EC Lab
eGFR	109	>60 mL/min/1.73m ²	—	TMC EC Lab

Comment:

The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m². The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not recommended in the following populations: Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet.

The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

PT and PTT (Final result)

Electronically signed by: Ryan Drey Walsh, MD on 03/02/25 1846	Status: Completed
Ordering user: Ryan Drey Walsh, MD 03/02/25 1846	Ordering provider: Ryan Drey Walsh, MD
Authorized by: Ryan Drey Walsh, MD	Ordering mode: Standard
Frequency: STAT Once 03/02/25 1847 - 1 occurrence	Class: Unit Collect
Quantity: 1	Lab status: Final result
Instance released by: Ryan Drey Walsh, MD (auto-released) 3/2/2025 6:46 PM	

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TE-061-CO0083	Blood	Venipuncture	Blood, Venous	Veronica Barrutia, LVN 03/02/25 2050

PT and PTT (Normal)

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1846	Resulted: 03/02/25 2110, Result status: Final result
Filed by: Lab, Background User 03/02/25 2110	Order status: Completed
Resulting lab: MH TMC EMERGENCY LAB	Collected by: Veronica Barrutia, LVN 03/02/25 2050 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time (PT)	13.5	12 - 14.7 Seconds	—	TMC EC Lab
INR	1.01	0.85 - 1.17	—	TMC EC Lab
PTT	27.6	22.9 - 35.8 Seconds	—	TMC EC Lab

Testing Performed By

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

ABORh Blood Type and Antibody Screen (Final result)

Electronically signed by: Ryan Drey Walsh, MD on 03/02/25 1846 Status: Completed
 Ordering user: Ryan Drey Walsh, MD 03/02/25 1846
 Authorized by: Ryan Drey Walsh, MD
 Frequency: STAT Once 03/02/25 1847 - 1 occurrence
 Quantity: 1
 Instance released by: Ryan Drey Walsh, MD (auto-released) 3/2/2025 6:46 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-061-BB0153	Blood	Venipuncture	Blood, Venous	Veronica Barrutia, LVN 03/02/25 2050

ABORh Blood Type and Antibody Screen

Resulted: 03/02/25 2334, Result status: Final result

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1846
 Order status: Completed
 Filed by: Lab, Background User 03/02/25 2334
 Collected by: Veronica Barrutia, LVN 03/02/25 2050
 Resulting lab: MH TMC BLOOD BANK
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
ABO Grouping	A	—	—	TMC BB
Rh Type	Positive	—	—	TMC BB
Antibody Screen	Negative	—	—	TMC BB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000030 - TMC BB	MH TMC BLOOD BANK	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1606 - Present

Complete Blood Count (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/02/25 at 1846
 Ordering user: Ryan Drey Walsh, MD 03/02/25 1846
 Ordering provider: Ryan Drey Walsh, MD
 Authorized by: Ryan Drey Walsh, MD
 Ordering mode: Standard
 Frequency: STAT Once 03/02/25 1847 - 1 occurrence
 Class: Unit Collect
 Quantity: 1
 Lab status: Final result
 Instance released by: Eduardo Barrera, EMT 3/2/2025 6:48 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TE-061-HE0116	Blood	Venipuncture	Blood, Venous	Veronica Barrutia, LVN 03/02/25 2050

MEMORIAL HERMANN

Kaminczak, Steve
 MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
 Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Complete Blood Count (Abnormal)

Resulted: 03/02/25 2100, Result status: Final result

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1848
 Filed by: Lab, Background User 03/02/25 2100
 Resulting lab: MH TMC EMERGENCY LAB

Order status: Completed
 Collected by: Veronica Barrutia, LVN 03/02/25 2050
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.97	3.92-10.07 10 ³ /uL	—	TMC EC Lab
RBC	5.30	4.27 - 6.02 10 ⁶ /uL	—	TMC EC Lab
NRBC %	0.0	0 /100 WBC	—	TMC EC Lab
Hgb	13.0	12.4 - 17.4 g/dL	—	TMC EC Lab
Hct	40.0	37.1 - 50.8 %	—	TMC EC Lab
MCV	75.5	79.2 - 96.8 fL	L▼	TMC EC Lab
MCH	24.5	26.1 - 32.4 pg	L▼	TMC EC Lab
MCHC	32.5	31.2 - 36.1 g/dL	—	TMC EC Lab
RDW - SD	42.0	34.0 - 37.0 fL	H▲	TMC EC Lab
Pit Count	348	160 - 381 10 ³ /uL	—	TMC EC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC EC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

Resulted: 03/02/25 2100, Result status: Preliminary result

Complete Blood Count (Abnormal)

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1848
 Filed by: Lab, Background User 03/02/25 2100
 Resulting lab: MH TMC EMERGENCY LAB

Order status: Completed
 Collected by: Veronica Barrutia, LVN 03/02/25 2050
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.97	3.92-10.07 10 ³ /uL	—	TMC EC Lab
RBC	5.30	4.27 - 6.02 10 ⁶ /uL	—	TMC EC Lab
NRBC %	0.0	0 /100 WBC	—	TMC EC Lab
Hgb	13.0	12.4 - 17.4 g/dL	—	TMC EC Lab
Hct	40.0	37.1 - 50.8 %	—	TMC EC Lab
MCV	75.5	79.2 - 96.8 fL	L▼	TMC EC Lab
MCH	24.5	26.1 - 32.4 pg	L▼	TMC EC Lab
MCHC	32.5	31.2 - 36.1 g/dL	—	TMC EC Lab
RDW - SD	42.0	34.0 - 37.0 fL	H▲	TMC EC Lab
Pit Count	348	160 - 381 10 ³ /uL	—	TMC EC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC EC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Automated Differential (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/02/25 at 1846
 Ordering user: Ryan Drey Walsh, MD 03/02/25 1846 Ordering provider: Ryan Drey Walsh, MD
 Authorized by: Ryan Drey Walsh, MD Ordering mode: Standard
 Frequency: STAT Once 03/02/25 1847 - 1 occurrence Class: Unit Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Eduardo Barrera, EMT 3/2/2025 6:48 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TE-061-HE0116	Blood	Venipuncture	Blood, Venous	Veronica Barrutia, LVN 03/02/25 2050

Automated Differential (Normal)

Resulted: 03/02/25 2100, Result status: Final result

Ordering provider: Ryan Drey Walsh, MD 03/02/25 1848 Order status: Completed
 Filed by: Lab, Background User 03/02/25 2100 Collected by: Veronica Barrutia, LVN 03/02/25 2050
 Resulting lab: MH TMC EMERGENCY LAB CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	69.8	40.6 - 75.7 %	—	TMC EC Lab
Lymphs %	22.1	14.9 - 47.8 %	—	TMC EC Lab
Monos %	6.5	4.2 - 12.6 %	—	TMC EC Lab
Eos %	0.6	0.2 - 5.0 %	—	TMC EC Lab
Basos %	0.7	0.2 - 1.3 %	—	TMC EC Lab
Immature Grans %	0.3	0.1 - 1 %	—	TMC EC Lab
Segs #	4.87	1.48 - 6.56 10 ³ /uL	—	TMC EC Lab
Lymphs #	1.54	0.86 - 3.84 10 ³ /uL	—	TMC EC Lab
Monos #	0.45	0.29 - 0.96 10 ³ /uL	—	TMC EC Lab
Eos #	0.04	0.00 - 0.46 10 ³ /uL	—	TMC EC Lab
Basos #	0.05	0.01 - 0.08 10 ³ /uL	—	TMC EC Lab
Imm Grans #	0.02	0.01 - 0.07 10 ³ /uL	—	TMC EC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

CBC w/ diff and platelet (Discontinued)

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0204 Status: Discontinued
 Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0204 Ordering provider: Lukman Olufemi Telufusi, PA
 Authorized by: Lukman Olufemi Telufusi, PA Ordering mode: Standard

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Frequency: STAT STAT 03/03/25 0204 - 1 occurrence
 Quantity: 1

Class: Unit Collect
 Instance released by: Lukman Olufemi Telufusi, PA (auto-released)
 3/3/2025 2:04 AM

Discontinued by: Lukman Olufemi Telufusi, PA 03/03/25 0205

Questionnaire

Question

Release to patient

Answer

Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

Comprehensive Metabolic Panel (Discontinued)

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0204

Status: Discontinued

Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0204

Ordering provider: Lukman Olufemi Telufusi, PA

Authorized by: Lukman Olufemi Telufusi, PA

Ordering mode: Standard

Frequency: STAT Once 03/03/25 0204 - 1 occurrence

Class: Unit Collect

Quantity: 1

Instance released by: Lukman Olufemi Telufusi, PA (auto-released)
 3/3/2025 2:04 AM

Discontinued by: Lukman Olufemi Telufusi, PA 03/03/25 0205

Questionnaire

Question

Release to patient

Answer

Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

Blood culture, peripheral #1 (Final result)

Electronically signed by: Malini Randeep, PA on 03/03/25 1546

Status: Completed

Ordering user: Malini Randeep, PA 03/03/25 1546

Ordering provider: Malini Randeep, PA

Authorized by: Malini Randeep, PA

Ordering mode: Standard

Frequency: STAT STAT 03/03/25 1547 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Malini Randeep, PA (auto-released) 3/3/2025 3:46 PM

Questionnaire

Question

Release to patient

Answer

Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25SW-062-MI0852	Blood	Venipuncture	Blood, Venous	Gerardo Salazar, RN 03/03/25 1629

Blood culture, peripheral #1

Resulted: 03/08/25 2202, Result status: Final result

Ordering provider: Malini Randeep, PA 03/03/25 1546

Order status: Completed

Filed by: Lab, Background User 03/08/25 2202

Collected by: Gerardo Salazar, RN 03/03/25 1629

Resulting lab: MH SOUTHWEST HOSPITAL LAB

CLIA number: 45D0493380

Acknowledged by: Omar Naji Saab Saab, MD on 03/11/25 0714

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 5 days	—	—	SW Lab

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Resulted: 03/07/25 2201, Result status: Preliminary result

Blood culture, peripheral #1

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/07/25 2201
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed

Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 4 days	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Resulted: 03/06/25 2201, Result status: Preliminary result

Blood culture, peripheral #1

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/06/25 2201
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed

Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 3 days	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Resulted: 03/05/25 2201, Result status: Preliminary result

Blood culture, peripheral #1

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/05/25 2201
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed

Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 2 days	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Resulted: 03/04/25 2201, Result status: Preliminary result

Blood culture, peripheral #1

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/04/25 2201
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed
 Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 1 day	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Resulted: 03/04/25 1001, Result status: Preliminary result

Blood culture, peripheral #1

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/04/25 1001
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed
 Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth holding	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

All Reviewers List

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Omar Naji Saab Saab, MD on 3/11/2025 07:14

Blood culture, peripheral #2 (Final result)

Electronically signed by: Malini Randeep, PA on 03/03/25 1546	Status: Completed
Ordering user: Malini Randeep, PA 03/03/25 1546	
Authorized by: Malini Randeep, PA	
Frequency: STAT STAT 03/03/25 1547 - 1 occurrence	
Quantity: 1	
Instance released by: Malini Randeep, PA (auto-released) 3/3/2025 3:46 PM	

Questionnaire

Question	Answer
Release to patient	Immediate

Order comments: From a different site than #1.

Specimen Information

ID	Type	Draw Type	Source	Collected By
25SW-062-MI0853	Blood	Venipuncture	Blood, Venous	Gerardo Salazar, RN 03/03/25 1629

Blood culture, peripheral #2

Resulted: 03/08/25 2101, Result status: Final result

Ordering provider: Malini Randeep, PA 03/03/25 1546	Order status: Completed
Filed by: Lab, Background User 03/08/25 2101	Collected by: Gerardo Salazar, RN 03/03/25 1629
Resulting lab: MH SOUTHWEST HOSPITAL LAB	CLIA number: 45D0493380
Acknowledged by: Omar Naji Saab Saab, MD on 03/11/25 0714	

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 5 days	—	—	SW Lab

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Blood culture, peripheral #2

Resulted: 03/07/25 2101, Result status: Preliminary result

Ordering provider: Malini Randeep, PA 03/03/25 1546	Order status: Completed
Filed by: Lab, Background User 03/07/25 2101	Collected by: Gerardo Salazar, RN 03/03/25 1629
Resulting lab: MH SOUTHWEST HOSPITAL LAB	CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 4 days	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST	Dr. Richard Brown	7600 Beechnut St	09/21/24 1554 - 04/09/25 1045

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

HOSPITAL LAB

Houston TX 77074

Resulted: 03/06/25 2101, Result status: Preliminary result

Blood culture, peripheral #2

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/06/25 2101
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed
 Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 3 days	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Blood culture, peripheral #2

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/05/25 2101
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Resulted: 03/05/25 2101, Result status: Preliminary result
 Order status: Completed
 Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 2 days	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Blood culture, peripheral #2

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/04/25 2101
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Resulted: 03/04/25 2101, Result status: Preliminary result
 Order status: Completed
 Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth at 1 day	—	—	SW Lab

Reviewed by

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

Blood culture, peripheral #2

Resulted: 03/04/25 0901, Result status: Preliminary result

Ordering provider: Malini Randeep, PA 03/03/25 1546
 Filed by: Lab, Background User 03/04/25 0901
 Resulting lab: MH SOUTHWEST HOSPITAL LAB

Order status: Completed
 Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0493380

Components

Component	Value	Reference Range	Flag	Lab
Blood Culture	No growth holding	—	—	SW Lab

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

All Reviewers List

Omar Naji Saab Saab, MD on 3/11/2025 07:14

Lactic acid with 2 Hours Reflex (Final result)

Electronically signed by: Malini Randeep, PA on 03/03/25 1547 Status: Completed
 Ordering user: Malini Randeep, PA 03/03/25 1547
 Authorized by: Malini Randeep, PA
 Frequency: STAT STAT 03/03/25 1547 - 1 occurrence
 Quantity: 1
 Instance released by: Malini Randeep, PA (auto-released) 3/3/2025 3:47 PM

Ordering provider: Malini Randeep, PA
 Ordering mode: Standard
 Class: Unit Collect
 Lab status: Final result

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TE-062-CH0241	Blood	Venipuncture	Blood, Venous	Gerardo Salazar, RN 03/03/25 1629

Lactic acid with 2 Hours Reflex (Normal)

Resulted: 03/03/25 1700, Result status: Final result
 Ordering provider: Malini Randeep, PA 03/03/25 1547
 Filed by: Lab, Background User 03/03/25 1700
 Resulting lab: MH TMC EMERGENCY LAB

Order status: Completed
 Collected by: Gerardo Salazar, RN 03/03/25 1629
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Lactic Acid Lvl	0.85	0.5 - 2.2 mmol/L	—	TMC EC Lab
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000053 - TMC EC Lab	MH TMC EMERGENCY LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	02/28/23 1017 - 04/09/25 1045

Sedimentation Rate (Final result)

Electronically signed by: Malini Randeep, PA on 03/03/25 1547 Status: Completed
 Ordering user: Malini Randeep, PA 03/03/25 1547
 Authorized by: Malini Randeep, PA
 Frequency: STAT STAT 03/03/25 1548 - 1 occurrence
 Quantity: 1
 Instance released by: Malini Randeep, PA (auto-released) 3/3/2025 3:47 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-062-HE0859	Blood	Venipuncture	Blood, Venous	Gerardo Salazar, RN 03/03/25 1629

Sedimentation Rate (Abnormal)

Resulted: 03/03/25 1950, Result status: Final result

Ordering provider: Malini Randeep, PA 03/03/25 1547 Order status: Completed
 Filed by: Shilpa Shetty, MT 03/03/25 1950 Collected by: Gerardo Salazar, RN 03/03/25 1629
 Resulting lab: MH TMC HOSPITAL LAB CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Sedimentation Rate	44	0 - 15 mm/hr	H^	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

C-reactive protein (Final result)

Electronically signed by: Malini Randeep, PA on 03/03/25 1547 Status: Completed
 Ordering user: Malini Randeep, PA 03/03/25 1547
 Authorized by: Malini Randeep, PA
 Frequency: STAT STAT 03/03/25 1548 - 1 occurrence
 Quantity: 1
 Instance released by: Malini Randeep, PA (auto-released) 3/3/2025 3:47 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones, 5
Neuroscience Acute Care) (continued)

Labs (continued)

25TM-062- CH1623	Blood	Venipuncture	Blood, Venous	Gerardo Salazar, RN 03/03/25 1629
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C-reactive protein (Abnormal) Resulted: 03/03/25 1743, Result status: Final result

Ordering provider: Malini Randeep, PA 03/03/25 1547
Filed by: Lab, Background User 03/03/25 1743
Resulting lab: MH TMC HOSPITAL LAB
Order status: Completed
Collected by: Gerardo Salazar, RN 03/03/25 1629
CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	16	<=10 mg/L	H^	TMC Lab

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

CDC HIV 4th GEN (Cancel Pend)

Electronically signed by: Marie C Andrus, RN on 03/03/25 1802 Status: Cancel Pend
Ordering user: Marie C Andrus, RN 03/03/25 1802
Frequency: STAT Once 03/03/25 1802 - 1 occurrence
Quantity: 1
Cancelled by: Marie C Andrus, RN 03/05/25 0602 [Expired]

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Venous	—

CRP High Sensitivity (Final result)

Electronically signed by: Michael Alexis Goutnik, MD on 03/03/25 1750 Status: Completed
Ordering user: Michael Alexis Goutnik, MD 03/03/25 1750 Ordering provider: Michael Alexis Goutnik, MD
Authorized by: Michael Alexis Goutnik, MD Ordering mode: Standard
Frequency: STAT STAT 03/03/25 1751 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/3/2025 5:50 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25SW-062- CH0852	Blood	Venipuncture	Blood, Venous	Julian Malone, RN 03/03/25 1938

CRP High Sensitivity (Abnormal)

Resulted: 03/03/25 2247, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/03/25 1750 Order status: Completed
Filed by: Lab, Background User 03/03/25 2247 Collected by: Julian Malone, RN 03/03/25 1938
Resulting lab: MH SOUTHWEST HOSPITAL LAB CLIA number: 45D0493380

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
CRP, High Sensitivity	9.54	<=3.00 mg/L	H^	SW Lab

Comment: Low Risk: < 1 mg/L
 Average Risk: 1-3 mg/L
 High Risk: > 3 mg/L

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000050 - SW Lab	MH SOUTHWEST HOSPITAL LAB	Dr. Richard Brown	7600 Beechnut St Houston TX 77074	09/21/24 1554 - 04/09/25 1045

POCT Glucose (Discontinued)

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Discontinued
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard
 Frequency: Routine q15 min PRN 03/04/25 0048 - Until Specified Class: Normal
 Quantity: 1 Discontinued by: Automatic Discharge Provider 03/07/25 2204
 [Patient Discharge]

Questionnaire

Question	Answer
Release to patient	Immediate

Order comments: For Blood Glucose < 70 mg/dL, check Blood Glucose every 15 minutes until Blood Glucose is > 100 mg/dL. Notify MD if hypoglycemia persists for more than 30 minutes.

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood, Capillary	—

Complete Blood Count w/Diff and Platelet (Final result)

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Completed
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard
 Frequency: STAT AM draw 03/04/25 0300 - 1 occurrence Class: Unit Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Source	Collected By
25TM-063-HE0384	Blood	Blood, Venous	03/04/25 0513

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)	Resulted: 03/04/25 0555, Result status: Final result
Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0451	Order status: Completed
Filed by: Lab, Background User 03/04/25 0555	Collected by: Daine Joseph, RN 03/04/25 0513
Resulting lab: MH TMC HOSPITAL LAB	CLIA number: 45D0053104

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.08	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	5.38	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	13.0	12.4 - 17.4 g/dL	—	TMC Lab
Hct	41.8	37.1 - 50.8 %	—	TMC Lab
MCV	77.7	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.8	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	372	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Normal)

Resulted: 03/04/25 0555, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 Order status: Completed
 0451

Filed by: Lab, Background User 03/04/25 0555
 Resulting lab: MH TMC HOSPITAL LAB

Collected by: Daine Joseph, RN 03/04/25 0513
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	56.2	40.6 - 75.7 %	—	TMC Lab
Lymphs %	33.7	14.9 - 47.8 %	—	TMC Lab
Monos %	7.4	4.2 - 12.6 %	—	TMC Lab
Eos %	1.5	0.2 - 5.0 %	—	TMC Lab
Basos %	1.0	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.42	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	2.05	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.45	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.09	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.06	0.01 - 0.08 10 ³ /uL	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal) Resulted: 03/04/25 0555, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 Order status: Completed
 0451

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Filed by: Lab, Background User 03/04/25 0555
 Resulting lab: MH TMC HOSPITAL LAB

Collected by: Daine Joseph, RN 03/04/25 0513
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.08	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	5.38	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	13.0	12.4 - 17.4 g/dL	—	TMC Lab
Hct	41.8	37.1 - 50.8 %	—	TMC Lab
MCV	77.7	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.8	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	372	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Normal)

Resulted: 03/04/25 0555, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 Order status: Completed
 0451

Filed by: Lab, Background User 03/04/25 0555
 Resulting lab: MH TMC HOSPITAL LAB

Collected by: Daine Joseph, RN 03/04/25 0513
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	56.2	40.6 - 75.7 %	—	TMC Lab
Lymphs %	33.7	14.9 - 47.8 %	—	TMC Lab
Monos %	7.4	4.2 - 12.6 %	—	TMC Lab
Eos %	1.5	0.2 - 5.0 %	—	TMC Lab
Basos %	1.0	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.42	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	2.05	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.45	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.09	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.06	0.01 - 0.08 10 ³ /uL	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Basic metabolic panel (Final result)

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Labs (continued)

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0050 Status: Completed
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard
 Frequency: STAT AM draw 03/04/25 0300 - 1 occurrence Class: Unit Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-063-CH0700	Blood	Venipuncture	Blood, Venous	Daine Joseph, RN 03/04/25 0513

Basic metabolic panel (Abnormal) Resulted: 03/04/25 0626, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Order status: Completed

0050

Filed by: Lab, Background User 03/04/25 0626 Collected by: Daine Joseph, RN 03/04/25 0513

Resulting lab: MH TMC HOSPITAL LAB CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Glucose Lvl	98	70 - 99 mg/dL	—	TMC Lab
Comment:				
Adult reference range values reflect the clinical guidelines of the American Diabetes Association.				
BUN	11	9 - 23 mg/dL	—	TMC Lab
Creatinine Lvl	0.98	0.7 - 1.30 mg/dL	—	TMC Lab
Sodium Lvl	135	136 - 145 mEq/L	L▼	TMC Lab
Potassium Lvl	4.4	3.4 - 4.5 mEq/L	—	TMC Lab
Chloride Lvl	99	98 - 107 mEq/L	—	TMC Lab
CO2 Lvl	28.9	20.0 - 31.0 mEq/L	—	TMC Lab
Anion Gap	11.5	10.0 - 20.0 mEq/L	—	TMC Lab
Calcium Lvl	9.1	8.3 - 10.6 mg/dL	—	TMC Lab
eGFR	94	>60 mL/min/1.73m2	—	TMC Lab

Comment:

The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m2.

The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not recommended in the following populations:

Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions.

Patients with extremes in muscle mass or diet.

The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 0050

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050

Ordering provider: Bhrugesh Jogeshkumar Shah, MD

Authorized by: Bhrugesh Jogeshkumar Shah, MD

Ordering mode: Standard

Frequency: Timed Once 03/04/25 0300 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Daine Joseph, RN 3/4/2025 4:51 AM

Questionnaire

Question

Answer

Release to patient

Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-063-HE0384	Blood	Venipuncture	Blood, Venous	Daine Joseph, RN 03/04/25 0513

Complete Blood Count (Abnormal)

Resulted: 03/04/25 0555, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0451
 Order status: Completed

Filed by: Lab, Background User 03/04/25 0555
 Resulting lab: MH TMC HOSPITAL LAB

Collected by: Daine Joseph, RN 03/04/25 0513
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.08	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	5.38	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	13.0	12.4 - 17.4 g/dL	—	TMC Lab
Hct	41.8	37.1 - 50.8 %	—	TMC Lab
MCV	77.7	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.8	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	372	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Resulted: 03/04/25 0555, Result status: Preliminary result

Complete Blood Count (Abnormal)

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0451
 Order status: Completed

Filed by: Lab, Background User 03/04/25 0555
 Resulting lab: MH TMC HOSPITAL LAB

Collected by: Daine Joseph, RN 03/04/25 0513
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.08	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	5.38	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Hgb	13.0	12.4 - 17.4 g/dL	—	TMC Lab
Hct	41.8	37.1 - 50.8 %	—	TMC Lab
MCV	77.7	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.8	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	372	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.2	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed		6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Automated Differential (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 0050

Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0050 Ordering provider: Bhrugesh Jogeshkumar Shah, MD

Authorized by: Bhrugesh Jogeshkumar Shah, MD

Ordering mode: Standard

Frequency: Timed Once 03/04/25 0300 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Daine Joseph, RN 3/4/2025 4:51 AM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-063-HE0384	Blood	Venipuncture	Blood, Venous	Daine Joseph, RN 03/04/25 0513

Automated Differential (Normal)

Resulted: 03/04/25 0555, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0451 Order status: Completed

Filed by: Lab, Background User 03/04/25 0555

Collected by: Daine Joseph, RN 03/04/25 0513

Resulting lab: MH TMC HOSPITAL LAB

CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	56.2	40.6 - 75.7 %	—	TMC Lab
Lymphs %	33.7	14.9 - 47.8 %	—	TMC Lab
Monos %	7.4	4.2 - 12.6 %	—	TMC Lab
Eos %	1.5	0.2 - 5.0 %	—	TMC Lab
Basos %	1.0	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.42	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	2.05	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.45	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.09	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.06	0.01 - 0.08 10 ³ /uL	—	TMC Lab

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Imm Grans #	0.01	0.01 - 0.07 10 ³ /uL	TMC Lab
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Basic Metabolic Panel (Final result)

Electronically signed by: Omar Naji Saab Saab, MD on 03/04/25 2203 Status: Completed
 Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203
 Authorized by: Omar Naji Saab Saab, MD
 Frequency: Routine AM draw 03/05/25 0300 - 7 days
 Quantity: 1
 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/4/2025 11:01 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-064-CH0111	Blood	Venipuncture	Blood, Venous	Joseph Gitahi, RN 03/05/25 0115

Basic Metabolic Panel (Abnormal)

Resulted: 03/05/25 0349, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/04/25 2301 Order status: Completed
 Filed by: Lab, Background User 03/05/25 0349 Collected by: Joseph Gitahi, RN 03/05/25 0115
 Resulting lab: MH TMC HOSPITAL LAB CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Glucose Lvl	77	70 - 99 mg/dL	—	TMC Lab
Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.				
BUN	13	9 - 23 mg/dL	—	TMC Lab
Creatinine Lvl	0.98	0.7 - 1.30 mg/dL	—	TMC Lab
Sodium Lvl	134	136 - 145 mEq/L	L ✓	TMC Lab
Potassium Lvl	4.4	3.4 - 4.5 mEq/L	—	TMC Lab
Chloride Lvl	100	98 - 107 mEq/L	—	TMC Lab
CO2 Lvl	27.0	20.0 - 31.0 mEq/L	—	TMC Lab
Anion Gap	11.4	10.0 - 20.0 mEq/L	—	TMC Lab
Calcium Lvl	8.6	8.3 - 10.6 mg/dL	—	TMC Lab
eGFR	94	>60 mL/min/1.73m ²	—	TMC Lab

Comment:

The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m². The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not recommended in the following populations: Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions. Patients with extremes in muscle mass or diet.

The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count w/Diff and Platelet (Final result)

Electronically signed by: Omar Naji Saab Saab, MD on 03/04/25 2203 Status: Completed
 Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203
 Authorized by: Omar Naji Saab Saab, MD
 Frequency: Routine AM draw 03/05/25 0300 - 7 occurrences
 Quantity: 1
 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/4/2025 11:01 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Source	Collected By
25TM-064-HE0060	Blood	Blood, Venous	03/05/25 0115

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)	Resulted: 03/05/25 0315, Result status: Final result
Ordering provider: Omar Naji Saab Saab, MD 03/05/25 0028	Order status: Completed
Filed by: Lab, Background User 03/05/25 0315	Collected by: Joseph Gitahi, RN 03/05/25 0115
Resulting lab: MH TMC HOSPITAL LAB	CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.32	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.91	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.9	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	38.3	37.1 - 50.8 %	—	TMC Lab
MCV	78.0	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.9	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	322	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.5	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Normal)

Ordering provider: Omar Naji Saab Saab, MD 03/05/25 0028	Resulted: 03/05/25 0315, Result status: Final result
Filed by: Lab, Background User 03/05/25 0315	Order status: Completed
Resulting lab: MH TMC HOSPITAL LAB	Collected by: Joseph Gitahi, RN 03/05/25 0115
	CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	59.1	40.6 - 75.7 %	—	TMC Lab

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Lymphs %	30.7	14.9 - 47.8 %	—	TMC Lab
Monos %	7.8	4.2 - 12.6 %	—	TMC Lab
Eos %	1.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.1	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.74	1.48 - 6.56 $10^3/\mu\text{L}$	—	TMC Lab
Lymphs #	1.94	0.86 - 3.84 $10^3/\mu\text{L}$	—	TMC Lab
Monos #	0.49	0.29 - 0.96 $10^3/\mu\text{L}$	—	TMC Lab
Eos #	0.07	0.00 - 0.46 $10^3/\mu\text{L}$	—	TMC Lab
Basos #	0.07	0.01 - 0.08 $10^3/\mu\text{L}$	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 $10^3/\mu\text{L}$	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)		Resulted: 03/05/25 0315, Result status: Final result
Ordering provider: Omar Naji Saab Saab, MD	03/05/25 0028	Order status: Completed
Filed by: Lab, Background User	03/05/25 0315	Collected by: Joseph Gitahi, RN 03/05/25 0115
Resulting lab: MH TMC HOSPITAL LAB		CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.32	3.92-10.07 $10^3/\mu\text{L}$	—	TMC Lab
RBC	4.91	4.27 - 6.02 $10^6/\mu\text{L}$	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.9	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	38.3	37.1 - 50.8 %	—	TMC Lab
MCV	78.0	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.9	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	322	160 - 381 $10^3/\mu\text{L}$	—	TMC Lab
MPV	9.5	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Normal)

Resulted: 03/05/25 0315, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD	03/05/25 0028	Order status: Completed
Filed by: Lab, Background User	03/05/25 0315	Collected by: Joseph Gitahi, RN 03/05/25 0115
Resulting lab: MH TMC HOSPITAL LAB		CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Segs %	59.1	40.6 - 75.7 %	—	TMC Lab
Lymphs %	30.7	14.9 - 47.8 %	—	TMC Lab
Monos %	7.8	4.2 - 12.6 %	—	TMC Lab
Eos %	1.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.1	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.74	1.48 - 6.56 $10^3/\mu\text{L}$	—	TMC Lab
Lymphs #	1.94	0.86 - 3.84 $10^3/\mu\text{L}$	—	TMC Lab
Monos #	0.49	0.29 - 0.96 $10^3/\mu\text{L}$	—	TMC Lab
Eos #	0.07	0.00 - 0.46 $10^3/\mu\text{L}$	—	TMC Lab
Basos #	0.07	0.01 - 0.08 $10^3/\mu\text{L}$	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 $10^3/\mu\text{L}$	—	TMC Lab

Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed		6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 2203

Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Timed Once 03/05/25 0300 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Joseph Gitahi, RN 3/5/2025 12:28 AM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-064-HE0060	Blood	Venipuncture	Blood, Venous	Joseph Gitahi, RN 03/05/25 0115

Complete Blood Count (Abnormal)

Resulted: 03/05/25 0315, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/05/25 0028

Order status: Completed

Filed by: Lab, Background User 03/05/25 0315

Collected by: Joseph Gitahi, RN 03/05/25 0115

Resulting lab: MH TMC HOSPITAL LAB

CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.32	3.92-10.07 $10^3/\mu\text{L}$	—	TMC Lab
RBC	4.91	4.27 - 6.02 $10^6/\mu\text{L}$	—	TMC Lab
NRBC %	0.0	0 / 100 WBC	—	TMC Lab



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)

Labs (continued)

Hgb	11.9	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	38.3	37.1 - 50.8 %	—	TMC Lab
MCV	78.0	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.9	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	322	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.5	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count (Abnormal)

Ordering provider: Omar Naji Saab Saab, MD 03/05/25 0028
Filed by: Lab, Background User 03/05/25 0315
Resulting lab: MH TMC HOSPITAL LAB

Order status: Completed
Collected by: Joseph Gitahi, RN 03/05/25 0115
CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.32	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.91	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.9	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	38.3	37.1 - 50.8 %	—	TMC Lab
MCV	78.0	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.2	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.1	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	43.9	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	322	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.5	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Automated Differential (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 2203

Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Timed Once 03/05/25 0300 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Joseph Gitahi, RN 3/5/2025 12:28 AM

Questionnaire

Question	Answer
Release to patient	Immediate

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-064- HE0060	Blood	Venipuncture	Blood, Venous	Joseph Gitahi, RN 03/05/25 0115

Automated Differential (Normal)

Ordering provider: Omar Naji Saab Saab, MD 03/05/25 0028 Order status: Completed
 Filed by: Lab, Background User 03/05/25 0315 Collected by: Joseph Gitahi, RN 03/05/25 0115
 Resulting lab: MH TMC HOSPITAL LAB CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	59.1	40.6 - 75.7 %	—	TMC Lab
Lymphs %	30.7	14.9 - 47.8 %	—	TMC Lab
Monos %	7.8	4.2 - 12.6 %	—	TMC Lab
Eos %	1.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.1	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.74	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	1.94	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.49	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.07	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.07	0.01 - 0.08 10 ³ /uL	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Basic Metabolic Panel (Final result)

Electronically signed by: Omar Naji Saab Saab, MD on 03/04/25 2203 Status: Completed
 Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203 Ordering provider: Omar Naji Saab Saab, MD
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
 Frequency: Routine AM draw 03/05/25 0300 - 7 days Class: Unit Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/5/2025 11:02 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-065- CH0197	Blood	Venipuncture	Blood, Venous	Annmaria George, RN 03/06/25 0159

Basic Metabolic Panel (Abnormal)

Resulted: 03/06/25 0423, Result status: Final result

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Ordering provider: Omar Naji Saab Saab, MD 03/05/25 2302
 Filed by: Lab, Background User 03/06/25 0423
 Resulting lab: MH TMC HOSPITAL LAB
 Narrative:
 Slight Hemolyzed sample

Order status: Completed
 Collected by: Annmaria George, RN 03/06/25 0159
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Glucose Lvl	75	70 - 99 mg/dL	—	TMC Lab
Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.				
BUN	17	9 - 23 mg/dL	—	TMC Lab
Creatinine Lvl	0.89	0.7 - 1.30 mg/dL	—	TMC Lab
Sodium Lvl	132	136 - 145 mEq/L	L▼	TMC Lab
Potassium Lvl	4.3	3.4 - 4.5 mEq/L	—	TMC Lab
Chloride Lvl	98	98 - 107 mEq/L	—	TMC Lab
CO2 Lvl	28.4	20.0 - 31.0 mEq/L	—	TMC Lab
Anion Gap	9.9	10.0 - 20.0 mEq/L	L▼	TMC Lab
Comment: Unable to calculate due to out of range variable.				
Calcium Lvl	7.9	8.3 - 10.6 mg/dL	L▼	TMC Lab
eGFR	104	>60 mL/min/1.73m ²	—	TMC Lab

Comment:

Unable to calculate due to out of range variable.

The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m².

The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the

CKD-EPI formula has not been extensively validated. Use of the eGFR is not recommended in the following populations:

Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions.

Patients with extremes in muscle mass or diet.

The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count w/Diff and Platelet (Final result)

Electronically signed by: Omar Naji Saab Saab, MD on 03/04/25 2203 Status: Completed
 Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203
 Authorized by: Omar Naji Saab Saab, MD
 Frequency: Routine AM draw 03/05/25 0300 - 7 occurrences
 Quantity: 1
 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/5/2025 11:02 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Source	Collected By
25TM-065-HE0109	Blood	Blood, Venous	03/06/25 0159

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Labs (continued)

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)

Resulted: 03/06/25 0412, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 0121
 Filed by: Lab, Background User 03/06/25 0412
 Resulting lab: MH TMC HOSPITAL LAB

Order status: Completed
 Collected by: Annmaria George, RN 03/06/25 0159
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.25	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.70	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.4	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.4	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.4	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.3	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.3	31.2 - 36.1 g/dL	—	TMC Lab
RDW - SD	43.5	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	328	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.4	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Normal)

Resulted: 03/06/25 0412, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 0121
 Filed by: Lab, Background User 03/06/25 0412
 Resulting lab: MH TMC HOSPITAL LAB

Order status: Completed
 Collected by: Annmaria George, RN 03/06/25 0159
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	59.6	40.6 - 75.7 %	—	TMC Lab
Lymphs %	31.8	14.9 - 47.8 %	—	TMC Lab
Monos %	6.2	4.2 - 12.6 %	—	TMC Lab
Eos %	1.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.1	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.72	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	1.99	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.39	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.07	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.07	0.01 - 0.08 10 ³ /uL	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)

Resulted: 03/06/25 0412, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 0121
 Filed by: Lab, Background User 03/06/25 0412
 Resulting lab: MH TMC HOSPITAL LAB

Order status: Completed
 Collected by: Annmaria George, RN 03/06/25 0159
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.25	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.70	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.4	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.4	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.4	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.3	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.3	31.2 - 36.1 g/dL	—	TMC Lab
RDW - SD	43.5	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	328	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.4	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Normal)

Resulted: 03/06/25 0412, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 0121
 Filed by: Lab, Background User 03/06/25 0412
 Resulting lab: MH TMC HOSPITAL LAB

Order status: Completed
 Collected by: Annmaria George, RN 03/06/25 0159
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	59.6	40.6 - 75.7 %	—	TMC Lab
Lymphs %	31.8	14.9 - 47.8 %	—	TMC Lab
Monos %	6.2	4.2 - 12.6 %	—	TMC Lab
Eos %	1.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.1	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.72	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	1.99	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.39	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.07	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.07	0.01 - 0.08 10 ³ /uL	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC	MH TMC HOSPITAL	Dr. Amer Wahed	6411 Fannin St	09/21/24 1554 - 04/09/25 1045

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Lab

LAB

Houston TX 77030

Complete Blood Count (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 2203

Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Timed Once 03/06/25 0300 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Annmaria George, RN 3/6/2025 1:21 AM

Questionnaire

Question

Release to patient

Answer

Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-065-HE0109	Blood	Venipuncture	Blood, Venous	Annmaria George, RN 03/06/25 0159

Complete Blood Count (Abnormal)

Resulted: 03/06/25 0412, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 0121

Order status: Completed

Filed by: Lab, Background User 03/06/25 0412

Collected by: Annmaria George, RN 03/06/25 0159

Resulting lab: MH TMC HOSPITAL LAB

CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.25	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.70	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.4	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.4	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.4	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.3	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.3	31.2 - 36.1 g/dL	—	TMC Lab
RDW - SD	43.5	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	328	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.4	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count (Abnormal)

Resulted: 03/06/25 0412, Result status: Preliminary result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 0121

Order status: Completed

Filed by: Lab, Background User 03/06/25 0412

Collected by: Annmaria George, RN 03/06/25 0159

Resulting lab: MH TMC HOSPITAL LAB

CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
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**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Labs (continued)

WBC	6.25	3.92-10.07 $10^3/\mu\text{L}$	—	TMC Lab
RBC	4.70	4.27 - 6.02 $10^6/\mu\text{L}$	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.4	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.4	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.4	79.2 - 96.8 fL	L▼	TMC Lab
MCH	24.3	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	31.3	31.2 - 36.1 g/dL	—	TMC Lab
RDW - SD	43.5	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	328	160 - 381 $10^3/\mu\text{L}$	—	TMC Lab
MPV	9.4	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Automated Differential (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 2203

Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Timed Once 03/06/25 0300 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Annmaria George, RN 3/6/2025 1:21 AM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-065-HE0109	Blood	Venipuncture	Blood, Venous	Annmaria George, RN 03/06/25 0159

Automated Differential (Normal)

Resulted: 03/06/25 0412, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 0121

Order status: Completed

Filed by: Lab, Background User 03/06/25 0412

Collected by: Annmaria George, RN 03/06/25 0159

Resulting lab: MH TMC HOSPITAL LAB

CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	59.6	40.6 - 75.7 %	—	TMC Lab
Lymphs %	31.8	14.9 - 47.8 %	—	TMC Lab
Monos %	6.2	4.2 - 12.6 %	—	TMC Lab
Eos %	1.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.1	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.2	0.1 - 1 %	—	TMC Lab
Segs #	3.72	1.48 - 6.56 $10^3/\mu\text{L}$	—	TMC Lab
Lymphs #	1.99	0.86 - 3.84 $10^3/\mu\text{L}$	—	TMC Lab

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Monos #	0.39	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.07	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.07	0.01 - 0.08 10 ³ /uL	—	TMC Lab
Imm Grans #	0.01	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Basic Metabolic Panel (Final result)

Electronically signed by: Omar Naji Saab Saab, MD on 03/04/25 2203 Status: Completed
 Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203
 Authorized by: Omar Naji Saab Saab, MD
 Frequency: Routine AM draw 03/05/25 0300 - 7 days
 Quantity: 1
 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/6/2025 11:01 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-066-CH0156	Blood	Arterial Line	Blood, Venous	Annmaria George, RN 03/07/25 0125

Basic Metabolic Panel (Abnormal)

Resulted: 03/07/25 0532, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 2301 Order status: Completed
 Filed by: Tio Marbun, MT 03/07/25 0532 Collected by: Annmaria George, RN 03/07/25 0125
 Resulting lab: MH TMC HOSPITAL LAB CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Glucose Lvl	45	70 - 99 mg/dL	↑	TMC Lab
Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association.				
BUN	16	9 - 23 mg/dL	—	TMC Lab
Creatinine Lvl	0.87	0.7 - 1.30 mg/dL	—	TMC Lab
Sodium Lvl	134	136 - 145 mEq/L	↓	TMC Lab
Potassium Lvl	4.3	3.4 - 4.5 mEq/L	—	TMC Lab
Chloride Lvl	100	98 - 107 mEq/L	—	TMC Lab
CO2 Lvl	26.7	20.0 - 31.0 mEq/L	—	TMC Lab
Anion Gap	11.6	10.0 - 20.0 mEq/L	—	TMC Lab
Calcium Lvl	8.6	8.3 - 10.6 mg/dL	—	TMC Lab
eGFR	105	>60 mL/min/1.73m ²	—	TMC Lab

Comment:

The eGFR is calculated using the CKD-EPI formula. In most young, healthy individuals the eGFR will be >90 mL/min/1.73m². The eGFR declines with age. An eGFR of 60-89 may be normal in some populations, particularly the elderly, for whom the CKD-EPI formula has not been extensively validated. Use of the eGFR is not recommended in the following populations:

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Individuals with unstable creatinine concentrations, including pregnant patients and those with serious co-morbid conditions.
 Patients with extremes in muscle mass or diet.

The data above are obtained from the National Kidney Disease Education Program (NKDEP) which additionally recommends that when the eGFR is used in patients with extremes of body mass index for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI.

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count w/Diff and Platelet (Final result)

Electronically signed by: Omar Naji Saab Saab, MD on 03/04/25 2203 Status: Completed
 Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203 Ordering provider: Omar Naji Saab Saab, MD
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
 Frequency: Routine AM draw 03/05/25 0300 - 7 occurrences Class: Unit Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/6/2025 11:01 PM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Source	Collected By
25TM-066-HE0077	Blood	Blood, Venous	03/07/25 0125

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)	Resulted: 03/07/25 0505, Result status: Final result
Ordering provider: Omar Naji Saab Saab, MD 03/07/25 0056	Order status: Completed
Filed by: Lab, Background User 03/07/25 0505	Collected by: Annmaria George, RN 03/07/25 0125
Resulting lab: MH TMC HOSPITAL LAB	CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.68	3.92- 10.07 10 ³ /uL	—	TMC Lab
RBC	4.75	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.3	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.7	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.3	79.2 - 96.8 fL	L▼	TMC Lab
MCH	23.8	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	30.8	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	44.2	34.0 - 37.0 fL	H^	TMC Lab
Plt Count	340	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.8	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Abnormal)

Resulted: 03/07/25 0505, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 0056 Order status: Completed

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Filed by: Lab, Background User 03/07/25 0505
 Resulting lab: MH TMC HOSPITAL LAB

Collected by: Annmaria George, RN 03/07/25 0125
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	54.7	40.6 - 75.7 %	—	TMC Lab
Lymphs %	34.1	14.9 - 47.8 %	—	TMC Lab
Monos %	7.5	4.2 - 12.6 %	—	TMC Lab
Eos %	2.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.3	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.3	0.1 - 1 %	—	TMC Lab
Segs #	3.65	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	2.28	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.50	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.14	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.09	0.01 - 0.08 10 ³ /uL	H▲	TMC Lab
Imm Grans #	0.02	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count w/Diff and Platelet

Complete Blood Count (Abnormal)		Resulted: 03/07/25 0505, Result status: Final result
Ordering provider: Omar Naji Saab Saab, MD	03/07/25 0056	Order status: Completed
Filed by: Lab, Background User	03/07/25 0505	Collected by: Annmaria George, RN 03/07/25 0125
Resulting lab: MH TMC HOSPITAL LAB		CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.68	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.75	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.3	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.7	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.3	79.2 - 96.8 fL	L▼	TMC Lab
MCH	23.8	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	30.8	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	44.2	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	340	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.8	9.0 - 12.0 fL	—	TMC Lab

Automated Differential (Abnormal)

Resulted: 03/07/25 0505, Result status: Final result

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 0056 Order status: Completed
 Filed by: Lab, Background User 03/07/25 0505 Collected by: Annmaria George, RN 03/07/25 0125
 Resulting lab: MH TMC HOSPITAL LAB CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
Segs %	54.7	40.6 - 75.7 %	—	TMC Lab
Lymphs %	34.1	14.9 - 47.8 %	—	TMC Lab
Monos %	7.5	4.2 - 12.6 %	—	TMC Lab
Eos %	2.1	0.2 - 5.0 %	—	TMC Lab
Basos %	1.3	0.2 - 1.3 %	—	TMC Lab
Immature Grans %	0.3	0.1 - 1 %	—	TMC Lab
Segs #	3.65	1.48 - 6.56 10 ³ /uL	—	TMC Lab
Lymphs #	2.28	0.86 - 3.84 10 ³ /uL	—	TMC Lab
Monos #	0.50	0.29 - 0.96 10 ³ /uL	—	TMC Lab
Eos #	0.14	0.00 - 0.46 10 ³ /uL	—	TMC Lab
Basos #	0.09	0.01 - 0.08 10 ³ /uL	H^	TMC Lab
Imm Grans #	0.02	0.01 - 0.07 10 ³ /uL	—	TMC Lab

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Complete Blood Count (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 2203

Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Pending Discharge Once 03/07/25 0300 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Annmaria George, RN 3/7/2025 12:56 AM

Questionnaire

Question	Answer
Release to patient	Immediate

Specimen Information

ID	Type	Draw Type	Source	Collected By
25TM-066-HE0077	Blood	Arterial Line	Blood, Venous	Annmaria George, RN 03/07/25 0125

Complete Blood Count (Abnormal)

Resulted: 03/07/25 0505, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 0056

Order status: Completed

Filed by: Lab, Background User 03/07/25 0505

Collected by: Annmaria George, RN 03/07/25 0125

Resulting lab: MH TMC HOSPITAL LAB

CLIA number: 45D0053104

Components

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
WBC	6.68	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.75	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.3	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.7	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.3	79.2 - 96.8 fL	L▼	TMC Lab
MCH	23.8	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	30.8	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	44.2	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	340	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.8	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Resulted: 03/07/25 0505, Result status: Preliminary result

Complete Blood Count (Abnormal)

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 0056
 Filed by: Lab, Background User 03/07/25 0505
 Resulting lab: MH TMC HOSPITAL LAB

Order status: Completed
 Collected by: Annmaria George, RN 03/07/25 0125
 CLIA number: 45D0053104

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.68	3.92-10.07 10 ³ /uL	—	TMC Lab
RBC	4.75	4.27 - 6.02 10 ⁶ /uL	—	TMC Lab
NRBC %	0.0	0 /100 WBC	—	TMC Lab
Hgb	11.3	12.4 - 17.4 g/dL	L▼	TMC Lab
Hct	36.7	37.1 - 50.8 %	L▼	TMC Lab
MCV	77.3	79.2 - 96.8 fL	L▼	TMC Lab
MCH	23.8	26.1 - 32.4 pg	L▼	TMC Lab
MCHC	30.8	31.2 - 36.1 g/dL	L▼	TMC Lab
RDW - SD	44.2	34.0 - 37.0 fL	H▲	TMC Lab
Plt Count	340	160 - 381 10 ³ /uL	—	TMC Lab
MPV	9.8	9.0 - 12.0 fL	—	TMC Lab

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000054 - TMC Lab	MH TMC HOSPITAL LAB	Dr. Amer Wahed	6411 Fannin St Houston TX 77030	09/21/24 1554 - 04/09/25 1045

Automated Differential (Final result)

Status: Completed

Order placed as a reflex to Complete Blood Count w/Diff and Platelet ordered on 03/04/25 at 2203

Ordering user: Omar Naji Saab Saab, MD 03/04/25 2203

Authorized by: Omar Naji Saab Saab, MD

Ordering provider: Omar Naji Saab Saab, MD

Ordering mode: Standard