

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

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

Release to patient

Answer

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 |

Automated Differential (Abnormal)

Resulted: 03/07/25 0505, Result status: Final result

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 |
|------------------|-------|------------------------------------|------|---------|
| 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 |

POC Glucose (Final result)

Electronically signed by: Interface, Telcor Results To Beaker on 03/07/25 0537 Status: Completed
 Ordering user: Interface, Telcor Results To Beaker 03/07/25 0537 Authorized by: Omar Naji Saab Saab, MD
 Ordering mode: Standard
 Frequency: Routine Once 03/07/25 0540 - 1 occurrence Class: Point Of Care
 Quantity: 1 Lab status: Final result
 Instance released by: Interface, Telcor Results To Beaker (auto-released) 3/7/2025 5:39 AM

Questionnaire

Question

Release to patient

Answer

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 | Source | Collected By |
|---------------------|-------|------------------|---------------|
| 25TM-066- PC0305 | Blood | Blood, Capillary | 03/07/25 0537 |

POC Glucose (Abnormal)

Resulted: 03/07/25 0539, Result status: Final result

Order status: Completed
 Collected by: 03/07/25 0537
 CLIA number: 45D0053104

Filed by: Lab, Background User 03/07/25 0539
 Resulting lab: MH TMC HOSPITAL LAB

Components

| Component | Value | Reference Range | Flag | Lab |
|-------------------------|-----------|-----------------|------|---------|
| POC Glu | 122 | 70 - 99 mg/dL | H^ | TMC Lab |
| POC Performing Location | J5E NEURO | — | — | 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 |

Creatine Kinase (Discontinued)

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 0941 Status: Discontinued
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 0941 Ordering provider: Omar Naji Saab Saab, MD
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
 Frequency: STAT STAT 03/07/25 0942 - 1 occurrence Class: Unit Collect
 Quantity: 1 Instance released by: Omar Naji Saab Saab, MD (auto-released)
 3/7/2025 9:41 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Questionnaire

| Question | Answer |
|--------------------|-----------|
| Release to patient | Immediate |

Specimen Information

| ID | Type | Source | Collected By |
|---------------------|-------|---------------|--------------|
| 25TM-066- CH1318 | Blood | Blood, Venous | — |

Candida Auris Fungal Culture Surveillance (Final result)

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1401 Status: Completed
 Ordering user: Omar Naji Saab Saab, MD 03/07/25 1401 Ordering provider: Omar Naji Saab Saab, MD
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
 Frequency: Routine Once 03/07/25 1402 - 1 occurrence Class: Unit Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/7/2025 2:01 PM

Questionnaire

| Question | Answer |
|--------------------|-----------|
| Release to patient | Immediate |

Specimen Information

| ID | Type | Source | Collected By |
|---------------------|--------|--------|-----------------------------------|
| 25SW-066- MI0815 | E-Swab | Groin | Shaniya Polk, RN 03/07/25 1437 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Labs (continued)

Candida Auris Fungal Culture Surveillance Resulted: 03/10/25 0841, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 1401 Order status: Completed
 Filed by: Abbigail Marrs, MT 03/10/25 0841 Collected by: Shaniya Polk, RN 03/07/25 1437
 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 |
|-----------------------|---------------------------|-----------------|------|--------|
| Candida auris Culture | No Candida auris isolated | — | — | 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 |

Candida Auris Fungal Culture Surveillance

Resulted: 03/09/25 1011, Result status: Preliminary result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 1401 Order status: Completed
 Filed by: David Hernandez, MT 03/09/25 1011 Collected by: Shaniya Polk, RN 03/07/25 1437
 Resulting lab: MH SOUTHWEST HOSPITAL LAB CLIA number: 45D0493380

Components

| Component | Value | Reference Range | Flag | Lab |
|-----------------------|---------------------|-----------------|------|--------|
| Candida auris 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 |

Candida Auris Fungal Culture Surveillance

Resulted: 03/08/25 0845, Result status: Preliminary result

Ordering provider: Omar Naji Saab Saab, MD 03/07/25 1401 Order status: Completed
 Filed by: David Hernandez, MT 03/08/25 0845 Collected by: Shaniya Polk, RN 03/07/25 1437
 Resulting lab: MH SOUTHWEST HOSPITAL LAB CLIA number: 45D0493380

Components

| Component | Value | Reference Range | Flag | Lab |
|-----------------------|--------------------|-----------------|------|--------|
| Candida auris Culture | No growth at 1 day | — | — | SW Lab |

Reviewed by

Omar Naji Saab Saab, MD on 03/11/25 0714

Testing Performed 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-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)

Labs (continued)

| 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

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

!imaging

Echocardiography

Transthoracic echo (TTE) complete (Final result)

Electronically signed by: Michael Alexis Goutnik, MD on 03/03/25 1750

Status: Completed

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/03/25 1750

Ordering provider: Bhrugesh Jogeshkumar Shah, MD

Authorized by: Bhrugesh Jogeshkumar Shah, MD

Ordering mode: Standard

Frequency: STAT Once 03/03/25 1751 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/3/2025 5:50 PM

Questionnaire

| Question | Answer |
|--|---------------|
| Will this procedure be performed by a physician? | No |
| Where should test be performed? | Bedside |
| Reason for exam: | osteo, source |
| Is the technologist authorized to use Echo contrast if needed? | Yes |
| If indicated, perform bubble study? | Yes |
| If indicated, perform strain echo? | Yes |
| If indicated, perform 3D echo? | Yes |
| Release to patient | Immediate |

Transthoracic echo (TTE) complete

Resulted: 03/04/25 1101, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 Order status: Completed
 1750

Resulted by: Hina Yogesh Patel, MD Filed by: David Dugald McPherson, MD 03/04/25 1101

David Dugald McPherson, MD
 Performed: 03/04/25 0418 - 03/04/25 0446
 Resulting lab: AGFA

Accession number: 250304103796

Narrative:

- 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.

Components

| Component | Value | Reference Range | Flag | Lab |
|--------------------|-------|-------------------|------|-----|
| LA Vol I (A4C) BSA | 10.70 | ml/m ² | — | — |

**03/03/2025 - ED to Hosp-Amission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

| | | | | |
|-------------------|--------|-------------------|---|---|
| LVOT Vmax/AV Vmax | 0.74 | {ratio} | — | — |
| LVOT Vmean | 0.46 | m/s | — | — |
| LV SV (A4C) | 46.80 | ml | — | — |
| LV SI (A2C) | 68.60 | ml | — | — |
| LV SV (BP) | 60.80 | ml | — | — |
| LV SI (A4C) | 24.60 | ml/m ² | — | — |
| LV SI (A2C) | 36.10 | ml/m ² | — | — |
| LV SI (BP) | 32.00 | ml/m ² | — | — |
| LVLs (A4C) | 69.10 | mm | — | — |
| LVLs (A2C) | 70.60 | mm | — | — |
| LVLD (A4C) | 77.10 | mm | — | — |
| LVLD (A2C) | 84.60 | mm | — | — |
| LV ESV A2C | 31.40 | mL | — | — |
| LV EDV A4C | 84.00 | mL | — | — |
| LA area A4C | 10.20 | cm ² | — | — |
| LV ESV A4C | 37.10 | mL | — | — |
| LV EDV A2C | 100.00 | mL | — | — |
| TAPSE | 16 | mm | — | — |
| LV est EF | 64 | % | — | — |
| LV EDV BP | 95.00 | mL | — | — |
| LV ESV BP | 34.20 | mL | — | — |
| MV A pk vel | 0.73 | m/s | — | — |
| MV E pk vel | 0.60 | m/s | — | — |
| AV pk grad | 4.00 | mmHg | — | — |
| AV VTI | 21.4 | cm | — | — |
| AV pk vel | 0.96 | m/s | — | — |
| LVOT VTI | 17.4 | cm | — | — |
| LVOT pk vel | 0.71 | m/s | — | — |
| MV DT | 313 | ms | — | — |
| MV e' lateral vel | 7.51 | cm/s | — | — |
| MV E/A ratio | 0.80 | — | — | — |
| LVOT pk grad | 2.00 | mmHg | — | — |
| AV mn grad | 2.00 | mmHg | — | — |
| MV E/e' septal | 8.90 | — | — | — |
| LVOT mn grad | 1.00 | mmHg | — | — |
| LV A4C EF | 56 | % | — | — |
| LV A2C EF | 69 | % | — | — |
| AV mn vel | 0.64 | m/s | — | — |
| LV biplane EF | 64.0 | % | — | — |
| MV E/e' lateral | 8.00 | — | — | — |
| MV e' septal vel | 6.74 | cm/s | — | — |
| BSA | 1.91 | m ² | — | — |

Procedures Performed

Chargeables

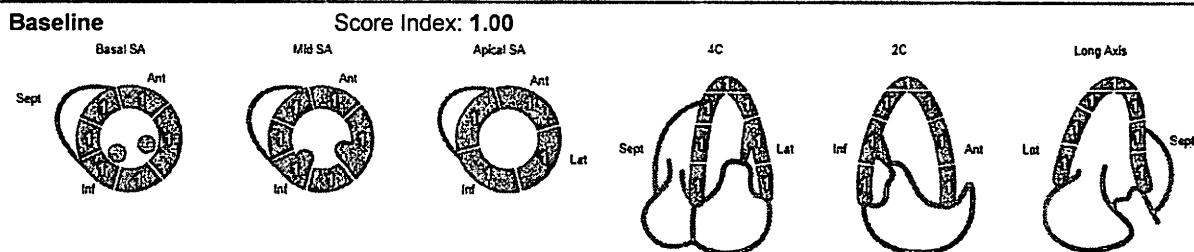
TRANSTHORACIC ECHO (TTE) COMPLETE W/
 CONTRAST [ECH112]

Wall Scoring

Wall Scoring

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)



(1) Hyperkinesis (0) Normal (2) Hypokinesis (3) Akinesis (4) Dyskinesis (5) Aneurysmal

Result Findings

Left Ventricle

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

Right Ventricle

Right ventricle size is normal. Normal systolic function in the right ventricle.

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).

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.

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.

Ascending Aorta

was not well visualized.

Pericardium

No pericardial effusion present.

Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

Prior Study

No prior study available for comparison.

Resulted: 03/04/25 1057, Result status: Preliminary
Transthoracic echo (TTE) complete result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 Order status: Completed

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

1750

Resulted by:

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Resulting lab: AGFA

Narrative:

- 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.

Filed by: Hina Yogesh Patel, MD 03/04/25 1057

Accession number: 250304103796

Components

| Component | Value | Reference Range | Flag | Lab |
|--------------------|--------|-------------------|------|-----|
| LA Vol I (A4C) BSA | 10.70 | ml/m ² | — | — |
| LVOT Vmax/AV Vmax | 0.74 | {ratio} | — | — |
| LVOT Vmean | 0.46 | m/s | — | — |
| LV SV (A4C) | 46.80 | ml | — | — |
| LV SI (A2C) | 68.60 | ml | — | — |
| LV SV (BP) | 60.80 | ml | — | — |
| LV SI (A4C) | 24.60 | ml/m ² | — | — |
| LV SI (A2C) | 36.10 | ml/m ² | — | — |
| LV SI (BP) | 32.00 | ml/m ² | — | — |
| LVLs (A4C) | 69.10 | mm | — | — |
| LVLs (A2C) | 70.60 | mm | — | — |
| LVLD (A4C) | 77.10 | mm | — | — |
| LVLD (A2C) | 84.60 | mm | — | — |
| LV ESV A2C | 31.40 | mL | — | — |
| LV EDV A4C | 84.00 | mL | — | — |
| LA area A4C | 10.20 | cm ² | — | — |
| LV ESV A4C | 37.10 | mL | — | — |
| LV EDV A2C | 100.00 | mL | — | — |
| TAPSE | 16 | mm | — | — |
| LV est EF | 64 | % | — | — |
| LV EDV BP | 95.00 | mL | — | — |
| LV ESV BP | 34.20 | mL | — | — |
| MV A pk vel | 0.73 | m/s | — | — |
| MV E pk vel | 0.60 | m/s | — | — |

**03/03/2025 - ED to Hosp-Amission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

| | | | | |
|-------------------|------|----------------|---|---|
| AV pk grad | 4.00 | mmHg | — | — |
| AV VTI | 21.4 | cm | — | — |
| AV pk vel | 0.96 | m/s | — | — |
| LVOT VTI | 17.4 | cm | — | — |
| LVOT pk vel | 0.71 | m/s | — | — |
| MV DT | 313 | ms | — | — |
| MV e' lateral vel | 7.51 | cm/s | — | — |
| MV E/A ratio | 0.80 | — | — | — |
| LVOT pk grad | 2.00 | mmHg | — | — |
| AV mn grad | 2.00 | mmHg | — | — |
| MV E/e' septal | 8.90 | — | — | — |
| LVOT mn grad | 1.00 | mmHg | — | — |
| LV A4C EF | 56 | % | — | — |
| LV A2C EF | 69 | % | — | — |
| AV mn vel | 0.64 | m/s | — | — |
| LV biplane EF | 64.0 | % | — | — |
| MV E/e' lateral | 8.00 | — | — | — |
| MV e' septal vel | 6.74 | cm/s | — | — |
| BSA | 1.91 | m ² | — | — |

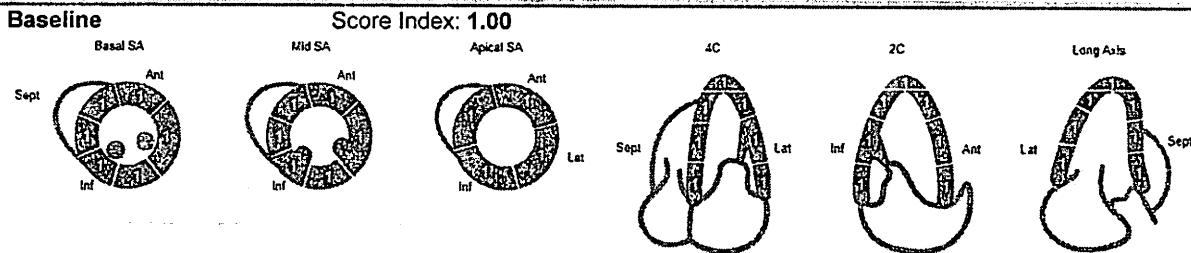
Procedures Performed

Chargeables

TRANSTHORACIC ECHO (TTE) COMPLETE W/
 CONTRAST [ECH112]

Wall Scoring

Wall Scoring



The left ventricular wall motion is normal.

Hyperkinesis
 Normal
 Hypokinesis
 Akinesis
 Dyskinesis
 Aneurysmal

Result Findings

Left Ventricle

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

Right Ventricle

Right ventricle size is normal. Normal systolic function in the right ventricle.

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).

**03/03/2025 - ED to Hosp-Accident & Emergency (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Imaging (continued)****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.

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.

Ascending Aorta

was not well visualized.

Pericardium

No pericardial effusion present.

Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

Prior Study

No prior study available for comparison.

Resulted: 03/04/25 1056, Result status: Preliminary result

Transthoracic echo (TTE) complete

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 Order status: Completed
1750

Resulted by:

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Filed by: Hina Yogesh Patel, MD 03/04/25 1056

Accession number: 250304103796

Resulting lab: AGFA

Narrative:

- 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.

Components

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

| Component | Value | Reference Range | Flag | Lab |
|--------------------|--------|-----------------|------|-----|
| LA Vol I (A4C) BSA | 10.70 | ml/m2 | — | — |
| LVOT Vmax/AV Vmax | 0.74 | {ratio} | — | — |
| LVOT Vmean | 0.46 | m/s | — | — |
| LV SV (A4C) | 46.80 | ml | — | — |
| LV SI (A2C) | 68.60 | ml | — | — |
| LV SV (BP) | 60.80 | ml | — | — |
| LV SI (A4C) | 24.60 | ml/m2 | — | — |
| LV SI (A2C) | 36.10 | ml/m2 | — | — |
| LV SI (BP) | 32.00 | ml/m2 | — | — |
| LVLs (A4C) | 69.10 | mm | — | — |
| LVLs (A2C) | 70.60 | mm | — | — |
| LVLd (A4C) | 77.10 | mm | — | — |
| LVLd (A2C) | 84.60 | mm | — | — |
| LV ESV A2C | 31.40 | mL | — | — |
| LV EDV A4C | 84.00 | mL | — | — |
| LA area A4C | 10.20 | cm2 | — | — |
| LV ESV A4C | 37.10 | mL | — | — |
| LV EDV A2C | 100.00 | mL | — | — |
| TAPSE | 16 | mm | — | — |
| LV est EF | 64 | % | — | — |
| LV EDV BP | 95.00 | mL | — | — |
| LV ESV BP | 34.20 | mL | — | — |
| MV A pk vel | 0.73 | m/s | — | — |
| MV E pk vel | 0.60 | m/s | — | — |
| AV pk grad | 4.00 | mmHg | — | — |
| AV VTI | 21.4 | cm | — | — |
| AV pk vel | 0.96 | m/s | — | — |
| LVOT VTI | 17.4 | cm | — | — |
| LVOT pk vel | 0.71 | m/s | — | — |
| MV DT | 313 | ms | — | — |
| MV e' lateral vel | 7.51 | cm/s | — | — |
| MV E/A ratio | 0.80 | — | — | — |
| LVOT pk grad | 2.00 | mmHg | — | — |
| AV mn grad | 2.00 | mmHg | — | — |
| MV E/e' septal | 8.90 | — | — | — |
| LVOT mn grad | 1.00 | mmHg | — | — |
| LV A4C EF | 56 | % | — | — |
| LV A2C EF | 69 | % | — | — |
| AV mn vel | 0.64 | m/s | — | — |
| LV biplane EF | 64.0 | % | — | — |
| MV E/e' lateral | 8.00 | — | — | — |
| MV e' septal vel | 6.74 | cm/s | — | — |
| BSA | 1.91 | m2 | — | — |

Procedures Performed

Chargeables

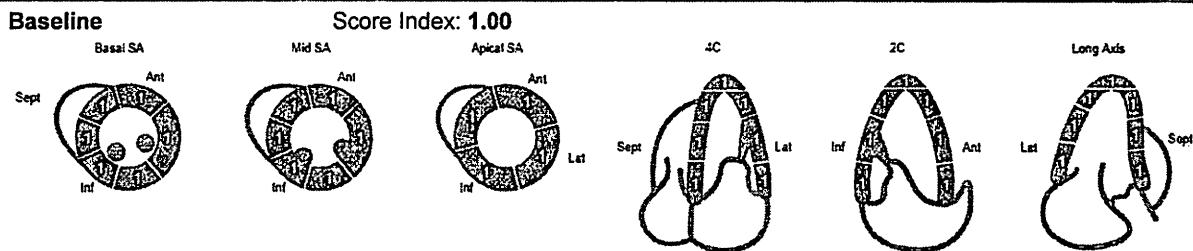
TRANSTHORACIC ECHO (TTE) COMPLETE W/
 CONTRAST [ECH112]

Wall Scoring

Wall Scoring

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Imaging (continued)



The left ventricular wall motion is normal.

- Hyperkinesis
- Normal
- Hypokinesis
- Akinesis
- Dyskinesis
- Aneurysmal

Result Findings

Left Ventricle

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

Right Ventricle

Right ventricle size is normal. Normal systolic function in the right ventricle.

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).

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.

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.

Ascending Aorta

was not well visualized.

Pericardium

No pericardial effusion present.

Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

Transthoracic echo (TTE) complete

Resulted: 03/04/25 0449, Result status: In process

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 Order status: Completed
 1750

Resulted by:
 Hina Yogesh Patel, MD
 David Dugald McPherson, MD

Filed by: Hang Cortes, RT 03/04/25 0449

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

Performed: 03/04/25 0418 - 03/04/25 0446
 Resulting lab: AGFA

Accession number: 250304103796

Components

| Component | Value | Reference Range | Flag | Lab |
|--------------------|--------|-----------------|------|-----|
| LA Vol I (A4C) BSA | 10.70 | ml/m2 | — | — |
| LVOT Vmax/AV Vmax | 0.74 | {ratio} | — | — |
| LVOT Vmean | 0.46 | m/s | — | — |
| LV SV (A4C) | 46.80 | ml | — | — |
| LV SI (A2C) | 68.60 | ml | — | — |
| LV SV (BP) | 60.80 | ml | — | — |
| LV SI (A4C) | 24.60 | ml/m2 | — | — |
| LV SI (A2C) | 36.10 | ml/m2 | — | — |
| LV SI (BP) | 32.00 | ml/m2 | — | — |
| LVLs (A4C) | 69.10 | mm | — | — |
| LVLs (A2C) | 70.60 | mm | — | — |
| LVLd (A4C) | 77.10 | mm | — | — |
| LVLd (A2C) | 84.60 | mm | — | — |
| LV ESV A2C | 31.40 | mL | — | — |
| LV EDV A4C | 84.00 | mL | — | — |
| LA area A4C | 10.20 | cm2 | — | — |
| LV ESV A4C | 37.10 | mL | — | — |
| LV EDV A2C | 100.00 | mL | — | — |
| TAPSE | 16 | mm | — | — |
| LV est EF | 64 | % | — | — |
| LV EDV BP | 95.00 | mL | — | — |
| LV ESV BP | 34.20 | mL | — | — |
| MV A pk vel | 0.73 | m/s | — | — |
| MV E pk vel | 0.60 | m/s | — | — |
| AV pk grad | 4.00 | mmHg | — | — |
| AV VTI | 21.4 | cm | — | — |
| AV pk vel | 0.96 | m/s | — | — |
| LVOT VTI | 17.4 | cm | — | — |
| LVOT pk vel | 0.71 | m/s | — | — |
| MV DT | 313 | ms | — | — |
| MV e' lateral vel | 7.51 | cm/s | — | — |
| MV E/A ratio | 0.80 | — | — | — |
| LVOT pk grad | 2.00 | mmHg | — | — |
| AV mn grad | 2.00 | mmHg | — | — |
| MV E/e' septal | 8.90 | — | — | — |
| LVOT mn grad | 1.00 | mmHg | — | — |
| LV A4C EF | 56 | % | — | — |
| LV A2C EF | 69 | % | — | — |
| AV mn vel | 0.64 | m/s | — | — |
| LV biplane EF | 64.0 | % | — | — |
| MV E/e' lateral | 8.00 | — | — | — |
| MV e' septal vel | 6.74 | cm/s | — | — |
| BSA | 1.91 | m2 | — | — |

Procedures Performed

Chargeables

TRANSTHORACIC ECHO (TTE) COMPLETE W/
 CONTRAST [ECH112]

Result Findings

Study Details

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

Transthoracic echo (TTE) complete

Resulted: 03/04/25 0447, Result status: In process

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 Order status: Completed
 1750

Resulted by: Filed by: Hang Cortes, RT 03/04/25 0418

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Accession number: 250304103796

Resulting lab: AGFA

Components

| Component | Value | Reference Range | Flag | Lab |
|--------------------|--------|-----------------|------|-----|
| LA Vol I (A4C) BSA | 10.70 | ml/m2 | — | |
| LVOT Vmax/AV Vmax | 0.74 | {ratio} | — | |
| LVOT Vmean | 0.46 | m/s | — | |
| LV SV (A4C) | 46.80 | ml | — | |
| LV SI (A2C) | 68.60 | ml | — | |
| LV SI (BP) | 60.80 | ml | — | |
| LV SI (A4C) | 24.60 | ml/m2 | — | |
| LV SI (A2C) | 36.10 | ml/m2 | — | |
| LV SI (BP) | 32.00 | ml/m2 | — | |
| LVLs (A4C) | 69.10 | mm | — | |
| LVLs (A2C) | 70.60 | mm | — | |
| LVLD (A4C) | 77.10 | mm | — | |
| LVLD (A2C) | 84.60 | mm | — | |
| LV ESV A2C | 31.40 | mL | — | |
| LV EDV A4C | 84.00 | mL | — | |
| LA area A4C | 10.20 | cm2 | — | |
| LV ESV A4C | 37.10 | mL | — | |
| LV EDV A2C | 100.00 | mL | — | |
| TAPSE | 16 | mm | — | |
| LV est EF | 64 | % | — | |
| LV EDV BP | 95.00 | mL | — | |
| LV ESV BP | 34.20 | mL | — | |
| MV A pk vel | 0.73 | m/s | — | |
| MV E pk vel | 0.60 | m/s | — | |
| AV pk grad | 4.00 | mmHg | — | |
| AV VTI | 21.4 | cm | — | |
| AV pk vel | 0.96 | m/s | — | |
| LVOT VTI | 17.4 | cm | — | |
| LVOT pk vel | 0.71 | m/s | — | |
| MV DT | 313 | ms | — | |
| MV e' lateral vel | 7.51 | cm/s | — | |
| MV E/A ratio | 0.80 | — | — | |
| LVOT pk grad | 2.00 | mmHg | — | |
| AV mn grad | 2.00 | mmHg | — | |
| MV E/e' septal | 8.90 | — | — | |
| LVOT mn grad | 1.00 | mmHg | — | |
| LV A4C EF | 56 | % | — | |
| LV A2C EF | 69 | % | — | |
| AV mn vel | 0.64 | m/s | — | |
| LV biplane EF | 64.0 | % | — | |
| MV E/e' lateral | 8.00 | — | — | |
| MV e' septal vel | 6.74 | cm/s | — | |
| BSA | 1.91 | m2 | — | |



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)**

Imaging (continued)

| Procedures Performed | Chargeables |
|---|-------------|
| TRANSTHORACIC ECHO (TTE) COMPLETE W/ CONTRAST [ECH112] | |

Signed

Electronically signed by David Dugald McPherson, MD on 3/4/25 at 1101 CST

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

Imaging

MRI lumbar spine w and wo IV contrast (Final result)

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0204

Status: Completed

This order may be acted on in another encounter.

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: Routine Once 03/03/25 0205 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Lukman Olufemi Telufusi, PA (auto-released) 3/3/2025 2:04 AM

Questionnaire

| Question | Answer |
|--|-----------------|
| Is metal artifact suppression needed (MARS)? | No |
| Reason for exam: | lower back pain |
| What is the patient's sedation requirement? | No Sedation |
| Request CAIP review and image post-processing? | No |
| Release to patient | Immediate |

Screening Form

General Information

Patient Name: Kaminczak, Steve

MRN: 38345229

Date of Birth: 5/28/1974

Work Phone: 713-556-9200

Sex Assigned at Birth: Male

Mobile: 976-436-5969

| Procedure | Ordering Provider | Authorizing Provider | Appointment Information |
|--|--|--|--|
| MRI LUMBAR SPINE W AND WO IV CONTRAST | Lukman Olufemi Telufusi, PA . 713-704-4060 | Lukman Olufemi Telufusi, PA . 713-704-4060 | 3/3/2025 10:45 AM TMC MRI 2 3T PHILIPS TMC MRI |

Screening Form Questions

| | Answer | Comment |
|--|----------------------------|---------|
| Who are you obtaining information from? | Patient | |
| Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)? | Yes | |
| Please list the date and type of surgery: | laminectomy, discectomy | |
| Do you have a history of renal disease, kidney surgery, or cancer involving one kidney? | No | |
| Are you on dialysis? | No | |
| Do you have a single kidney or kidney transplant? | No | |
| Have you had prior therapy for back pain? | No | |
| If yes, please specify: | | |
| Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? | Yes | |
| If yes, please specify: | MRI, CT | |
| Have you experienced any problems related to a previous MRI ? | No | |
| If yes, please describe: | | |
| Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, etc)? | No | |
| If yes, please describe: | | |
| Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body? | No | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

If yes, please describe:

Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination? No

Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures? No

If yes, please describe:

Is the patient Claustrophobic? No

Does the patient require any pre-med prior to scan? No

Can patient hold still for 30 minutes? No

Can you lay flat? No

Cardiac Pacemaker/Defibrillator (ICD) No

Does patient have an implant card/identifier?

Other Cardiac Implants? No

Stimulator? Neurostimulator, diaphragmatic, deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)? No

Aneurysm clip No

Any type of prosthesis (eye, penile, etc.) No

Artificial or prosthetic limb No

Body piercings No

Any implanted items (e.g., pins, rods, screws, nails, plates, wires) No

Breathing problem or motion disorder No

Cochlear implant No

Removable denture, false teeth, or partial plate No

Electrode patch No

Electronic implant device No

Eyelid spring and/or eyelid weight No

Hearing Aid No

Heart valve prosthesis No

IUD No

Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine) No

Removable drug pump (e.g., insulin, Baclofen, Neulasta) No

Any type of internal electrodes or wires No

Joint replacement (hip, knee, etc.) No

Magnetically-activated implant or device No

Medication patch (e.g., nitroglycerine, nicotine) No

Any type of coil, filter, or stent No

Radiation Seeds No

Shunt No

Any type of surgical clip or staple No

Swan-Ganz or thermodilution catheter No

Tattoo, permanent makeup or magnetic eyelashes No

Tissue Expander (e.g., breast) No

Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line) No

Wire mesh implant No

Wig, hair implants No

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

| | |
|---|----|
| Compression clothing/undergarment with metallic fibers | No |
| Any type of surgically implanted implant held in place by a magnet? | No |
| Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above? | No |
| If yes, list type: | |

Proceed with Exam

| Proceed? | User | Time |
|----------|-----------------|-------------------------|
| Proceed | Juan Valenzuela | 03/03/2025 10:47 AM CST |

MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1649, Result status: Final result

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204
 Resulted by: Reema Faisal H. Alrasheed, MD
 Andres Felipe Rodriguez Gonzalez, MD
 Performed: 03/03/25 1102 - 03/03/25 1219
 Resulting lab: POWERSCRIBE
 Narrative:
 EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST

Order status: Completed

Filed by: Interface, Radiology Results In 03/03/25 1652

Accession number: 250303315028

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.

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

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

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|-------------|----------|---------|-------------------------|
| 77 - IMG | POWERSCRIBE | Unknown | Unknown | 11/22/23 1234 - Present |

MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1649, Result status: In process

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25
 0204

Order status: Completed

Resulted by:
 Reema Faisal H. Alrasheed, MD
 Andres Felipe Rodriguez Gonzalez, MD
 Performed: 03/03/25 1102 - 03/03/25 1219
 Resulting lab: IMAGING

Filed by: Andres Felipe Rodriguez Gonzalez, MD 03/03/25
 1649

Accession number: 250303315028

MRI lumbar spine w and wo IV contrast

Resulted: 03/03/25 1417, Result status: In process

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25
 0204

Order status: Completed

Resulted by:
 Reema Faisal H. Alrasheed, MD
 Andres Felipe Rodriguez Gonzalez, MD
 Performed: 03/03/25 1102 - 03/03/25 1219
 Resulting lab: IMAGING

Filed by: Reema Faisal H. Alrasheed, MD 03/03/25 1417

Accession number: 250303315028

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Imaging (continued)

| | |
|--|---|
| MRI lumbar spine w and wo IV contrast | Resulted: 03/03/25 1409, Result status: In process |
| Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204 | Order status: Completed |
| Resulted by: Reema Faisal H. Alrasheed, MD | Filed by: Reema Faisal H. Alrasheed, MD 03/03/25 1409 |
| Andres Felipe Rodriguez Gonzalez, MD | |
| Performed: 03/03/25 1102 - 03/03/25 1219 | Accession number: 250303315028 |
| Resulting lab: IMAGING | |

| | |
|--|--|
| MRI lumbar spine w and wo IV contrast | Resulted: 03/03/25 1120, Result status: In process |
| Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204 | Order status: Completed |
| Resulted by: Reema Faisal H. Alrasheed, MD | Filed by: Juan Valenzuela 03/03/25 1120 |
| Andres Felipe Rodriguez Gonzalez, MD | |
| Performed: 03/03/25 1102 - 03/03/25 1219 | Accession number: 250303315028 |
| Resulting lab: IMAGING | |

Signed

Electronically signed by Andres Felipe Rodriguez Gonzalez, MD on 3/3/25 at 1649 CST

MRI entire spine w and wo IV contrast (Discontinued)

| | |
|---|--|
| Electronically signed by: Michael Alexis Goutnik, MD on 03/03/25 1750 | Status: Discontinued |
| Ordering user: Michael Alexis Goutnik, MD 03/03/25 1750 | Ordering provider: Bhrugesh Jogeshkumar Shah, MD |
| Authorized by: Bhrugesh Jogeshkumar Shah, MD | Ordering mode: Standard |
| Frequency: STAT Once 03/03/25 1751 - 1 occurrence | Class: Ancillary Performed |
| Quantity: 1 | Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/3/2025 5:50 PM |

Discontinued by: Michael Alexis Goutnik, MD 03/04/25 0722

Questionnaire

| Question | Answer |
|---|-------------------|
| Which protocol are you requesting? If pt has known hardware at or near the region to be imaged please add "with metal artifact reduction" | Standard protocol |
| Is metal artifact suppression needed (MARS)? | No |
| Reason for exam: | osteo |
| What is the patient's sedation requirement? | No Sedation |
| Request CAIP review and image post-processing? | No |
| Release to patient | Immediate |

MRI entire spine w and wo IV contrast (Discontinued)

| | |
|---|--|
| Electronically signed by: Michael Alexis Goutnik, MD on 03/04/25 0722 | Status: Discontinued |
| Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722 | Ordering provider: Michael Alexis Goutnik, MD |
| Authorized by: Michael Alexis Goutnik, MD | Ordering mode: Standard |
| Frequency: STAT Once 03/04/25 0723 - 1 occurrence | Class: Ancillary Performed |
| Quantity: 1 | Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM |

Discontinued by: Michael Alexis Goutnik, MD 03/04/25 0722

Questionnaire

| Question | Answer |
|----------|--------|
| | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

Which protocol are you requesting? If pt has known hardware at or near the region to be imaged please add "with metal artifact reduction" Standard protocol

| | |
|--|-------------|
| Is metal artifact suppression needed (MARS)? | No |
| Reason for exam: | osteo |
| What is the patient's sedation requirement? | No Sedation |
| Request CAIP review and image post-processing? | No |
| Release to patient | Immediate |

Screening Form

General Information

| | |
|--------------------------------|--------------------------|
| Patient Name: Kaminczak, Steve | MRN: 38345229 |
| Date of Birth: 5/28/1974 | Work Phone: 713-556-9200 |
| Sex Assigned at Birth: Male | Mobile: 976-436-5969 |

| Procedure | Ordering Provider | Authorizing Provider | Appointment Information |
|--|--|--|-------------------------|
| MRI ENTIRE SPINE W AND WO IV CONTRAST | Michael Alexis Goutnik, MD 713-704-4000 | Michael Alexis Goutnik, MD 713-704-4000 | |

Screening Form Questions

| | Answer | Comment |
|---|--|---------|
| Who are you obtaining information from? | Patient | |
| Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)? | Yes | |
| Please list the date and type of surgery: | gastric sleeves, laminectomy, g-tube placement | |
| Do you have a history of renal disease, kidney surgery, or cancer involving one kidney? | No | |
| Are you on dialysis? | No | |
| Do you have a single kidney or kidney transplant? | No | |
| Have you had prior therapy for back pain? | No | |
| If yes, please specify: | | |
| Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? | Yes | |
| If yes, please specify: | back | |
| Have you experienced any problems related to a previous MRI ? | No | |
| If yes, please describe: | | |
| Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, etc)? | No | |
| If yes, please describe: | | |
| Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body? | No | |
| If yes, please describe: | | |
| Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination? | Yes | |
| Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures? | No | |
| If yes, please describe: | | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

| | |
|---|-----|
| Is the patient Claustrophobic? | No |
| Does the patient require any pre-med prior to scan? | |
| Can patient hold still for 30 minutes? | Yes |
| Can you lay flat? | Yes |
| Cardiac Pacemaker/Defibrillator (ICD) | No |
| Does patient have an implant card/identifier? | |
| Other Cardiac Implants? | No |
| Stimulator? Neurostimulator, diaphragmatic, deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)? | No |
| Aneurysm clip | No |
| Any type of prosthesis (eye, penile, etc.) | No |
| Artificial or prosthetic limb | No |
| Body piercings | No |
| Any implanted items (e.g., pins, rods, screws, nails, plates, wires) | No |
| Breathing problem or motion disorder | No |
| Cochlear implant | No |
| Removable denture, false teeth, or partial plate | No |
| Electrode patch | No |
| Electronic implant device | No |
| Eyelid spring and/or eyelid weight | No |
| Hearing Aid | No |
| Heart valve prosthesis | No |
| IUD | No |
| Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine) | No |
| Removable drug pump (e.g., insulin, Baclofen, Neulasta) | No |
| Any type of internal electrodes or wires | No |
| Joint replacement (hip, knee, etc.) | No |
| Magnetically-activated implant or device | No |
| Medication patch (e.g., nitroglycerine, nicotine) | No |
| Any type of coil, filter, or stent | No |
| Radiation Seeds | No |
| Shunt | No |
| Any type of surgical clip or staple | No |
| Swan-Ganz or thermodilution catheter | No |
| Tattoo, permanent makeup or magnetic eyelashes | No |
| Tissue Expander (e.g., breast) | No |
| Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line) | No |
| Wire mesh implant | No |
| Wig, hair implants | No |
| Compression clothing/undergarment with metallic fibers | No |
| Any type of surgically implanted implant held in place by a magnet? | No |
| Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above? | No |

If yes, list type:

Proceed with Exam

03/03/2025 ED to Hosp Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

| Proceed? | User | Time |
|----------|------------------|-------------------------|
| Proceed | Daine Joseph, RN | 03/04/2025 05:17 AM CST |

MRI cervical spine w and wo IV contrast (Final result)

Electronically signed by: Michael Alexis Goutnik, MD on 03/04/25 0722 Status: Completed
 This order may be acted on in another encounter.
 Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722
 Authorized by: Michael Alexis Goutnik, MD
 Frequency: STAT Once 03/04/25 0723 - 1 occurrence
 Quantity: 1
 Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

Questionnaire

| Question | Answer |
|--|--------------|
| Is metal artifact suppression needed (MARS)? | No |
| Reason for exam: | osteo workup |
| What is the patient's sedation requirement? | No Sedation |
| Request CAIP review and image post-processing? | No |
| Release to patient | Immediate |

Screening Form

General Information

| | |
|--------------------------------|--------------------------|
| Patient Name: Kaminczak, Steve | MRN: 38345229 |
| Date of Birth: 5/28/1974 | Work Phone: 713-556-9200 |
| Sex Assigned at Birth: Male | Mobile: 976-436-5969 |

| Procedure | Ordering Provider | Authorizing Provider | Appointment Information |
|---|--|--|--|
| MRI CERVICAL SPINE W AND WO IV CONTRAST | Michael Alexis Goutnik, MD 713-704-4000 | Michael Alexis Goutnik, MD 713-704-4000 | 3/4/2025 5:00 PM TMC MRI 4 3T GE TMC MRI |

Screening Form Questions

| | Answer | Comment |
|--|----------------------------|---------|
| Who are you obtaining information from? | Patient | |
| Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)? | Yes | |
| Please list the date and type of surgery: | laminectomy, discectomy | |
| Do you have a history of renal disease, kidney surgery, or cancer involving one kidney? | No | |
| Are you on dialysis? | No | |
| Do you have a single kidney or kidney transplant? | No | |
| Have you had prior therapy for back pain? | No | |
| If yes, please specify: | | |
| Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? | Yes | |
| If yes, please specify: | MRI, CT | |
| Have you experienced any problems related to a previous MRI ? | No | |
| If yes, please describe: | | |
| Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, etc)? | No | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

If yes, please describe:

Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body? No

If yes, please describe:

Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination? No

Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures? No

If yes, please describe:

Is the patient Claustrophobic? No

Does the patient require any pre-med prior to scan?

Can patient hold still for 30 minutes? No

Can you lay flat? No

Cardiac Pacemaker/Defibrillator (ICD) No

Does patient have an implant card/identifier?

Other Cardiac Implants? No

Stimulator? Neurostimulator, diaphragmatic, deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)? No

Aneurysm clip No

Any type of prosthesis (eye, penile, etc.) No

Artificial or prosthetic limb No

Body piercings No

Any implanted items (e.g., pins, rods, screws, nails, plates, wires) No

Breathing problem or motion disorder No

Cochlear implant No

Removable denture, false teeth, or partial plate No

Electrode patch No

Electronic implant device No

Eyelid spring and/or eyelid weight No

Hearing Aid No

Heart valve prosthesis No

IUD No

Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine) No

Removable drug pump (e.g., insulin, Baclofen, Neulasta) No

Any type of internal electrodes or wires No

Joint replacement (hip, knee, etc.) No

Magnetically-activated implant or device No

Medication patch (e.g., nitroglycerine, nicotine) No

Any type of coil, filter, or stent No

Radiation Seeds No

Shunt No

Any type of surgical clip or staple No

Swan-Ganz or thermodilution catheter No

Tattoo, permanent makeup or magnetic eyelashes No

Tissue Expander (e.g., breast) No

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

| | |
|---|----|
| Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line) | No |
| Wire mesh implant | No |
| Wig, hair implants | No |
| Compression clothing/undergarment with metallic fibers | No |
| Any type of surgically implanted implant held in place by a magnet? | No |
| Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above? | No |

If yes, list type:

Proceed with Exam

| Proceed? | User | Time |
|----------|------------|-------------------------|
| Proceed | Didio Vela | 03/04/2025 05:10 PM CST |

G tube for 6 years; DV

MRI cervical spine w and wo IV contrast

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed
 Resulted by: Arash Kamali, MD Filed by: Interface, Radiology Results In 03/04/25 2233
 Performed: 03/04/25 1709 - 03/04/25 1825 Accession number: 250304130175
 Resulting lab: POWERSCRIBE

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 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.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

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

Testing Performed By

| Lab | Abbreviation | Name | Director | Address | Valid Date Range |
|----------|--------------|---------|----------|---------|-------------------------|
| 77 - IMG | POWERSCRIBE | Unknown | Unknown | | 11/22/23 1234 - Present |

MRI cervical spine w and wo IV contrast Resulted: 03/04/25 2230, Result status: In process

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed
 Resulted by: Arash Kamali, MD Filed by: Arash Kamali, MD 03/04/25 2230
 Performed: 03/04/25 1709 - 03/04/25 1825 Accession number: 250304130175
 Resulting lab: IMAGING

MRI cervical spine w and wo IV contrast Resulted: 03/04/25 1710, Result status: In process

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 Order status: Completed
 Resulted by: Arash Kamali, MD Filed by: Didio Vela 03/04/25 1710
 Performed: 03/04/25 1709 - 03/04/25 1825 Accession number: 250304130175
 Resulting lab: IMAGING

Signed

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

MRI thoracic spine w and wo IV contrast (Final result)

Electronically signed by: Michael Alexis Goutnik, MD on 03/04/25 0722 Status: Completed
 This order may be acted on in another encounter.
 Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722 Ordering provider: Michael Alexis Goutnik, MD
 Authorized by: Michael Alexis Goutnik, MD Ordering mode: Standard
 Frequency: STAT Once 03/04/25 0723 - 1 occurrence Class: Ancillary Performed
 Quantity: 1 Lab status: Final result
 Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

Questionnaire

| Question | Answer |
|--|--------------|
| Is metal artifact suppression needed (MARS)? | No |
| Reason for exam: | osteo workup |
| What is the patient's sedation requirement? | No Sedation |
| Request CAIP review and image post-processing? | No |
| Release to patient | Immediate |

Screening Form

General Information

| | |
|--------------------------------|--------------------------|
| Patient Name: Kaminczak, Steve | MRN: 38345229 |
| Date of Birth: 5/28/1974 | Work Phone: 713-556-9200 |
| Sex Assigned at Birth: Male | Mobile: 976-436-5969 |

| Procedure | Ordering Provider | Authorizing Provider | Appointment Information |
|---|--|--|--|
| MRI THORACIC SPINE W AND WO IV CONTRAST | Michael Alexis Goutnik, MD 713-704-4000 | Michael Alexis Goutnik, MD 713-704-4000 | 3/4/2025 6:00 PM TMC MRI 4 3T GE TMC MRI |

Screening Form Questions

| Answer | Comment |
|--------|---------|
| | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

| | |
|--|----------------------------|
| Who are you obtaining information from? | Patient |
| Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)? | Yes |
| Please list the date and type of surgery: | laminectomy, discectomy |
| Do you have a history of renal disease, kidney surgery, or cancer involving one kidney? | No |
| Are you on dialysis? | No |
| Do you have a single kidney or kidney transplant? | No |
| Have you had prior therapy for back pain? | No |
| If yes, please specify: | |
| Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? | Yes |
| If yes, please specify: | MRI, CT |
| Have you experienced any problems related to a previous MRI ? | No |
| If yes, please describe: | |
| Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, etc)? | No |
| If yes, please describe: | |
| Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body? | No |
| If yes, please describe: | |
| Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination? | No |
| Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures? | No |
| If yes, please describe: | |
| Is the patient Claustrophobic? | No |
| Does the patient require any pre-med prior to scan? | |
| Can patient hold still for 30 minutes? | No |
| Can you lay flat? | No |
| Cardiac Pacemaker/Defibrillator (ICD) | No |
| Does patient have an implant card/identifier? | |
| Other Cardiac Implants? | No |
| Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)? | No |
| Aneurysm clip | No |
| Any type of prosthesis (eye, penile, etc.) | No |
| Artificial or prosthetic limb | No |
| Body piercings | No |
| Any implanted items (e.g., pins, rods, screws, nails, plates, wires) | No |
| Breathing problem or motion disorder | No |
| Cochlear implant | No |

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

| | |
|---|----|
| Removable denture, false teeth, or partial plate | No |
| Electrode patch | No |
| Electronic implant device | No |
| Eyelid spring and/or eyelid weight | No |
| Hearing Aid | No |
| Heart valve prosthesis | No |
| IUD | No |
| Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine) | No |
| Removable drug pump (e.g., insulin, Baclofen, Neulasta) | No |
| Any type of internal electrodes or wires | No |
| Joint replacement (hip, knee, etc.) | No |
| Magnetically-activated implant or device | No |
| Medication patch (e.g., nitroglycerine, nicotine) | No |
| Any type of coil, filter, or stent | No |
| Radiation Seeds | No |
| Shunt | No |
| Any type of surgical clip or staple | No |
| Swan-Ganz or thermodilution catheter | No |
| Tattoo, permanent makeup or magnetic eyelashes | No |
| Tissue Expander (e.g., breast) | No |
| Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line) | No |
| Wire mesh implant | No |
| Wig, hair implants | No |
| Compression clothing/undergarment with metallic fibers | No |
| Any type of surgically implanted implant held in place by a magnet? | No |
| Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above? | No |

If yes, list type:

Proceed with Exam

| Proceed? | User | Time |
|----------|------------|-------------------------|
| Proceed | Didio Vela | 03/04/2025 05:11 PM CST |

G tube for 6 years; DV

MRI thoracic spine w and wo IV contrast

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722

Order status: Completed

Resulted by: Arash Kamali, MD

Filed by: Interface, Radiology Results In 03/04/25 2233

Performed: 03/04/25 1710 - 03/04/25 1834

Accession number: 250304130203

Resulting lab: POWERSCRIBE

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.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

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

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|-------------|----------|---------|-------------------------|
| 77 - IMG | POWERSCRIBE | Unknown | Unknown | 11/22/23 1234 - Present |

| | |
|---|--|
| MRI thoracic spine w and wo IV contrast | Resulted: 03/04/25 2230, Result status: In process |
| Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 | Order status: Completed |
| Resulted by: Arash Kamali, MD | Filed by: Arash Kamali, MD 03/04/25 2230 |
| Performed: 03/04/25 1710 - 03/04/25 1834 | Accession number: 250304130203 |

| | |
|---|--|
| MRI thoracic spine w and wo IV contrast | Resulted: 03/04/25 1718, Result status: In process |
| Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722 | Order status: Completed |
| Resulted by: Arash Kamali, MD | Filed by: Didio Vela 03/04/25 1718 |
| Performed: 03/04/25 1710 - 03/04/25 1834 | Accession number: 250304130203 |
| Resulting lab: IMAGING | |

Signed

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

XR chest 1 v for placement (Final result)

| | |
|--|--|
| Electronically signed by: Alberto Benitez, RN on 03/06/25 1452 | Status: Completed |
| This order may be acted on in another encounter. | |
| Ordering user: Alberto Benitez, RN 03/06/25 1452 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Secondary Order |
| Frequency: STAT Once 03/06/25 1453 - 1 occurrence | Class: Ancillary Performed |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Imaging (continued)

Quantity: 1 Lab status: Final result

Instance released by: Alberto Benitez, RN (auto-released) 3/6/2025 2:52 PM

Questionnaire

| Question | Answer |
|------------------|-----------------------------------|
| Portable? | Yes |
| Reason for exam: | RUE PICC insertion (tip location) |

Screening Form

General Information

| | |
|--------------------------------|--------------------------|
| Patient Name: Kaminczak, Steve | MRN: 38345229 |
| Date of Birth: 5/28/1974 | Work Phone: 713-556-9200 |
| Sex Assigned at Birth: Male | Mobile: 976-436-5969 |

| Procedure | Ordering Provider | Authorizing Provider | Appointment Information |
|----------------------------|---|---|--|
| XR CHEST 1 V FOR PLACEMENT | Omar Naji Saab Saab, MD 713-500-7885 | Omar Naji Saab Saab, MD 713-500-7885 | 3/6/2025 2:55 PM TMC XR 1 TMC XR |

Screening Form Questions

No questionnaires are associated with this screening form.

XR chest 1 v for placement

Resulted: 03/06/25 1743, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452
 Resulted by:
 Cihan Duran, MD
 Amir Hussein Khadivi, MD
 Performed: 03/06/25 1509 - 03/06/25 1515
 Resulting lab: POWERSCRIBE
 Narrative:
 EXAM: XR CHEST 1 VIEW

Order status: Completed
 Filed by: Interface, Radiology Results In 03/06/25 1746

Accession number: 250306327766

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

**03/03/2025 ED to Hosp Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Imaging (continued)**

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

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|-------------|----------|---------|-------------------------|
| 77 - IMG | POWERSCRIBE | Unknown | Unknown | 11/22/23 1234 - Present |

XR chest 1 v for placement

Resulted: 03/06/25 1743, Result status: In process

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452

Order status: Completed

Resulted by:

Filed by: Cihan Duran, MD 03/06/25 1743

Cihan Duran, MD

Amir Hussein Khadivi, MD

Performed: 03/06/25 1509 - 03/06/25 1515

Accession number: 250306327766

Resulting lab: IMAGING

XR chest 1 v for placement

Resulted: 03/06/25 1509, Result status: In process

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452

Order status: Completed

Resulted by:

Filed by: Saul Rodriguez 03/06/25 1509

Cihan Duran, MD

Amir Hussein Khadivi, MD

Performed: 03/06/25 1509 - 03/06/25 1515

Accession number: 250306327766

Resulting lab: IMAGING

Signed

Electronically signed by Cihan Duran, MD on 3/6/25 at 1743 CST

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

Imaging Consult

Request for IR (Completed)

| | |
|--|---|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1322 | Status: Completed |
| Ordering user: Omar Naji Saab Saab, MD 03/05/25 1322 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine Once 03/05/25 1322 - 1 occurrence | Class: Ancillary Performed |
| Quantity: 1 | Instance released by: Omar Naji Saab Saab, MD (auto-released) 3/5/2025 1:22 PM |

Questionnaire

| Question | Answer |
|--|---|
| Requested Procedure | Drainage |
| Type of drainage procedure | Abscess drain |
| Abscess region | Other (comment) Comment - spinal |
| Laterality | N/A |
| Reason for Consult? | He has L4-L5-S1 OM/discitis, ID is asking if there is a window that IR can use to drain any abscess |
| Need labs/specimens? | Yes |
| Have you placed the specimen orders for this test? | Yes |

Screening Form

General Information

| | |
|--------------------------------|--------------------------|
| Patient Name: Kaminczak, Steve | MRN: 38345229 |
| Date of Birth: 5/28/1974 | Work Phone: 713-556-9200 |
| Sex Assigned at Birth: Male | Mobile: 976-436-5969 |

| Procedure | Ordering Provider | Authorizing Provider | Appointment Information |
|----------------|-------------------------|-------------------------|-------------------------|
| REQUEST FOR IR | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD | |
| PROCEDURE | , 713-500-7885 | , 713-500-7885 | |

Screening Form Questions

No questionnaires are associated with this screening form.

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Case 202390

Surgery Information

General Information

| | | |
|--------------------------|-----------------------------------|-----------------------|
| Date: 3/5/2025 | Time: | Status: Canceled |
| Location: TMC MAIN OR | Room: | Service: Neurosurgery |
| Patient class: Inpatient | Case classification: E - Elective | |

Diagnosis Information

No pre-op diagnosis codes associated with the case.

Panel Information

Panel 1

| Surgeon | Role | Service | |
|---|------------|--------------|--------|
| Karl M Schmitt, MD | Primary | Neurosurgery | |
| Procedure: LUMBAR 5 CORPECTOMY, LUMBAR 3- PELVIS POSTERIOR SPINAL FUSION | | | |
| Laterality | Anesthesia | Op Region | Length |
| N/A | General | Back | 215 |
| REQ 0730 2ND ROOM, C-ARM, O-ARM, GLOBUS, SI BONE, NEURO MONITORING, JACKSON TABLE, VENDOR PRESENT, OFFICE REQ 240 MIN | | | |

Surgeons

| Name | Panel | Role |
|--------------------|---------|---------|
| Karl M Schmitt, MD | Panel 1 | Primary |

Staff

| Name | Type |
|----------------|------------------------|
| (Not assigned) | Circulator - Primary |
| (Not assigned) | Scrub Person - Primary |

Anesthesia Staff

| Name | Type |
|----------------|------------------|
| (Not assigned) | Anesthesiologist |

SmartForms

Kidney Surgical Information

0

Donor Organ
 Donor UNOS ID: REDACTED Donor type:
 Organ:
 Arterial site:
 Venous site:
 Arterial anatomy:
 Venous anatomy:
 Ureteral anatomy:
 Damaged during procurement?
 Damage comments:
 IntraOp
 Donor cross clamp:
 Organ in room:
 Organ out of ice:
 Anastomosis start:
 Clamp off:
 Procedure Detail

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)

Case 202390 (continued)

Back table:

Type:

Organ received on:

Pump preservation
solution:

Specify:

Organ stayed on:

Organ stayed on:

Machine perfusion
started:

Machine perfusion
ended:

Time on perfusion
machine (min):

Final resistance:

Final flow rate
(mL/min):

Preservation
solution:

Other, specify:

Volume of preservation
solution (mL):

Lot number of
preservation solution:

Expiration date of
preservation solution:

EBL (mL):

Fluid administered:

| Fluid | Amount |
|------------------------------|--------|
| Crystalloid (mL) | |
| Colloid (mL) | |
| RBC (Units) | |
| FFP (Units) | |
| Cryoprecipitate (Units) | |
| Platelets (Units) | |
| Non-Autologous PRBCs (Units) | |
| Autologous PRBCs (Units) | |
| Cell Saver (CCs) | |
| Phlebotomy Units | |
| Albumin (Units) | |
| Other | |

Recipient Site

Incision site:

Implant site:

Arterial site:

Specify:

Venous site:

Ureteral

reconstruction:

Used ureteral stent?

Urine production in
the OR?

Reperfusion quality:

Overall graft quality:

Extra vessels used:

Heart Surgical Information

Donor Information

Donor type:

Donor

arterial site:

Donor

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Case 202390 (continued)**

venous

site:

Donor

clamp on:

Transporter
d inTransMedi
c heart in a
box:

Time on

device:

Time off

device:

Total time on device (min):

Damaged

during

procurement?

Damage

comments:

IntraOp

Pre

serv

atio

n

solu

tion:

Spe

cify:

Lot

num

ber

of

pres

erva

tion

solu

tion:

Expi

ratio

n

date

of

pres

erva

tion

solu

tion:

Org

an

in

roo

m:

Org

an

out

of

ice:

Ana
sto
mos
is

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Case 202390 (continued)

start

:

Recipient clamp off:

Operative Procedure

Transplant

type:

Primary

procedure:

Pre-op

mechanical

support:

Specify:

Sternotomy

y approach:

Total # of

prior

sternotomi

es:

Arterial

vascular

access:

Specify:

Venous

vascular

access:

Specify:

Devices

explanted:

Specify:

PFO identified:

Chest closed?

Closure technique:

Specify:

of IM wires:

of subcutaneous wires:

Reason chest left open:

Specify:

Return to CPB?

Post-op mechanical

support:

Specify:

Reason for return to CPB:

Specify:

Procedure Details

Cardiopulmonary bypass time (minutes):

EBL (mL):

Fluids administered:

| Fluid | Amount |
|------------------------------|--------|
| Crystalloid (mL) | |
| Colloid (mL) | |
| RBC (Units) | |
| FFP (Units) | |
| Cryoprecipitate (Units) | |
| Platelets (Units) | |
| Non-Autologous PRBCs (Units) | |
| Autologous PRBCs (Units) | |
| Cell Saver (CCs) | |
| Phlebotomy Units | |
| Albumin (Units) | |
| Other | |

Extra vessels used:

Reperfusion quality:

Overall graft quality:

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Case 202390 (continued)****Lung Surgical Information**

0

Donor Information

Donor type:

CXR measurements:

Airways pressures:

Arterial pressures:

Donor clamp on:

Damaged during procurement?

Damage comments:

IntraOp

Preservation solution:

Specify:

Lot number of preservation
solution:Expiration date of preservation
solution:

Aortic clamp time:

Organ in room:

Organ out of ice:

Anastomosis start:

Recipient clamp off:

Operative Procedure

Primary procedure:

Ex-vivo perfusion:

Organ received on:

Organ stayed on:

Organ stayed on:

Time on perfusion machine
(min):

Perfusion occurred at:

Perfusion performed by:

Incision:

Position:

Perfusion support:

Specify:

Vessel repairs:

Arterial vascular access:

Specify:

Venous vascular access:

Specify:

Pleural adhesions:

Pleural adhesions site:

Anterior pericardiotomy:

Pneumonectomy/implant order:

Pneumonectomy/implant
method:Bronchial anastomotic
technique:Tracheal anastomotic
technique:

Diaphragm plication:

Completion fiberoptic
bronchoscopy:

Procedure Details

Reperfusion quality:

Overall graft quality:

Cardiopulmonary bypass

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Case 202390 (continued)

time (min):
Completion FiO2:
Completion PA pressure
- chest open (mmHg):
Completion PA pressure
- chest closed (mmHg):
Chest tubes:
Specify:
Closure technique:
of IM wires:
of subcutaneous wires:
Results
EBL (mL):
Hemostasis:
Fluids administered:

| Fluid | Amount |
|------------------------------|--------|
| Crystalloid (mL) | |
| Colloid (mL) | |
| RBC (Units) | |
| FFP (Units) | |
| Cryoprecipitate (Units) | |
| Platelets (Units) | |
| Non-Autologous PRBCs (Units) | |
| Autologous PRBCs (Units) | |
| Cell Saver (CCs) | |
| Phlebotomy Units | |
| Albumin (Units) | |
| Other | |

Extra vessels used:

Donor Nephrectomy Information

0

Donor UNOS ID: REDACTED

IntraOp

Flush duration (minutes):

Procedure Details

Console duration (minutes):

| Fluid | Fluid | Amount |
|---------------|------------------------------|--------|
| administered: | Crystalloid (mL) | |
| | Colloid (mL) | |
| | RBC (Units) | |
| | FFP (Units) | |
| | Cryoprecipitate (Units) | |
| | Platelets (Units) | |
| | Non-Autologous PRBCs (Units) | |
| | Autologous PRBCs (Units) | |
| | Cell Saver (CCs) | |
| | Phlebotomy Units | |
| | Albumin (Units) | |
| | Other | |

Liver Surgical Information

0

Donor Organ

Donor UNOS ID: REDACTED

Donor type:

Organ:

Preservation solution:

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Case 202390 (continued)****Specify:****Lot number of
preservation
solution:****Expiration date of
preservation
solution:**

Anatomy:
Split method:
Arterial anatomy:
Specify:
Artery
reconstruction:
Specify:
Arterial inflow:
Biliary drainage site:
Donor warm ischemia
time (min):
Damaged during
procurement?
Damage comments:
IntraOp
Donor
cross
clamp
:
Organ
in
room:
Recipi
ent
vena
cava
cross
clamp
:
Organ
out of
ice:
Anast
omosi
s
start:
Portal
clamp
off.
Arteri
al
clamp
off.
Back Table
Back table flush:
Back table flush solution:
Specify:
Back table out of
ice:
Back table return
to ice:
Back table out of ice time (min):
Procedure Detail
Back table:
Anastomosis type:
Portal vein flush:

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Case 202390 (continued)

Portal vein flush

solution:

Specify:

Portal vein flush

temperature:

Veno-venous

bypass:

Arterial flush:

Arterial flush

solution:

Specify:

EBL (mL):

Ascites (mL):

Number of drains:

Fluid administered:

| Fluid | Amount |
|------------------------------|--------|
| Crystalloid (mL) | |
| Colloid (mL) | |
| RBC (Units) | |
| FFP (Units) | |
| Cryoprecipitate (Units) | |
| Platelets (Units) | |
| Non-Autologous PRBCs (Units) | |
| Autologous PRBCs (Units) | |
| Cell Saver (CCs) | |
| Phlebotomy Units | |
| Albumin (Units) | |
| Other | |

Back table team:

Recipient Site

Portal vein:

Specify:

Venous outflow:

Vein treatment:

Alternative:

Arterial anatomy:

Specify:

Arterial inflow:

Specify:

Portal vein

thrombecotomy:

Anastomosis:

Specify:

Biliary anastomosis:

Type:

Biliary drainage site:

Bile duct stent:

Specify:

Superior vena cava

completion time:

Inferior vena cava

completion time:

Bile duct completion

time:

Vena cava bypass start

time:

Vena cava bypass end

time:

Cell Saver used?

Catecholamines used?

Bile production in the

OR?

Arterial graft performed?

**03/03/2025 - ED to Hosp-Accident & Emergency (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Case 202390 (continued)

Portal vein graft
 performed?
 Reperfusion quality:
 Organ quality at end of
 operation:
 Overall graft quality:
 Extra vessels used:

Pancreas Surgical Information

Donor Organ

Donor UNOS ID: REDACTED
 Organ:
 Damaged during
 procurement?
 Damage comments:
 IntraOp
 Donor cross clamp:

Donor type:

Organ in room:
 Organ out of ice:
 Anastomosis start:
 Clamp off:

Procedure Details
 Drainage type:
 Graft placement:
 Operative technique:
 Venous extension
 graft:
 Venous vascular
 management:
 Arterial
 reconstruction:
 Specify:
 Duct management:
 Specify:
 Preservation
 solution:
 Specify:
 Lot number of
 preservation solution:
 Expiration date of
 preservation solution:
 EBL (mL):
 Fluid administered:

| Fluid | Amount |
|------------------------------|--------|
| Crystalloid (mL) | |
| Colloid (mL) | |
| RBC (Units) | |
| FFP (Units) | |
| Cryoprecipitate (Units) | |
| Platelets (Units) | |
| Non-Autologous PRBCs (Units) | |
| Autologous PRBCs (Units) | |
| Cell Saver (CCs) | |
| Phlebotomy Units | |
| Albumin (Units) | |
| Other | |

Recipient Site
 Incision site:
 Implant site:



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)

Case 202390 (continued)

Arterial site:
Venous site:
Reperfusion quality:
Overall graft quality:
Extra vessels used:



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)

Anesthesia on 03/07/25

Anesthesia Information

Anesthesia Summary - Kaminczak, Steve [38345229] Male 50 y.o.

Current as of 04/21/25 1613

Height: 1.753 m (5' 9.02") (03/04/25)
Weight: 74.8 kg (164 lb 14.5 oz) (03/04/25)
BMI: 24.34 (03/04/25)
NPO Status: Not recorded
Allergies: No Known Allergies

Procedure Summary

| | |
|---------------------------------|--------------------------|
| Date: 03/07/25 | Room / Location: |
| Anesthesia Start: | Anesthesia Stop: |
| Procedure: Pain Service Consult | Diagnosis: |
| Scheduled Providers: | Responsible Provider: |
| Anesthesia Type: Not recorded | ASA Status: Not recorded |

Responsible Staff

No responsible staff documented.

Events

No anesthesia events filed

Medications

None

Preprocedure Signoff

Not yet signed.

Signoff Status

None

Anesthesia Graph

No data available

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Medication Administrations

acetaminophen (Tylenol) tablet 1,000 mg [231440881]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0055 - 03/07/25 2204
 Ordered Dose (Remaining/Total): 1,000 mg (—/—) Route: Oral
 Frequency: Every 6 hours scheduled Ordered Rate/Order Duration: — / —
 Admin Instructions: Max acetaminophen from all sources = 4,000 mg in 24 hrs.

| Timestamps | Action / Reason | Dose | Route | Other Information |
|-------------------------|--|----------|-------|--|
| Performed 03/07/25 1800 | Canceled Entry — Documented: 03/07/25 2204 | — | — | Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order |
| Performed 03/07/25 1435 | Given Documented: 03/07/25 1437 | 1,000 mg | Oral | Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/07/25 0531 | Given Documented: 03/07/25 0531 | 1,000 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/06/25 2351 | Given Documented: 03/06/25 2352 | 1,000 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80 |
| Performed 03/06/25 1905 | Given Documented: 03/06/25 1905 | 1,000 mg | Oral | Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/06/25 1311 | Given Documented: 03/06/25 1314 | 1,000 mg | Oral | Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/06/25 0510 | Not Given Other Documented: 03/06/25 0511 | 1,000 mg | Oral | Performed by: Annmaria George, RN Comments: CUMULATIVE OVERDOSE WARNING Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/05/25 2357 | Given Documented: 03/05/25 2358 | 1,000 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Medication Administrations (continued)

| | | | |
|--|----------|------|--|
| Performed 03/05/25 Given 1920 Documented: 03/05/25 1920 | 1,000 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/05/25 Given 1246 Documented: 03/05/25 1247 | 1,000 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 57896-201-10, 57896-201-10 |
| Performed 03/05/25 Given 0616 Documented: 03/05/25 0617 | 1,000 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/04/25 Given 2351 Documented: 03/04/25 2352 | 1,000 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/04/25 Given 1919 Documented: 03/04/25 1919 | 1,000 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80 |
| Performed 03/04/25 Given 1137 Documented: 03/04/25 1137 | 1,000 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 0904-6730-80, 0904-6730-80 |
| Performed 03/04/25 Given 0513 Documented: 03/04/25 0513 | 1,000 mg | Oral | Performed by: Daine Joseph, RN Scanned Package: 0904-6730-80, 0904-6730-80 |
| Performed 03/04/25 Given 0146 Documented: 03/04/25 0147 | 1,000 mg | Oral | Performed by: Charlcie Cagle, RN Scanned Package: 0904-6720-80, 0904-6720-80 |

acetaminophen (Tylenol) tablet 650 mg [230816008]

Ordering Provider: Ryan Drey Walsh, MD
 Ordered On: 03/02/25 1846
 Ordered Dose (Remaining/Total): 650 mg (0/1)
 Frequency: Once
 Admin Instructions: Max acetaminophen = 4000mg/day(4gm/day)

Status: Completed (Past End Date/Time)

Starts/Ends: 03/02/25 1850 - 03/02/25 1915

Route: Oral

Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|------|---|-------------------|
| Performed 03/02/25 Given 1915 Documented: 03/02/25 1916 | 650 mg | Oral | Performed by: Maria Campos Neri, PMD Scanned Package: 0904-6773-61, 0904-6773-61 | |

acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet [231162193]

Ordering Provider: Malini Randeep, PA
 Ordered On: 03/03/25 1253

Status: Completed (Past End Date/Time)

Starts/Ends: 03/03/25 1255 - 03/03/25 1257

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Ordered Dose (Remaining/Total): 1 tablet (0/1)
 Frequency: Once Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--------------------|--------|----------|-------|--|
| Performed 03/03/25 | Given | 1 tablet | Oral | Performed by: Gerardo Salazar, RN Scanned Package: 0406-0484-23 |
| 1257 | | | | |

Documented:
 03/03/25 1257

DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB [233127331]

Ordering Provider: Omar Naji Saab Saab, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Ordered On: 03/07/25 0905 Starts/Ends: 03/07/25 1000 - 03/07/25 2204
 Ordered Dose (Remaining/Total): 8 mg/kg (6/7) Route: Intravenous
 Frequency: Every 24 hours Ordered Rate/Order Duration: 224 mL/hr / 30 Minutes
 Note to pharmacy: Per ID recs

| Question | Answer | Comment |
|---|----------------------|---------|
| Suspected Indication (Select all that apply): | Bone/Joint Infection | — |

| Line | Med Link Info | Comment |
|--|-----------------------------------|---------|
| LDA PICC 03/06/25 Single-lumen 4 Right | 03/07/25 1435 by Shaniya Polk, RN | — |
| Brachial vein | | |

| Timestamps | Action | Dose / Rate / Duration | Route | Other Information |
|--------------------|---------|------------------------|-------------|--|
| Performed 03/07/25 | New Bag | 600 mg | Intravenous | Performed by: Shaniya Polk, RN |
| 1435 | | 224 mL/hr | | Comments: . |
| Documented: | | 30 Minutes | | Scanned Package: 0338-0049-38, 0409-4888-03, 0409-4888-03, 43598- 413-11, 43598-413-11 |
| 03/07/25 1437 | | | | |

dextrose 50 % solution 12.5 g [231440860]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0048 - 03/07/25 2204
 Ordered Dose (Remaining/Total): 12.5 g (—/—) Route: Intravenous
 Frequency: As needed Ordered Rate/Order Duration: — / —
 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.

(No admins scheduled or recorded for this medication in the specified date/time range)

dextrose 50 % solution 25 g [231440861]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0048 - 03/07/25 2204
 Ordered Dose (Remaining/Total): 25 g (—/—) Route: Intravenous
 Frequency: As needed Ordered Rate/Order Duration: — / —
 Admin Instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

docusate sodium (Colace) capsule 100 mg [231440882]

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD
 Ordered On: 03/04/25 0050
 Ordered Dose (Remaining/Total): 100 mg (—/—)
 Frequency: 2 times daily
 Admin Instructions: Stool softener. Hold for loose stools.

Status: Discontinued (Past End Date/Time)
 Starts/Ends: 03/04/25 0900 - 03/04/25 0620
 Route: Oral
 Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

DULoxetine (Cymbalta) DR capsule 30 mg [231441829]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD
 Ordered On: 03/04/25 0059
 Ordered Dose (Remaining/Total): 30 mg (—/—)
 Frequency: Daily 630
 Admin Instructions: Do not crush or chew.

Status: Discontinued (Past End Date/Time)
 Starts/Ends: 03/04/25 0630 - 03/06/25 0748
 Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|------------------------------|--------|-------|-------|--|
| Performed 03/06/25 0632 | Given | 30 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 68001-595-08 |
| Documented: 03/06/25 0632 | | | | |
| Performed 03/05/25 0617 | Given | 30 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 68001-595-08 |
| Documented: 03/05/25 0617 | | | | |
| Performed 03/04/25 0546 | Given | 30 mg | Oral | Performed by: Daine Joseph, RN Scanned Package: 60687-734-11 |
| Documented: 03/04/25 0546 | | | | |

DULoxetine (Cymbalta) DR capsule 30 mg [232559898]

Ordering Provider: Omar Naji Saab Saab, MD
 Ordered On: 03/06/25 0748
 Ordered Dose (Remaining/Total): 30 mg (0/1)
 Frequency: Once
 Admin Instructions: May open capsule and sprinkle contents on food
 Do not crush or chew.

Status: Completed (Past End Date/Time)
 Starts/Ends: 03/06/25 0800 - 03/06/25 0904
 Route: Oral
 Ordered Rate/Order Duration: — / —
 Note to pharmacy: Total of 60 mg today

| Timestamps | Action | Dose | Route | Other Information |
|------------------------------|--------|-------|-------|--|
| Performed 03/06/25 0904 | Given | 30 mg | Oral | Performed by: Shaniya Polk, RN Comments: . Scanned Package: 68001-595-08 |
| Documented: 03/06/25 0904 | | | | |

DULoxetine (Cymbalta) DR capsule 60 mg [232559897]

Ordering Provider: Omar Naji Saab Saab, MD
 Ordered On: 03/06/25 0748
 Ordered Dose (Remaining/Total): 60 mg (—/—)
 Frequency: Daily
 Admin Instructions: Do not crush or chew.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Starts/Ends: 03/07/25 0900 - 03/07/25 2204
 Route: Oral
 Ordered Rate/Order Duration: — / —

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|-------|-------|---|
| Performed 03/07/25 0836 Documented: 03/07/25 0849 | Given | 60 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 68001-596-08 |

enoxaparin (Lovenox) syringe 40 mg [232915014]

| | |
|---|--|
| Ordering Provider: Omar Naji Saab Saab, MD | Status: Discontinued (Past End Date/Time), Reason: Patient discharge |
| Ordered On: 03/06/25 1823 | Starts/Ends: 03/06/25 1830 - 03/07/25 2204 |
| Ordered Dose (Remaining/Total): 40 mg (—/—) | Route: Subcutaneous |
| Frequency: Every 24 hours | Ordered Rate/Order Duration: — / — |

| Timestamps | Action | Dose | Route / Site | Other Information |
|--|------------------|-------|--|---|
| Performed 03/07/25 1830 Documented: 03/07/25 2204 | Canceled Entry — | — | — | Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order |
| Performed 03/06/25 1905 Documented: 03/06/25 1905 | Given | 40 mg | Subcutaneous Right Upper Arm (Back) | Performed by: Shaniya Polk, RN Scanned Package: 63323-564-21 |

gabapentin (Neurontin) capsule 800 mg [230984388]

| | |
|--|--|
| Ordering Provider: Malini Randeep, PA | Status: Completed (Past End Date/Time) |
| Ordered On: 03/03/25 0821 | Starts/Ends: 03/03/25 0825 - 03/03/25 0852 |
| Ordered Dose (Remaining/Total): 800 mg (0/1) | Route: Oral |
| Frequency: Once | Ordered Rate/Order Duration: — / — |

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|--------|-------|--|
| Performed 03/03/25 0852 Documented: 03/03/25 0853 | Given | 800 mg | Oral | Performed by: Gerardo Salazar, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11 |

gabapentin (Neurontin) capsule 800 mg [231389783]

| | |
|--|--|
| Ordering Provider: Abbey Lauren Pastorelle, MD | Status: Completed (Past End Date/Time) |
| Ordered On: 03/03/25 2131 | Starts/Ends: 03/03/25 2135 - 03/03/25 2234 |
| Ordered Dose (Remaining/Total): 800 mg (0/1) | Route: Oral |
| Frequency: Once | Ordered Rate/Order Duration: — / — |

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|--------|-------|--|
| Performed 03/03/25 2234 Documented: 03/03/25 2234 | Given | 800 mg | Oral | Performed by: Julian Malone, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11 |

gabapentin (Neurontin) capsule 800 mg [231441828]

| | |
|--|--|
| Ordering Provider: Bhrugesh Jogeshkumar Shah, MD | Status: Discontinued (Past End Date/Time) |
| Ordered On: 03/04/25 0059 | Starts/Ends: 03/04/25 0900 - 03/04/25 2017 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Ordered Dose (Remaining/Total): 800 mg (—/—)
 Frequency: 2 times daily

Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|--------|-------|---|
| Performed 03/04/25 0832 Documented: 03/04/25 0835 | Given | 800 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11 |

gabapentin (Neurontin) capsule 800 mg [231888890]

Ordering Provider: Benjamin D Mouser, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 2017
 Ordered Dose (Remaining/Total): 800 mg (—/—)
 Frequency: 3 times daily

Starts/Ends: 03/04/25 2030 - 03/07/25 2204
 Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--|----------------|------|-------|---|
| Performed 03/07/25 1700 Documented: 03/07/25 2204 | Canceled Entry | — | — | Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order |

| | | | | |
|--|-------|--------|------|--|
| Performed 03/07/25 1435 Documented: 03/07/25 1437 | Given | 800 mg | Oral | Performed by: Shaniya Polk, RN Comments: . Scanned Package: 60687-602-11, 60687-602-11 |
|--|-------|--------|------|--|

| | | | | |
|--|-------|--------|------|---|
| Performed 03/07/25 0836 Documented: 03/07/25 0849 | Given | 800 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11 |
|--|-------|--------|------|---|

| | | | | |
|--|-------|--------|------|---|
| Performed 03/06/25 1649 Documented: 03/06/25 1651 | Given | 800 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11 |
|--|-------|--------|------|---|

| | | | | |
|--|-------|--------|------|---|
| Performed 03/06/25 1311 Documented: 03/06/25 1314 | Given | 800 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11 |
|--|-------|--------|------|---|

| | | | | |
|--|-------|--------|------|---|
| Performed 03/06/25 0903 Documented: 03/06/25 0903 | Given | 800 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11 |
|--|-------|--------|------|---|

| | | | | |
|--|-------|--------|------|---|
| Performed 03/05/25 1701 Documented: 03/05/25 1703 | Given | 800 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11 |
|--|-------|--------|------|---|

| | | | | |
|--|-------|--------|------|---|
| Performed 03/05/25 1246 Documented: 03/05/25 1247 | Given | 800 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11 |
|--|-------|--------|------|---|

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

| | | | |
|--|--------|------|---|
| Performed 03/05/25 Given 0944 Documented: 03/05/25 0944 | 800 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11 |
| Performed 03/04/25 Given 2024 Documented: 03/04/25 2024 | 800 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 60687-602-11, 60687-602-11 |

gadobenate dimeglumine (Multihance) injection 15 mL [231100952]

Ordering Provider: Lukman Olufemi Telufusi, PA
 Ordered On: 03/03/25 1121
 Ordered Dose (Remaining/Total): 0.1 mmol/kg (0/1)
 Frequency: Once in imaging

Status: Completed (Past End Date/Time)
 Starts/Ends: 03/03/25 1121 - 03/03/25 1157
 Route: Intravenous
 Ordered Rate/Order Duration: — / —

| Line | Med Link Info | Comment | |
|--|----------------------------------|-------------|---|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/03/25 1157 by Juan Valenzuela | — | |
| Timestamps | | | |
| Action | Dose | Route | Other Information |
| Performed 03/03/25 Given 1157 Documented: 03/03/25 1157 | 15 mL | Intravenous | Performed by: Juan Valenzuela Comments: lot# ST4110A |

gadoterate Meglumine (Clariscan, Dotarem) injection 13.5 mL [231860789]

Ordering Provider: Michael Alexis Goutnik, MD
 Ordered On: 03/04/25 1824
 Ordered Dose (Remaining/Total): 13.5 mL (0/1)
 Frequency: Once in imaging

Status: Completed (Past End Date/Time)
 Starts/Ends: 03/04/25 1824 - 03/04/25 1824
 Route: Intravenous
 Ordered Rate/Order Duration: — / —

| Line | Med Link Info | Comment | |
|--|-----------------------------|-------------|--|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/04/25 1824 by Didio Vela | — | |
| Timestamps | | | |
| Action | Dose | Route | Other Information |
| Performed 03/04/25 Given 1824 Documented: 03/04/25 1825 | 13.5 mL | Intravenous | Performed by: Didio Vela Comments: Clariscan 13.5mL lot 16816231 exp 5/16/27 |

glucagon injection 1 mg [231440862]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD
 Ordered On: 03/04/25 0050
 Ordered Dose (Remaining/Total): 1 mg (—/—)
 Frequency: As needed
 Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Starts/Ends: 03/04/25 0048 - 03/07/25 2204
 Route: Intramuscular
 Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet [230928999]

Ordering Provider: Lukman Olufemi Telufusi, PA

Status: Completed (Past End Date/Time)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Ordered On: 03/03/25 0511 Starts/Ends: 03/03/25 0515 - 03/03/25 0611
 Ordered Dose (Remaining/Total): 1 tablet (0/1) Route: Oral
 Frequency: Once Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|-------------------------|--------|----------|-------|--|
| Performed 03/03/25 0511 | Given | 1 tablet | Oral | Performed by: Madeline Kotarski, RN Scanned Package: 60687-396-11 |

ibuprofen tablet 800 mg [231888891]

Ordering Provider: Benjamin D Mouser, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Ordered On: 03/04/25 2017 Starts/Ends: 03/04/25 2016 - 03/07/25 2204
 Ordered Dose (Remaining/Total): 800 mg (—/—) Route: Oral
 Frequency: Every 8 hours PRN Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|-------------------------|--------|--------|-------|--|
| Performed 03/06/25 0514 | Given | 800 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 60687-446-11, 60687-446-11 |

ketorolac (Toradol) injection 15 mg [231336759]

Ordering Provider: Abbey Lauren Pastorelle, MD Status: Completed (Past End Date/Time)
 Ordered On: 03/03/25 1809 Starts/Ends: 03/03/25 1810 - 03/03/25 1818
 Ordered Dose (Remaining/Total): 15 mg (0/1) Route: Intravenous
 Frequency: Once Ordered Rate/Order Duration: — / —

Admin Instructions: Administer IVP.

| Line | Med Link Info | Comment |
|--|--------------------------------------|---------|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/03/25 1818 by Gerardo Salazar, RN | — |

| Timestamps | Action | Dose | Route | Other Information |
|-------------------------|--------|-------|-------------|--|
| Performed 03/03/25 1818 | Given | 15 mg | Intravenous | Performed by: Gerardo Salazar, RN Scanned Package: 63323-162-00 |

lidocaine PF (Xylocaine) 1 % injection 5 mL [232628597]

Ordering Provider: Omar Naji Saab Saab, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Ordered On: 03/06/25 0938 Starts/Ends: 03/06/25 0938 - 03/07/25 2204
 Ordered Dose (Remaining/Total): 5 mL (1/1) Route: Intradermal
 Frequency: Oncall Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

LORazepam (Ativan) tablet 1 mg [231890775]

Ordering Provider: Benjamin D Mouser, MD Status: Discontinued (Past End Date/Time), Reason: Patient discharge
 Ordered On: 03/04/25 2023 Starts/Ends: 03/04/25 2023 - 03/07/25 2204

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Ordered Dose (Remaining/Total): 1 mg (—/—)

Route: Oral

Frequency: Daily PRN

Ordered Rate/Order Duration: — / —

Admin Instructions: Hold for sedation

| Timestamps | Action | Dose | Route | Other Information |
|---------------------------|--------|------|-------|--|
| Performed 03/05/25 2224 | Given | 1 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 69315-904-01, 69315-904-01 |
| Documented: 03/05/25 2224 | | | | |
| Performed 03/04/25 2352 | Given | 1 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 69315-904-01, 69315-904-01 |
| Documented: 03/04/25 2352 | | | | |

Iosartan (Cozaar) tablet 100 mg [232019679]

Ordering Provider: Omar Naji Saab Saab, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/05/25 0715

Starts/Ends: 03/05/25 0900 - 03/07/25 2204

Ordered Dose (Remaining/Total): 100 mg (—/—)

Route: Oral

Frequency: Daily

Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|---------------------------|--------|--------|-------|---|
| Performed 03/07/25 0836 | Given | 100 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11 |
| Documented: 03/07/25 0849 | | | | |
| Performed 03/06/25 0903 | Given | 100 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11 |
| Documented: 03/06/25 0903 | | | | |
| Performed 03/05/25 0944 | Given | 100 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 0904-7048-61, 0904-7048-61 |
| Documented: 03/05/25 0944 | | | | |

Iosartan (Cozaar) tablet 50 mg [231441830]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time)

Ordered On: 03/04/25 0059

Starts/Ends: 03/04/25 0800 - 03/04/25 0620

Ordered Dose (Remaining/Total): 50 mg (—/—)

Route: Oral

Frequency: Daily RT

Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

Iosartan (Cozaar) tablet 50 mg [231485849]

Ordering Provider: Benjamin D Mouser, MD

Status: Discontinued (Past End Date/Time)

Ordered On: 03/04/25 0620

Starts/Ends: 03/04/25 0900 - 03/05/25 0715

Ordered Dose (Remaining/Total): 50 mg (—/—)

Route: Oral

Frequency: Daily

Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|------------|--------|------|-------|-------------------|
| | | | | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

| | | | |
|--|-------|------|---|
| Performed 03/04/25 Given 0832 Documented: 03/04/25 0835 | 50 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 0904-7048-61 |
|--|-------|------|---|

melatonin tablet 6 mg [232431242]

| | |
|--|--|
| Ordering Provider: Erica Burns, PA | Status: Discontinued (Past End Date/Time), Reason: Patient discharge |
| Ordered On: 03/05/25 2058 | Starts/Ends: 03/05/25 2058 - 03/07/25 2204 |
| Ordered Dose (Remaining/Total): 6 mg (—/—) | Route: Oral |
| Frequency: Nightly PRN | Ordered Rate/Order Duration: — / — |

(No admins scheduled or recorded for this medication in the specified date/time range)

methocarbamol (Robaxin) tablet 500 mg [233186999]

| | |
|--|--|
| Ordering Provider: Omar Naji Saab Saab, MD | Status: Discontinued (Past End Date/Time), Reason: Patient discharge |
| Ordered On: 03/07/25 1035 | Starts/Ends: 03/07/25 1200 - 03/07/25 2204 |
| Ordered Dose (Remaining/Total): 500 mg (—/—) | Route: Oral |
| Frequency: Every 6 hours scheduled | Ordered Rate/Order Duration: — / — |

| Timestamps | Action | Dose | Route | Other Information |
|---|----------------|--------|-------|---|
| Performed 03/07/25 1800 Documented: 03/07/25 2204 | Canceled Entry | — | — | Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order |
| Performed 03/07/25 1435 Documented: 03/07/25 1437 | Given | 500 mg | Oral | Performed by: Shaniya Polk, RN Comments: . Scanned Package: 60687-559-11 |

morphine PF injection 4 mg [230904299]

| | |
|--|--|
| Ordering Provider: Lukman Olufemi Telufusi, PA | Status: Completed (Past End Date/Time) |
| Ordered On: 03/03/25 0206 | Starts/Ends: 03/03/25 0210 - 03/03/25 0310 |
| Ordered Dose (Remaining/Total): 4 mg (0/1) | Route: Intravenous |
| Frequency: Once | Ordered Rate/Order Duration: — / — |

| Line | Med Link Info | Comment |
|--|--|---------|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/03/25 0310 by Madeline Kotarski, RN | — |

| Timestamps | Action | Dose | Route | Other Information |
|---|--------|------|-------------|--|
| Performed 03/03/25 0310 Documented: 03/03/25 0310 | Given | 4 mg | Intravenous | Performed by: Madeline Kotarski, RN Scanned Package: 72572-440-01 |

morphine PF injection 4 mg [230987905]

| | |
|--|--|
| Ordering Provider: Malini Randeep, PA | Status: Completed (Past End Date/Time) |
| Ordered On: 03/03/25 0827 | Starts/Ends: 03/03/25 0830 - 03/03/25 0853 |
| Ordered Dose (Remaining/Total): 4 mg (0/1) | Route: Intravenous |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Frequency: Once
 Admin Instructions: Administer IVP.

Ordered Rate/Order Duration: — / —

| Line | Med Link Info | Comment |
|--|--------------------------------------|---------|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/03/25 0853 by Gerardo Salazar, RN | — |

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|------|-------------|--|
| Performed 03/03/25 0853 Documented: 03/03/25 0853 | Given | 4 mg | Intravenous | Performed by: Gerardo Salazar, RN Scanned Package: 72572-440-01 |

naloxone (Narcan) injection 0.04 mg [231440878]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 0050

Starts/Ends: 03/04/25 0049 - 03/07/25 2204

Ordered Dose (Remaining/Total): 0.04 mg (8/8)

Route: Intravenous

Frequency: As needed

Ordered Rate/Order Duration: — / —

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)

(No admins scheduled or recorded for this medication in the specified date/time range)

ondansetron (Zofran) injection 4 mg [230904300]

Ordering Provider: Lukman Olufemi Telufusi, PA

Status: Completed (Past End Date/Time)

Ordered On: 03/03/25 0206

Starts/Ends: 03/03/25 0210 - 03/03/25 0310

Ordered Dose (Remaining/Total): 4 mg (0/1)

Route: Intravenous

Frequency: Once

Ordered Rate/Order Duration: — / —

| Line | Med Link Info | Comment |
|--|--|---------|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/03/25 0310 by Madeline Kotarski, RN | — |

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|------|-------------|--|
| Performed 03/03/25 0310 Documented: 03/03/25 0310 | Given | 4 mg | Intravenous | Performed by: Madeline Kotarski, RN Scanned Package: 72572-520-01 |

oxyCODONE (Roxicodone) immediate release tablet 10 mg [232241388]

Ordering Provider: Omar Naji Saab Saab, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/05/25 1307

Starts/Ends: 03/05/25 1307 - 03/07/25 2204

Ordered Dose (Remaining/Total): 10 mg (—/—)

Route: Oral

Frequency: Every 6 hours PRN

Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|-------|-------|---|
| Performed 03/07/25 1443 Documented: 03/07/25 1446 | Given | 10 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Medication Administrations (continued)

| | | | |
|--|-------|------|--|
| Performed 03/07/25 Given 0836 Documented: 03/07/25 0849 | 10 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11 |
| Performed 03/07/25 Given 0112 Documented: 03/07/25 0112 | 10 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11 |
| Performed 03/06/25 Given 1649 Documented: 03/06/25 1651 | 10 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11 |
| Performed 03/06/25 Given 0903 Documented: 03/06/25 0903 | 10 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11 |
| Performed 03/06/25 Given 0152 Documented: 03/06/25 0152 | 10 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11 |
| Performed 03/05/25 Given 1830 Documented: 03/05/25 1830 | 10 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11, 68084-354-11 |

oxyCODONE (Roxicodone) immediate release tablet 5 mg [231440879]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD
 Ordered On: 03/04/25 0050
 Ordered Dose (Remaining/Total): 5 mg (—/—)
 Frequency: Every 6 hours PRN

Status: Discontinued (Past End Date/Time)
 Starts/Ends: 03/04/25 0049 - 03/05/25 1307
 Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|------|--|-------------------|
| Performed 03/05/25 Given 1246 Documented: 03/05/25 1247 | 5 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11 | |
| Performed 03/05/25 Given 0616 Documented: 03/05/25 0617 | 5 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11 | |
| Performed 03/05/25 Given 0114 Documented: 03/05/25 0114 | 5 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11 | |
| Performed 03/04/25 Given 1556 Documented: 03/04/25 1556 | 5 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11 | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

| | | | |
|--|------|------|---|
| Performed 03/04/25 Given 0833 Documented: 03/04/25 0835 | 5 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11 |
| Performed 03/04/25 Given 0146 Documented: 03/04/25 0147 | 5 mg | Oral | Performed by: Charlie Cagle, RN Scanned Package: 68084-354-11, 68084-354-11 |

oxyCODONE (Roxicodone) immediate release tablet 5 mg [231888561]

Ordering Provider: Benjamin D Mouser, MD
 Ordered On: 03/04/25 2015
 Ordered Dose (Remaining/Total): 5 mg (0/1)
 Frequency: Once

Status: Completed (Past End Date/Time)
 Starts/Ends: 03/04/25 2030 - 03/04/25 2024
 Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|------|-------|--|
| Performed 03/04/25 2024 Documented: 03/04/25 2024 | Given | 5 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11 |

oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet [230816009]

Ordering Provider: Ryan Drey Walsh, MD
 Ordered On: 03/02/25 1846
 Ordered Dose (Remaining/Total): 1 tablet (0/1)
 Frequency: Once

Status: Completed (Past End Date/Time)
 Starts/Ends: 03/02/25 1850 - 03/02/25 1915
 Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|--|--------|----------|-------|--|
| Performed 03/02/25 1915 Documented: 03/02/25 1916 | Given | 1 tablet | Oral | Performed by: Maria Campos Neri, PMD Scanned Package: 50268-644-11 |

polyethylene glycol (PEG) 3350 (Miralax) packet 17 g [231440883]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD
 Ordered On: 03/04/25 0050
 Ordered Dose (Remaining/Total): 17 g (—/—)
 Frequency: Daily
 Admin Instructions: 17 grams of powder dissolved in 4 - 8 ounces
 of beverage. Hold for loose stools.

Status: Discontinued (Past End Date/Time), Reason: Patient
 discharge
 Starts/Ends: 03/04/25 0900 - 03/07/25 2204
 Route: Oral
 Ordered Rate/Order Duration: — / —
 Dissolve 17 g in 120 to 240 mL (4 to 8 ounces) of beverage.

| Timestamps | Action / Reason | Dose | Route | Other Information |
|--|--|------|-------|--------------------------------|
| Performed 03/07/25 0857 Documented: 03/07/25 0858 | Not Given Patient/family refused | 17 g | Oral | Performed by: Shaniya Polk, RN |

03/03/2025 - ED to Hosp Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

| | | | | |
|--|--|------|------|---|
| Performed 03/06/25 0907 Documented: 03/06/25 0907 | Not Given Patient/family refused | 17 g | Oral | Performed by: Shaniya Polk, RN Scanned Package: 60687-431-99 |
| Performed 03/05/25 0943 Documented: 03/05/25 0944 | Given | 17 g | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-431-99 |
| Performed 03/04/25 0834 Documented: 03/04/25 0835 | Not Given Patient/family refused | 17 g | Oral | Performed by: Isoken Iyamu, RN |

sennosides (Senokot) tablet 17.2 mg [231485820]

| | |
|--|---|
| Ordering Provider: Benjamin D Mouser, MD | Status: Discontinued (Past End Date/Time), Reason: Patient discharge |
| Ordered On: 03/04/25 0620 | Starts/Ends: 03/04/25 2100 - 03/07/25 2204 |
| Ordered Dose (Remaining/Total): 2 tablet (—/—) | Route: Oral |
| Frequency: Nightly | Ordered Rate/Order Duration: — / — |

Admin Instructions: Hold for loose stools

| Timestamps | Action / Reason | Dose | Route | Other Information |
|--|--|---------|-------|---|
| Performed 03/07/25 2100 Documented: 03/07/25 2204 | Canceled Entry — | — | — | Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order |
| Performed 03/06/25 2105 Documented: 03/06/25 2106 | Not Given Patient/family refused | 8.6 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 0904-7252-61 |
| Performed 03/05/25 2046 Documented: 03/05/25 2048 | Not Given Patient/family refused | 17.2 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 0904-7252-61, 0904-7252-61 |
| Performed 03/04/25 2024 Documented: 03/04/25 2024 | Given | 17.2 mg | Oral | Performed by: Joseph Gitahi, RN Scanned Package: 0904-7252-61, 0904-7252-61 |

sodium chloride (NS) 0.9 % flush 10 mL [231440857]

| | |
|--|--|
| Ordering Provider: Bhrugesh Jogeshkumar Shah, MD | Status: Discontinued (Past End Date/Time) |
| Ordered On: 03/04/25 0050 | Starts/Ends: 03/04/25 0055 - 03/06/25 0941 |
| Ordered Dose (Remaining/Total): 10 mL (—/—) | Route: Intravenous |
| Frequency: Every 12 hours scheduled | Ordered Rate/Order Duration: — / — |

Admin Instructions: Administer at least once every 12 hours

| Line | Med Link Info | Comment |
|---|-------------------------------------|-------------------|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/04/25 0055 by Charlcie Cagle, RN | — |
| Timestamps | Action | Other Information |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Medication Administrations (continued)

| | | | |
|--|-------|-------------|--|
| Performed 03/06/25 Given 0907 Documented: 03/06/25 0907 | 10 mL | Intravenous | Performed by: Shaniya Polk, RN Scanned Package: 8290-306546 |
| Performed 03/05/25 Given 2046 Documented: 03/05/25 2046 | 10 mL | Intravenous | Performed by: Annmaria George, RN Scanned Package: 8290-306546 |
| Performed 03/05/25 Given 0944 Documented: 03/05/25 0944 | 10 mL | Intravenous | Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546 |
| Performed 03/04/25 Given 2024 Documented: 03/04/25 2024 | 10 mL | Intravenous | Performed by: Joseph Gitahi, RN Scanned Package: 8290-306546 |
| Performed 03/04/25 Given 0837 Documented: 03/04/25 0837 | 10 mL | Intravenous | Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546 |
| Performed 03/04/25 Given 0055 Documented: 03/04/25 0147 | 10 mL | Intravenous | Performed by: Charicie Cagle, RN |

sodium chloride (NS) 0.9 % flush 10 mL [231440858]

| | |
|--|---|
| Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 10 mL (—/—) Frequency: As needed | Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0048 - 03/06/25 0941 Route: Intravenous Ordered Rate/Order Duration: — / — |
|--|---|

(No admins scheduled or recorded for this medication in the specified date/time range)

sodium chloride (NS) 0.9 % flush 10 mL [232628598]

| | |
|--|--|
| Ordering Provider: Omar Naji Saab Saab, MD Ordered On: 03/06/25 0938 Ordered Dose (Remaining/Total): 10 mL (—/—) Frequency: Every 8 hours scheduled Admin Instructions: Flush all ports Q8H to clear the line. | Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/06/25 0945 - 03/07/25 2204 Route: Intravenous Ordered Rate/Order Duration: — / — |
|--|--|

| Line | Med Link Info | Comment |
|--|-----------------------------------|---------|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/06/25 0945 by Shaniya Polk, RN | — |

| Timestamps | Action | Dose | Route | Other Information |
|---|--------|------|-------|---|
| Performed 03/07/25 Canceled Entry — 2200 Documented: 03/07/25 2204 | | — | | Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order |

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Medication Administrations (continued)

| | | | |
|--|-------|-------------|--|
| Performed 03/07/25 Given 1446 Documented: 03/07/25 1446 | 10 mL | Intravenous | Performed by: Shaniya Polk, RN Scanned Package: 8290-306546 |
| Performed 03/07/25 Given 0531 Documented: 03/07/25 0531 | 10 mL | Intravenous | Performed by: Annmaria George, RN Scanned Package: 8290-306546 |
| Performed 03/06/25 Given 2106 Documented: 03/06/25 2106 | 10 mL | Intravenous | Performed by: Annmaria George, RN Scanned Package: 8290-306546 |
| Performed 03/06/25 Given 1313 Documented: 03/06/25 1314 | 10 mL | Intravenous | Performed by: Shaniya Polk, RN Scanned Package: 8290-306546 |
| Performed 03/06/25 Given 0945 Documented: 03/06/25 1115 | 10 mL | Intravenous | Performed by: Shaniya Polk, RN |

sodium chloride (NS) 0.9 % flush 10 mL [232628599]

| | |
|--|--|
| Ordering Provider: Omar Naji Saab Saab, MD | Status: Discontinued (Past End Date/Time), Reason: Patient discharge |
| Ordered On: 03/06/25 0938 | Starts/Ends: 03/06/25 0938 - 03/07/25 2204 |
| Ordered Dose (Remaining/Total): 10 mL (—/—) | Route: Intravenous |
| Frequency: As needed | Ordered Rate/Order Duration: — / — |
| Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products. | |

(No admins scheduled or recorded for this medication in the specified date/time range)

sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension 2 mL [231471171]

| | |
|---|--|
| Ordering Provider: Benjamin D Mouser, MD | Status: Completed (Past End Date/Time) |
| Ordered On: 03/04/25 0447 | Starts/Ends: 03/04/25 0447 - 03/04/25 0447 |
| Ordered Dose (Remaining/Total): 2 mL (0/1) | Route: Intravenous |
| Frequency: Once in imaging | Ordered Rate/Order Duration: — / — |
| Admin Instructions: Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake vigorously for 20 sec until a homogenous white milky suspension forms. Use immediately. May repeat once during procedure. | |

| Line | Med Link Info | Comment |
|--|----------------------------------|---------|
| Peripheral IV 03/02/25 Anterior;Left Forearm | 03/04/25 0447 by Hang Cortes, RT | — |

| Timestamps | Action | Dose | Route / Site | Other Information |
|---|--------|------|-----------------------------|-------------------------------|
| Performed 03/04/25 0447 Documented: 03/04/25 0447 | Given | 2 mL | Intravenous Left Forearm | Performed by: Hang Cortes, RT |

traMADol (Ultram) tablet 100 mg [232241741]

| | |
|--|--|
| Ordering Provider: Omar Naji Saab Saab, MD | Status: Discontinued (Past End Date/Time), Reason: Patient |
|--|--|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Medication Administrations (continued)

Ordered On: 03/05/25 1308
 Ordered Dose (Remaining/Total): 100 mg (—/—)
 Frequency: Every 6 hours PRN

discharge
 Starts/Ends: 03/05/25 1308 - 03/07/25 2204
 Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action / Reason | Dose | Route | Other Information |
|-------------------------|---|--------|-------|--|
| Performed 03/07/25 1432 | Not Given Other Documented: 03/07/25 1506 | 100 mg | Oral | Performed by: Shaniya Polk, RN Comments: put medication back |
| Performed 03/06/25 2105 | Given Documented: 03/06/25 2106 | 100 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 60687-795-11, 60687-795-11 |
| Performed 03/06/25 1311 | Given Documented: 03/06/25 1314 | 100 mg | Oral | Performed by: Shaniya Polk, RN Scanned Package: 60687-795-11, 60687-795-11 |
| Performed 03/06/25 0421 | Given Documented: 03/06/25 0421 | 100 mg | Oral | Performed by: Annmaria George, RN Scanned Package: 60687-795-11, 60687-795-11 |
| Performed 03/05/25 1701 | Given Documented: 03/05/25 1703 | 100 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11, 60687-795-11 |

traMADol (Ultram) tablet 50 mg [231440880]

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD
 Ordered On: 03/04/25 0050
 Ordered Dose (Remaining/Total): 50 mg (—/—)
 Frequency: Every 6 hours PRN

Status: Discontinued (Past End Date/Time)
 Starts/Ends: 03/04/25 0049 - 03/05/25 1308
 Route: Oral
 Ordered Rate/Order Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|-------------------------|---------------------------------------|-------|-------|---|
| Performed 03/05/25 0944 | Given Documented: 03/05/25 0944 | 50 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11 |
| Performed 03/04/25 1919 | Given Documented: 03/04/25 1919 | 50 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11 |
| Performed 03/04/25 1137 | Given Documented: 03/04/25 1137 | 50 mg | Oral | Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11 |
| Performed 03/04/25 0455 | Given Documented: 03/04/25 0455 | 50 mg | Oral | Performed by: Daine Joseph, RN Scanned Package: 60687-795-11 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Other Orders (group 1 of 3)

Admission

Admit to inpatient (Completed) [231400029]

| | |
|--|--|
| Electronically signed by: Georges Israel Labaze, MD on 03/03/25 2228 | Status: Completed |
| Ordering user: Georges Israel Labaze, MD 03/03/25 2228 | Ordering provider: Georges Israel Labaze, MD |
| Authorized by: Georges Israel Labaze, MD | Ordering mode: Standard |
| Frequency: Routine Once 03/03/25 2229 - 1 occurrence | Class: Hospital Performed |
| Quantity: 1 | Instance released by: Georges Israel Labaze, MD (auto-released) 3/3/2025 10:28 PM |

Questionnaire

Question

Unit

Answer

TMC JONES 5 NEUROSCIENCE ACUTE CARE

Updates

Admitting provider: Benjamin D Mouser, MD
 Diagnosis: Acute midline low back pain with right-sided sciatica [M54.41]
 Level of care: Acute
 Service: General Medicine

Attending provider: Benjamin D Mouser, MD
 Estimated length of stay: 5 days

Patient class: Inpatient

Appointment Requests

Follow Up In Internal Medicine (Active) [232568591]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803 | Status: Active |
| Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine 03/06/25 - | Class: Clinic Performed |
| Quantity: 1 | |

Questionnaire

Question

Who is this follow-up with?

Answer

Me

Allow Telemedicine?

No Preference

Consult

Inpatient consult to Neurosurgery (Completed) [231265843]

| | |
|---|--|
| Electronically signed by: Malini Randeep, PA on 03/03/25 1554 | Status: Completed |
| Ordering user: Malini Randeep, PA 03/03/25 1554 | Ordering provider: Malini Randeep, PA |
| Authorized by: Malini Randeep, PA | Ordering mode: Standard |
| Frequency: STAT Once 03/03/25 1554 - 1 occurrence | Class: Hospital Performed |
| Quantity: 1 | Instance released by: Malini Randeep, PA (auto-released) 3/3/2025 3:54 PM |

Questionnaire

Question

Reason for Consult?

Answer

diskitis L5-S1

Inpatient consult to Social Work (Completed) [231891221]

| | |
|--|--|
| Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2025 | Status: Completed |
| Ordering user: Benjamin D Mouser, MD 03/04/25 2025 | Ordering provider: Benjamin D Mouser, MD |
| Authorized by: Benjamin D Mouser, MD | Ordering mode: Standard |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 1 of 3) (continued)

Frequency: Routine Once 03/04/25 2025 - 1 occurrence
 Quantity: 1

Class: Hospital Performed
 Instance released by: Benjamin D Mouser, MD (auto-released)
 3/4/2025 8:25 PM

Questionnaire

Question

Is discharge planning needed? If yes, who is requesting discharge planning?

Answer

Provider

Reason for Consult?

pt wants to defer surgery until summer as concerned about being out of work while teaching. NSGY requests any info on shortterm disability or resources to convince pt to have surgery now

Inpatient consult to Infectious Diseases (Completed) [232022004]

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 0721

Status: Completed

Ordering user: Omar Naji Saab Saab, MD 03/05/25 0721

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/05/25 0721 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Instance released by: Omar Naji Saab Saab, MD (auto-released)

3/5/2025 7:21 AM

Questionnaire

Question

Reason for Consult?

Answer

L4-L5-S1 OM/discitis , was on suppressive ABX , NSGY offered surgery but patient postpone it to the Summer

Inpatient consult to Vascular Access Team (Completed) [232628738]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0938

Status: Completed

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/06/25 0939 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Instance released by: Omar Naji Saab Saab, MD (auto-released)

3/6/2025 9:38 AM

Questionnaire

Question

Reason for Consult?

Answer

PICC line

Inpatient consult to Pain Management (Completed) [233185416]

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1032

Status: Completed

Ordering user: Omar Naji Saab Saab, MD 03/07/25 1032

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: STAT Once 03/07/25 1033 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Instance released by: Omar Naji Saab Saab, MD (auto-released)

3/7/2025 10:32 AM

Questionnaire

Question

Reason for Consult?

Answer

Spine OM , severe pain

CORE MEASURES

Reason for No Pharmacological VTE Prophylaxis (Completed) [231440897]

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: Routine Once 03/04/25 0050 - 1 occurrence

Class: Normal

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 1 of 3) (continued)

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Questionnaire

Question

Answer

Reason for no VTE prophylaxis at admission?

At low risk for VTE - No VTE Prophylaxis required

Release to patient

Immediate

Apply graduated compression stockings (Completed) [231440898]

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: Routine Once 03/04/25 0050 - 1 occurrence

Class: Normal

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Diet

Adult Diet Regular (Discontinued) [231440885]

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 Effective now 03/04/25 0049 - Until Specified

Class: Hospital Performed

Quantity: 1

Diet: General

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Questionnaire

Question

Answer

Diet type

Regular

Discharge

Discharge patient (Discontinued) [233325805]

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/07/25 1426 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Instance released by: Omar Naji Saab Saab, MD (auto-released)

Discontinued by: Omar Naji Saab Saab, MD 03/07/25 1826

3/7/2025 2:29 PM

Updates

Discharge date and time: 3/7/2025 1425

Discharge disposition: Home with Home Health

Discharge patient (Completed) [233420716]

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1848

Status: Completed

Ordering user: Omar Naji Saab Saab, MD 03/07/25 1848

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/07/25 1849 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Instance released by: Omar Naji Saab Saab, MD (auto-released)

3/7/2025 6:48 PM

Updates

Discharge date and time: 3/7/2025 1848

Discharge disposition: Home with Home Health

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Other Orders (group 1 of 3) (continued)

General Supply

Walker rolling (Active) [232248576]

Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1320 Status: Active
 Ordering user: Omar Naji Saab Saab, MD 03/05/25 1320 Ordering provider: Omar Naji Saab Saab, MD
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
 Frequency: Routine 03/05/25 - Class: Clinic Performed

Quantity: 1

Diagnoses

Acute midline low back pain with right-sided sciatica [M54.41]

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A]

Questionnaire

| Question | Answer |
|--|--|
| The face to face evaluation was performed on | 3/5/2025 |
| Justification | Canes, Crutches, Walkers, Patient Lift (Home Health) |
| Canes, Crutches, Walkers, Patient Lift | Walker: Patient will be unable to safely ambulate with a cane in the home but a walker will allow the patient to accomplish mobility related daily living activities. Other: See Comments |

Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A (ICD-10-CM)]

Walker rolling (Active) [232629556]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0940 Status: Active
 Ordering user: Omar Naji Saab Saab, MD 03/06/25 0940 Ordering provider: Omar Naji Saab Saab, MD
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
 Frequency: Routine 03/06/25 - Class: Clinic Performed

Quantity: 1

Diagnoses

Acute midline low back pain with right-sided sciatica [M54.41]

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A]

Questionnaire

| Question | Answer |
|--|--|
| The face to face evaluation was performed on | 3/6/2025 |
| Justification | Canes, Crutches, Walkers, Patient Lift (Home Health) |
| Canes, Crutches, Walkers, Patient Lift | Walker: Patient will be unable to safely ambulate with a cane in the home but a walker will allow the patient to accomplish mobility related daily living activities. Other: See Comments |

Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC) [S32.050A (ICD-10-CM)]

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 2 of 3)

Medications

gadobenate dimeglumine (Multihance) 529 MG/ML injection - Pyxis Override Pull (Active) [231126875]

Electronically signed by: Juan Valenzuela on 03/03/25 1150 Status: Active
 Ordering user: Juan Valenzuela 03/03/25 1150
 Frequency: 03/03/25 1150 - Until Discontinued
 Admin instructions: Created by cabinet override
 Medication comments: Created by cabinet override
 Package: 0270-5164-14

sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension - Pyxis Override Pull (Active) [231505784]

Electronically signed by: Hang Cortes, RT on 03/04/25 0735 Status: Active
 Ordering user: Hang Cortes, RT 03/04/25 0735
 Frequency: 03/04/25 0735 - Until Discontinued
 Admin instructions: Created by cabinet override
 Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake
 vigorously for 20 sec until a homogenous white milky suspension forms. Use
 immediately. May repeat once during procedure.
 Medication comments: Created by cabinet override
 Package: 0270-7099-16

gadoterate Meglumine (Clariscan, Dotarem) 10 MMOL/20ML injection - Pyxis Override Pull (Active) [231855828]

Electronically signed by: Didio Vela on 03/04/25 1803 Status: Active
 Ordering user: Didio Vela 03/04/25 1803
 Frequency: 03/04/25 1803 - Until Discontinued
 Admin instructions: Created by cabinet override
 Medication comments: Created by cabinet override
 Package: 67684-2000-3

acetaminophen (Tylenol) tablet 650 mg (Completed) [230816008]

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 1850 - 1 occurrence
 Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order
 Admin instructions: Max acetaminophen = 4000mg/day(4gm/day)
 Package: 0904-6773-61

oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet (Completed) [230816009]

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 1850 - 1 occurrence
 Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order
 Package: 50268-644-11

morphine PF injection 4 mg (Completed) [230904299]

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0206 Status: Completed
 Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0206
 Authorized by: Lukman Olufemi Telufusi, PA
 Frequency: STAT Once 03/03/25 0210 - 1 occurrence
 Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order
 Package: 63323-454-00

ondansetron (Zofran) injection 4 mg (Completed) [230904300]

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0206 Status: Completed
 Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0206
 Authorized by: Lukman Olufemi Telufusi, PA
 Ordering provider: Lukman Olufemi Telufusi, PA
 Ordering mode: Standard
 Class: Normal

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Other Orders (group 2 of 3) (continued)

Frequency: STAT Once 03/03/25 0210 - 1 occurrence Class: Normal
 Acknowledged: Madeline Kotarski, RN 03/03/25 0438 for Placing Order
 Package: 60505-6130-0

HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet (Completed) [230928999]

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0511 Status: Completed
 Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0511 Ordering provider: Lukman Olufemi Telufusi, PA
 Authorized by: Lukman Olufemi Telufusi, PA Ordering mode: Standard
 Frequency: STAT Once 03/03/25 0515 - 1 occurrence Class: Normal
 Acknowledged: MadiSyn Nall, RN 03/03/25 0622 for Placing Order
 Package: 50268-401-11

gabapentin (Neurontin) capsule 800 mg (Completed) [230984388]

Electronically signed by: Malini Randeep, PA on 03/03/25 0821 Status: Completed
 Ordering user: Malini Randeep, PA 03/03/25 0821 Ordering provider: Malini Randeep, PA
 Authorized by: Malini Randeep, PA Ordering mode: Standard
 Frequency: STAT Once 03/03/25 0825 - 1 occurrence Class: Normal
 Acknowledged: Gerardo Salazar, RN 03/03/25 0846 for Placing Order

Mixture Ingredients

| Medication | Ordered Dose | Calculated Dose |
|------------------------|--------------|-----------------|
| gabapentin (Neurontin) | 200 mg | 200 mg |
| gabapentin (Neurontin) | 600 mg | 600 mg |

Package: 60687-580-11, 60687-591-11

morphine PF injection 4 mg (Completed) [230987905]

Electronically signed by: Malini Randeep, PA on 03/03/25 0827 Status: Completed
 Ordering user: Malini Randeep, PA 03/03/25 0827 Ordering provider: Malini Randeep, PA
 Authorized by: Malini Randeep, PA Ordering mode: Standard
 Frequency: STAT Once 03/03/25 0830 - 1 occurrence Class: Normal
 Acknowledged: Gerardo Salazar, RN 03/03/25 0846 for Placing Order
 Admin instructions: Administer IVP.
 Package: 72572-440-01

gadobenate dimeglumine (Multihance) injection 15 mL (Completed) [231100952]

Electronically signed by: Juan Valenzuela on 03/03/25 1121 Status: Completed
 Ordering user: Juan Valenzuela 03/03/25 1121 Ordering provider: Lukman Olufemi Telufusi, PA
 Authorized by: Lukman Olufemi Telufusi, PA Ordering mode: Secondary Order
 Frequency: Routine Once in imaging 03/03/25 1121 - 1 occurrence Class: Normal
 Acknowledged: Gerardo Salazar, RN 03/03/25 1123 for Placing Order
 Package: 0270-5164-14

acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet (Completed) [231162193]

Electronically signed by: Malini Randeep, PA on 03/03/25 1253 Status: Completed
 Ordering user: Malini Randeep, PA 03/03/25 1253 Ordering provider: Malini Randeep, PA
 Authorized by: Malini Randeep, PA Ordering mode: Standard
 Frequency: STAT Once 03/03/25 1255 - 1 occurrence Class: Normal
 Acknowledged: Gerardo Salazar, RN 03/03/25 1253 for Placing Order
 Package: 0406-0484-01

ketorolac (Toradol) injection 15 mg (Completed) [231336759]

Electronically signed by: Abbey Lauren Pastorelle, MD on 03/03/25 1809 Status: Completed
 Ordering user: Abbey Lauren Pastorelle, MD 03/03/25 1809 Ordering provider: Abbey Lauren Pastorelle, MD
 Authorized by: Abbey Lauren Pastorelle, MD Ordering mode: Standard
 Frequency: STAT Once 03/03/25 1810 - 1 occurrence Class: Normal
 Acknowledged: Gerardo Salazar, RN 03/03/25 1809 for Placing Order
 Admin instructions: Administer IVP.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 2 of 3) (continued)

Package: 0409-3795-19

gabapentin (Neurontin) capsule 800 mg (Completed) [231389783]

Electronically signed by: Abbey Lauren Pastorelle, MD on 03/03/25 2131 Status: Completed
 Ordering user: Abbey Lauren Pastorelle, MD 03/03/25 2131 Ordering provider: Abbey Lauren Pastorelle, MD
 Authorized by: Abbey Lauren Pastorelle, MD Ordering mode: Standard
 Frequency: STAT Once 03/03/25 2135 - 1 occurrence Class: Normal
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order

Mixture Ingredients

| Medication | Ordered Dose | Calculated Dose |
|------------------------|--------------|-----------------|
| gabapentin (Neurontin) | 200 mg | 200 mg |
| gabapentin (Neurontin) | 600 mg | 600 mg |

Package: 60687-580-11, 60687-591-11

sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [231440857]

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 q12h SCH 03/04/25 0055 - 03/06/25 0941 Class: Normal
 Discontinued by: Natalie Wilson, PharmD 03/06/25 0941
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Shaniya Polk, RN 03/06/25 0954 for D/C Order
 Admin instructions: Administer at least once every 12 hours
 Package: 8290-306546

sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [231440858]

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
 PRN reasons: line care
 PRN Comment: Line Flush
 Frequency: Routine PRN 03/04/25 0048 - 03/06/25 0941 Class: Normal
 Discontinued by: Natalie Wilson, PharmD 03/06/25 0941
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Shaniya Polk, RN 03/06/25 0954 for D/C Order
 Package: 68883-600-10

dextrose 50 % solution 12.5 g (Discontinued) [231440860]

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
 PRN reasons: low blood sugar
 PRN Comment: if Blood Glucose 51- 69 mg/dL
 Frequency: Routine PRN 03/04/25 0048 - 03/07/25 2204 Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order
 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.
 Package: 0409-6648-02

dextrose 50 % solution 25 g (Discontinued) [231440861]

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
 PRN reasons: other
 PRN Comment: if Blood Glucose <= 50 mg/dL
 Frequency: Routine PRN 03/04/25 0048 - 03/07/25 2204 Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order
 Admin instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 2 of 3) (continued)

Package: 0409-6648-02

glucagon injection 1 mg (Discontinued) [231440862]

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
 PRN Comment: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo
 Frequency: Routine PRN 03/04/25 0048 - 03/07/25 2204 Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order
 Admin instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.
 Package: 0169-7065-15

naloxone (Narcan) injection 0.04 mg (Discontinued) [231440878]

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
 PRN reasons: opioid reversal
 PRN Comment: every 2 mins PRN for Narcotic Reversal
 Frequency: Routine PRN 03/04/25 0049 - 8 occurrences Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order
 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)
 Package: 67457-292-00

oxyCODONE (Roxicodone) immediate release tablet 5 mg (Discontinued) [231440879]

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
 PRN reasons: severe pain (7-10)
 Frequency: Routine q6h PRN 03/04/25 0049 - 03/05/25 1307 Class: Normal
 Discontinued by: Omar Naji Saab Saab, MD 03/05/25 1307
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Isoken Iyamu, RN 03/05/25 1320 for D/C Order
 Package: 68084-354-11

Ordering & Authorizing Provider Audit Trail

| Date/Time | Ordering provider | Authorizing Provider | User |
|---------------|-------------------------------|-------------------------------|-------------------------------|
| 03/05/25 1307 | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD |
| 03/04/25 0050 | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD |

traMADol (Ultram) tablet 50 mg (Discontinued) [231440880]

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
 PRN reasons: moderate pain (4-6)
 Frequency: Routine q6h PRN 03/04/25 0049 - 5 days Class: Normal
 Discontinued by: Omar Naji Saab Saab, MD 03/05/25 1308
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Isoken Iyamu, RN 03/05/25 1320 for D/C Order
 Package: 60687-795-11

Ordering & Authorizing Provider Audit Trail

| Date/Time | Ordering provider | Authorizing Provider | User |
|---------------|-------------------------------|-------------------------------|-------------------------------|
| 03/05/25 1308 | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD |
| 03/04/25 0050 | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Other Orders (group 2 of 3) (continued)

acetaminophen (Tylenol) tablet 1,000 mg (Discontinued) [231440881]

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 q6h SCH 03/04/25 0055 - 03/07/25 2204 Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order
 Admin instructions: Max acetaminophen from all sources = 4,000 mg in 24 hrs.
 Package: 0045-0488-26

docusate sodium (Colace) capsule 100 mg (Discontinued) [231440882]

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 BID 03/04/25 0900 - 03/04/25 0620 Class: Normal
 Discontinued by: Benjamin D Mouser, MD 03/04/25 0620
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Daine Joseph, RN 03/04/25 0639 for D/C Order
 Admin instructions: Stool softener. Hold for loose stools.
 Package: 0904-7183-61

Ordering & Authorizing Provider Audit Trail

| Date/Time | Ordering provider | Authorizing Provider | User |
|---------------|-------------------------------|-------------------------------|-------------------------------|
| 03/04/25 0620 | Benjamin D Mouser, MD | Benjamin D Mouser, MD | Benjamin D Mouser, MD |
| 03/04/25 0050 | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD |

polyethylene glycol (PEG) 3350 (Miralax) packet 17 g (Discontinued) [231440883]

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 Daily 03/04/25 0900 - 03/07/25 2204 Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order
 Admin instructions: 17 grams of powder dissolved in 4 - 8 ounces of beverage. Hold for loose stools.
 Dissolve 17 g in 120 to 240 mL (4 to 8 ounces) of beverage.
 Package: 60687-431-98

gabapentin (Neurontin) capsule 800 mg (Discontinued) [231441828]

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0059 Status: Discontinued
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0059 Ordering provider: Bhrugesh Jogeshkumar Shah, MD
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard
 Frequency: Routine BID 03/04/25 0900 - 03/04/25 2017 Class: Normal
 Discontinued by: Benjamin D Mouser, MD 03/04/25 2017
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Joseph Gitahi, RN 03/04/25 2020 for D/C Order
 Package: 60687-602-11

Status

Hilda Ankutse, PharmD 03/04/25 0122 (Admin Instructions edited)

Reordered from: gabapentin (Neurontin) 800 MG tablet [231441765]

Ordering & Authorizing Provider Audit Trail

| Date/Time | Ordering provider | Authorizing Provider | User |
|---------------|-------------------------------|-------------------------------|-------------------------------|
| 03/04/25 2017 | Benjamin D Mouser, MD | Benjamin D Mouser, MD | Benjamin D Mouser, MD |
| 03/04/25 0059 | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Other Orders (group 2 of 3) (continued)

DULoxetine (Cymbalta) DR capsule 30 mg (Discontinued) [231441829]

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0059 Status: Discontinued
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0059 Ordering provider: Bhrugesh Jogeshkumar Shah, MD
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard
 Frequency: Routine Daily 630 03/04/25 0630 - 03/06/25 0748 Class: Normal
 Discontinued by: Omar Naji Saab Saab, MD 03/06/25 0748
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Shaniya Polk, RN 03/06/25 0831 for D/C Order
 Admin instructions: Do not crush or chew.
 Package: 68001-595-08
 Reordered from: DULoxetine (Cymbalta) 30 MG DR capsule [231441767]

Ordering & Authorizing Provider Audit Trail

| Date/Time | Ordering provider | Authorizing Provider | User |
|---------------|-------------------------------|-------------------------------|-------------------------------|
| 03/06/25 0748 | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD |
| 03/04/25 0059 | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD |

Iosartan (Cozaar) tablet 50 mg (Discontinued) [231441830]

Electronically signed by: Bhrugesh Jogeshkumar Shah, MD on 03/04/25 0059 Status: Discontinued
 Ordering user: Bhrugesh Jogeshkumar Shah, MD 03/04/25 0059 Ordering provider: Bhrugesh Jogeshkumar Shah, MD
 Authorized by: Bhrugesh Jogeshkumar Shah, MD Ordering mode: Standard
 Frequency: Routine Daily 03/04/25 0800 - 03/04/25 0620 Class: Normal
 Discontinued by: Benjamin D Mouser, MD 03/04/25 0620
 Acknowledged: Daine Joseph, RN 03/04/25 0351 for Placing Order Daine Joseph, RN 03/04/25 0639 for D/C Order
 Package: 68084-347-11
 Status
 User Epic 03/04/25 0431 (Admin Instructions edited)
 Reordered from: Iosartan (Cozaar) 50 MG tablet [231441766]

Ordering & Authorizing Provider Audit Trail

| Date/Time | Ordering provider | Authorizing Provider | User |
|---------------|-------------------------------|-------------------------------|-------------------------------|
| 03/04/25 0620 | Benjamin D Mouser, MD | Benjamin D Mouser, MD | Benjamin D Mouser, MD |
| 03/04/25 0059 | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD | Bhrugesh Jogeshkumar Shah, MD |

sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension 2 mL (Completed) [231471171]

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 0533 Status: Completed
 Mode: Ordering in eVerbal with readback mode Communicated by: Hang Cortes, RT
 Ordering user: Hang Cortes, RT 03/04/25 0447 Ordering provider: Benjamin D Mouser, MD
 Authorized by: Benjamin D Mouser, MD Ordering mode: eVerbal with readback
 Frequency: Routine Once in imaging 03/04/25 0447 - 1 Class: Normal
 occurrence
 Acknowledged: Hang Cortes, RT 03/04/25 0447 for Placing Order
 Admin instructions: Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake
 vigorously for 20 sec until a homogenous white milky suspension forms. Use
 immediately. May repeat once during procedure.
 Package: 0270-7099-16

sennosides (Senokot) tablet 17.2 mg (Discontinued) [231485820]

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 0620 Status: Discontinued
 Ordering user: Benjamin D Mouser, MD 03/04/25 0620 Ordering provider: Benjamin D Mouser, MD
 Authorized by: Benjamin D Mouser, MD Ordering mode: Standard
 Frequency: Routine Nightly 03/04/25 2100 - 03/07/25 2204 Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Daine Joseph, RN 03/04/25 0639 for Placing Order
 Admin instructions: Hold for loose stools
 Package: 0904-7252-61

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Other Orders (group 2 of 3) (continued)

Iosartan (Cozaar) tablet 50 mg (Discontinued) [231485849]

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 0620 Status: Discontinued
 Ordering user: Benjamin D Mouser, MD 03/04/25 0620 Ordering provider: Benjamin D Mouser, MD
 Authorized by: Benjamin D Mouser, MD Ordering mode: Standard
 Frequency: Routine Daily 03/04/25 0900 - 03/05/25 0715 Class: Normal
 Discontinued by: Omar Naji Saab Saab, MD 03/05/25 0715
 Acknowledged: Daine Joseph, RN 03/04/25 0639 for Placing Order Isoken Iyamu, RN 03/05/25 0733 for D/C Order
 Package: 0904-7048-61
 Modified from: Iosartan (Cozaar) tablet 50 mg [231441830]

Ordering & Authorizing Provider Audit Trail

| Date/Time | Ordering provider | Authorizing Provider | User |
|---------------|-------------------------|-------------------------|-------------------------|
| 03/05/25 0715 | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD | Omar Naji Saab Saab, MD |
| 03/04/25 0620 | Benjamin D Mouser, MD | Benjamin D Mouser, MD | Benjamin D Mouser, MD |

gadoterate meglumine (Clariscan, Dotarem) injection 15 mL (Cancel Pend) [231859950]

Electronically signed by: Didio Vela on 03/04/25 1821 Status: Cancel Pend
 Ordering user: Didio Vela 03/04/25 1821 Ordering provider: Michael Alexis Goutnik, MD
 Authorized by: Michael Alexis Goutnik, MD
 Frequency: Routine Once in imaging 03/04/25 1820 - Until Class: Normal
 Discontinued
 Pended by: Didio Vela 03/04/25 1821 Discontinued by: Omar Naji Saab Saab, MD 03/07/25 0941

gadoterate Meglumine (Clariscan, Dotarem) injection 13.5 mL (Completed) [231860789]

Electronically signed by: Didio Vela on 03/04/25 1824 Status: Completed
 Ordering user: Didio Vela 03/04/25 1824 Ordering provider: Michael Alexis Goutnik, MD
 Authorized by: Michael Alexis Goutnik, MD
 Frequency: Routine Once in imaging 03/04/25 1824 - 1 occurrence Ordering mode: Secondary Order
 Released by: Didio Vela 03/04/25 1824 Class: Normal
 Acknowledged: Joseph Gitahi, RN 03/04/25 2004 for Placing Order
 Diagnoses
 Discitis [M46.40]
 Package: 67684-2000-3

Indications

Discitis [M46.40 (ICD-10-CM)]

oxyCODONE (Roxicodone) immediate release tablet 5 mg (Completed) [231888561]

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2015 Status: Completed
 Ordering user: Benjamin D Mouser, MD 03/04/25 2015 Ordering provider: Benjamin D Mouser, MD
 Authorized by: Benjamin D Mouser, MD Ordering mode: Standard
 Frequency: Routine Once 03/04/25 2030 - 1 occurrence Class: Normal
 Acknowledged: Joseph Gitahi, RN 03/04/25 2020 for Placing Order
 Package: 68084-354-11

gabapentin (Neurontin) capsule 800 mg (Discontinued) [231888890]

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2017 Status: Discontinued
 Ordering user: Benjamin D Mouser, MD 03/04/25 2017 Ordering provider: Benjamin D Mouser, MD
 Authorized by: Benjamin D Mouser, MD Ordering mode: Standard
 Frequency: Routine TID 03/04/25 2030 - 03/07/25 2204 Class: Normal
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]
 Acknowledged: Joseph Gitahi, RN 03/04/25 2020 for Placing Order
 Package: 60687-602-11
 Modified from: gabapentin (Neurontin) capsule 800 mg [231441828]

ibuprofen tablet 800 mg (Discontinued) [231888891]

Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2017 Status: Discontinued

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Other Orders (group 2 of 3) (continued)

| | |
|---|--|
| Ordering user: Benjamin D Mouser, MD 03/04/25 2017 | Ordering provider: Benjamin D Mouser, MD |
| Authorized by: Benjamin D Mouser, MD | Ordering mode: Standard |
| PRN reasons: mild pain (1-3) headaches | |
| Frequency: Routine q8h PRN 03/04/25 2016 - 03/07/25 2204 | Class: Normal |
| Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge] | |
| Acknowledged: Joseph Gitahi, RN 03/04/25 2020 for Placing Order | |
| Package: 60687-446-11 | |

LORazepam (Ativan) tablet 1 mg (Discontinued) [231890775]

| | |
|---|--|
| Electronically signed by: Benjamin D Mouser, MD on 03/04/25 2023 | Status: Discontinued |
| Ordering user: Benjamin D Mouser, MD 03/04/25 2023 | Ordering provider: Benjamin D Mouser, MD |
| Authorized by: Benjamin D Mouser, MD | Ordering mode: Standard |
| PRN reasons: anxiety | |
| Frequency: Routine Daily PRN 03/04/25 2023 - 03/07/25 2204 | Class: Normal |
| Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge] | |
| Acknowledged: Joseph Gitahi, RN 03/04/25 2207 for Placing Order | |
| Admin instructions: Hold for sedation | |
| Package: 69315-904-01 | |
| Reordered from: LORazepam (Ativan) 1 MG tablet [231798664] | |

Iosartan (Cozaar) tablet 100 mg (Discontinued) [232019679]

| | |
|---|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 0715 | Status: Discontinued |
| Ordering user: Omar Naji Saab Saab, MD 03/05/25 0715 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine Daily 03/05/25 0900 - 03/07/25 2204 | Class: Normal |
| Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge] | |
| Acknowledged: Isoken Iyamu, RN 03/05/25 0733 for Placing Order | |
| Package: 68084-347-11 | |
| Modified from: losartan (Cozaar) tablet 50 mg [231485849] | |

oxyCODONE (Roxicodone) immediate release tablet 10 mg (Discontinued) [232241388]

| | |
|---|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1307 | Status: Discontinued |
| Ordering user: Omar Naji Saab Saab, MD 03/05/25 1307 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| PRN reasons: severe pain (7-10) | |
| Frequency: Routine q6h PRN 03/05/25 1307 - 03/07/25 2204 | Class: Normal |
| Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge] | |
| Acknowledged: Isoken Iyamu, RN 03/05/25 1320 for Placing Order | |
| Package: 68084-354-11 | |
| Modified from: oxyCODONE (Roxicodone) immediate release tablet 5 mg [231440879] | |

traMADol (Ultram) tablet 100 mg (Discontinued) [232241741]

| | |
|---|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/05/25 1308 | Status: Discontinued |
| Ordering user: Omar Naji Saab Saab, MD 03/05/25 1308 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| PRN reasons: moderate pain (4-6) | |
| Frequency: Routine q6h PRN 03/05/25 1308 - 83 hours | Class: Normal |
| Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge] | |
| Acknowledged: Isoken Iyamu, RN 03/05/25 1320 for Placing Order | |
| Package: 57664-377-08 | |
| Modified from: traMADol (Ultram) tablet 50 mg [231440880] | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 3 of 3)

Medications

melatonin tablet 6 mg (Discontinued) [232431242]

Electronically signed by: Erica Burns, PA on 03/05/25 2058

Status: Discontinued

Ordering user: Erica Burns, PA 03/05/25 2058

Ordering provider: Erica Burns, PA

Authorized by: Erica Burns, PA

Ordering mode: Standard

PRN reasons: sleep

Frequency: Routine Nightly PRN 03/05/25 2058 - 03/07/25 2204 Class: Normal

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]

Acknowledged: Annmaria George, RN 03/05/25 2101 for Placing Order

Package: 07610-22640

DULoxetine (Cymbalta) DR capsule 60 mg (Discontinued) [232559897]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0748

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0748

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Daily 03/07/25 0900 - 03/07/25 2204

Class: Normal

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]

Acknowledged: Shaniya Polk, RN 03/06/25 0831 for Placing Order

Admin instructions: Do not crush or chew.

Package: 68001-596-08

Modified from: DULoxetine (Cymbalta) DR capsule 30 mg [231441829]

DULoxetine (Cymbalta) DR capsule 30 mg (Completed) [232559898]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0748

Status: Completed

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0748

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Once 03/06/25 0800 - 1 occurrence

Class: Normal

Acknowledged: Shaniya Polk, RN 03/06/25 0831 for Placing Order

Admin instructions: May open capsule and sprinkle contents on food

Do not crush or chew.

Medication comments: Total of 60 mg today

Package: 68001-595-08

Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection (Expired) [232568570]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Expired

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

PRN reasons: line care

Class: No Print

Frequency: Routine PRN 03/06/25 - 30 days

Class: No Print

Admin instructions: After each dose or daily if not used.

heparin flush 100 units/mL solution (Expired) [232568572]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Expired

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

PRN reasons: line care

Class: No Print

Frequency: Routine PRN 03/06/25 - 30 days

Class: No Print

Admin instructions: After each dose or daily if not used.

sodium chloride (NS) 0.9 % flush (Expired) [232568575]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Expired

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

PRN reasons: line care

Class: No Print

Frequency: Routine PRN 03/06/25 - 30 days

Class: No Print

Admin instructions: Before and after each dose or daily if not used.

sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg (Expired) [232568581]

**03/03/2025 - ED to Hosp-Admission (Discharged) In Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Other Orders (group 3 of 3) (continued)

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803

Status: Expired

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine q24h SCH 03/06/25 - 10 days

Class: No Print

Mixture Ingredients

| Medication | Ordered Dose | Calculated Dose |
|-----------------------|--------------|-----------------|
| DAPTOmycin (Cubicin) | 8 mg/kg | 600 mg |
| sodium chloride 0.9 % | 100 mL | 100 mL |

lidocaine PF (Xylocaine) 1 % injection 5 mL (Discontinued) [232628597]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0938

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine Oncall 03/06/25 0938 - 1 occurrence

Class: Normal

Indications comment: For PICC line insertion.

Discontinued by: Automatic Discharge Provider 03/07/25 2204
[Patient discharge]

Acknowledged: Shaniya Polk, RN 03/06/25 0954 for Placing Order

Package: 63323-492-57

sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [232628598]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0938

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine q8h SCH 03/06/25 0945 - 03/07/25 2204

Class: Normal

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]

Acknowledged: Shaniya Polk, RN 03/06/25 0954 for Placing Order

Admin instructions: Flush all ports Q8H to clear the line.

Package: 68883-600-10

sodium chloride (NS) 0.9 % flush 10 mL (Discontinued) [232628599]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0938

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/06/25 0938

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

PRN reasons: line care

Frequency: Routine PRN 03/06/25 0938 - 03/07/25 2204

Class: Normal

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]

Acknowledged: Shaniya Polk, RN 03/06/25 0954 for Placing Order

Admin instructions: Flush to clear line before and after all medications, lab draws, and blood products.

Package: 68883-600-10

enoxaparin (Lovenox) syringe 40 mg (Discontinued) [232915014]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 1823

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/06/25 1823

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: Routine q24h 03/06/25 1830 - 03/07/25 2204

Class: Normal

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]

Acknowledged: Shaniya Polk, RN 03/06/25 1839 for Placing Order

Package: 63323-564-21

DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB (Discontinued) [233127331]

Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 0905

Status: Discontinued

Ordering user: Omar Naji Saab Saab, MD 03/07/25 0905

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Standard

Frequency: STAT q24h 03/07/25 1000 - 7 days

Class: Normal

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge]

Acknowledged: Shaniya Polk, RN 03/07/25 1017 for Placing Order

Questionnaire

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Other Orders (group 3 of 3) (continued)

| Question | Answer |
|--|----------------------|
| Suspected Indication (Select all that apply) | Bone/Joint Infection |

Mixture Ingredients

| Medication | Ordered Dose | Calculated Dose |
|-----------------------|--------------|-----------------|
| DAPTOmycin (Cubicin) | 8 mg/kg | 600 mg |
| sodium chloride 0.9 % | 100 mL | 100 mL |

Medication comments: Per ID recs

Package: 43598-413-11, 0338-0049-38

Status

Kelly Thornton, PharmD 03/07/25 0920 (Start: 03/07/25 0915 to 03/07/25 1000, End: 03/14/25 0914 to 03/07/25 0959)

Kelly Thornton, PharmD 03/07/25 1550 (End: 03/07/25 0959 to 03/07/25 2204)

methocarbamol (Robaxin) tablet 500 mg (Discontinued) [233186999]

| | |
|---|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1035 | Status: Discontinued |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1035 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine q6h SCH 03/07/25 1200 - 03/07/25 2204 | Class: Normal |
| Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient discharge] | |
| Acknowledged: Shaniya Polk, RN 03/07/25 1312 for Placing Order | |
| Package: 31722-533-05 | |

DULoxetine (Cymbalta) 60 MG DR capsule (Expired) [233325733]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine Daily 03/07/25 - 30 days | Class: Normal |
| Modified from: DULoxetine (Cymbalta) 30 MG DR capsule [231441767] | |

gabapentin (Neurontin) 600 MG tablet (Expired) [233325737]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine TID 03/07/25 - 30 days | Class: Normal |
| Modified from: gabapentin (Neurontin) 800 MG tablet [231441765] | |

losartan (Cozaar) 100 MG tablet (Expired) [233325739]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine Daily 03/07/25 - 30 days | Class: Normal |
| Modified from: losartan (Cozaar) 50 MG tablet [231441766] | |

acetaminophen (Tylenol) 500 MG tablet (Expired) [233325741]

| | |
|---|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine q6h SCH 03/07/25 - 30 days | Class: Normal |
| Reordered from: acetaminophen (Tylenol) tablet 1,000 mg [231440881] | |

ibuprofen 800 MG tablet (Expired) [233325743]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| PRN reasons: mild pain (1-3) headaches | |
| Frequency: Routine q8h PRN 03/07/25 - 10 days | Class: Normal |
| Reordered from: ibuprofen tablet 800 mg [231888891] | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 3 of 3) (continued)

melatonin 3 MG tablet (Expired) [233325746]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| PRN reasons: sleep | |
| Frequency: Routine Nightly PRN 03/07/25 - 30 days | Class: Normal |
| Reordered from: melatonin tablet 6 mg [232431242] | |

methocarbamol (Robaxin) 500 MG tablet (Expired) [233325749]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine q6h SCH 03/07/25 - 15 days | Class: Normal |
| Reordered from: methocarbamol (Robaxin) tablet 500 mg [233186999] | |

polyethylene glycol, PEG, 3350 (Miralax) 17 g packet (Expired) [233325751]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine Daily 03/08/25 - 3 days | Class: Normal |
| Reordered from: polyethylene glycol (PEG) 3350 (Miralax) packet 17 g [231440883] | |

oxyCODONE (Roxicodone) 10 MG immediate release tablet (Expired) [233325754]

| | |
|---|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| PRN reasons: severe pain (7-10) | |
| Frequency: Routine q6h PRN 03/07/25 - 5 days | Class: Normal |
| Diagnoses | |
| Acute midline low back pain with right-sided sciatica [M54.41] | |
| Reordered from: oxyCODONE (Roxicodone) immediate release tablet 10 mg [232241388] | |

Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

sennosides (Senokot) 8.6 MG tablet (Expired) [233325757]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1429 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1429 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine Nightly 03/07/25 - 30 days | Class: Normal |
| Reordered from: sennosides (Senokot) tablet 17.2 mg [231485820] | |

doxycycline (Vibramycin) 100 MG capsule (Expired) [233420750]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1849 | Status: Expired |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1849 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine BID 03/07/25 - 14 days | Class: Normal |
| Admin instructions: Take with at least 8 ounces (large glass) of water, do not lie down for 30 minutes after | |

Nursing

Vital Signs (Discontinued) [231440886]

| | |
|--|--|
| 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 Per Unit Guidelines 03/04/25 0049 - Until | Class: Hospital Performed |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Other Orders (group 3 of 3) (continued)

Specified

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Pulse Oximetry Spot Check by Nurse (Discontinued) [231440887]

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 q shift 03/04/25 0049 - Until Specified

Class: Hospital Performed

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Order comments: Remove O2 prior to spot check

Hypoglycemia Management (BG < 70 mg/dL) (Completed) [231440888]

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: Routine Once 03/04/25 0049 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Order comments: Review medications for management of BG < 70 mg/dL. Notify MD if hypoglycemia persists for more than 30 minutes. For BG 51-69 mg/dL and patient AWAKE, ALERT and ABLE TO SWALLOW: Give 15 grams FAST-ACTING carbohydrate list: 4 oz. Orange or Apple juice, 8 oz. milk, or 4 oz. regular soft drink. For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push. For BG <= 50 mg/dL: Give 50 mL of D50W IV push STAT, notify MD and draw STAT lab for blood glucose. For BG < 70 mg/dL and No IV access and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give Glucagon 1 mg IM. Check BG q 10-15 minutes until BG is > 100 mg/dL.

Notify MD If hypoglycemia persists for more than 30 minutes (Discontinued) [231440889]

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 Until discontinued 03/04/25 0049 - Until

Class: Hospital Performed

Specified

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Notify MD (Discontinued) [231440890]

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 Until discontinued 03/04/25 0049 - Until

Class: Hospital Performed

Specified

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Order comments: Contact physician to consider discontinuing all previous insulin orders if patient experiences hypoglycemic event.

Notify MD (Discontinued) [231440891]

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 Until discontinued 03/04/25 0049 - Until

Class: Hospital Performed

Specified

Quantity: 1

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 3 of 3) (continued)

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]
 Order comments: Notify MD for blood glucose > 300 mg/dL or < 70 mg/dL.

Notify MD (Discontinued) [231440892]

| | |
|--|---|
| 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 Until discontinued 03/04/25 0049 - Until | Class: Hospital Performed |
| Specified | |
| Quantity: 1 | Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM |

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Order comments: Notify MD if patient becomes NPO or if parenteral/enteral nutrition is stopped (review insulin orders).

Call physicians for further orders if pain is unrelieved (Discontinued) [231440899]

| | |
|--|---|
| 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 Until discontinued 03/04/25 0050 - Until | Class: Hospital Performed |
| Specified | |
| Quantity: 1 | Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM |

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Contact physician to discontinue all previous orders for "as-needed" analgesics. (Discontinued) [231440900]

| | |
|--|---|
| 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 Until discontinued 03/04/25 0050 - Until | Class: Hospital Performed |
| Specified | |
| Quantity: 1 | Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM |

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

If PCA is ordered, contact physician to discontinue all PRN Pain Medications on the MAR (Discontinued) [231440901]

| | |
|--|---|
| 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 Until discontinued 03/04/25 0050 - Until | Class: Hospital Performed |
| Specified | |
| Quantity: 1 | Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM |

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Thermal Therapy (Discontinued) [231440902]

| | |
|--|---|
| 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 Until discontinued 03/04/25 0050 - Until | Class: Hospital Performed |
| Specified | |
| Quantity: 1 | Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM |

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Order comments: Obtain Cold/Heat Pad and machine and apply to affected area for non-pharmacological pain control

Activity (specify) Bedrest With Exceptions; Ambulate With Assistance; Three Times Daily (Discontinued) [231440903]

| | |
|--|--|
| 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 |



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)

Other Orders (group 3 of 3) (continued)

Frequency: Routine Until discontinued 03/04/25 0051 - Until Specified
Quantity: 1

Class: Hospital Performed

Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM

Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Questionnaire

| Question | Answer |
|------------------------|--------------------------|
| Activity Level: | Bedrest With Exceptions |
| Other Exceptions: | Ambulate With Assistance |
| How Often to Ambulate: | Three Times Daily |

Home IV line disposition (Active) [232568577]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803 Status: Active
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
Frequency: Routine 03/06/25 - Class: Clinic Performed
Quantity: 1

Questionnaire

| Question | Answer |
|--------------------------|------------------------------|
| Home IV line disposition | Discontinue after completion |

Home IV line care (Active) [232568578]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803 Status: Active
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
Frequency: Routine 03/06/25 - Class: Clinic Performed
Quantity: 1

Questionnaire

| Question | Answer |
|-------------------|--|
| Home IV line care | Yes, home health infusion IV line care per pharmacy protocol |

Type of line (Active) [232568580]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803 Status: Active
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
Frequency: Routine 03/06/25 - Class: Clinic Performed
Quantity: 1

Questionnaire

| Question | Answer |
|------------------|---|
| Type of line | PICC |
| Dosing: | 5-10 ml's NS before and after meds. 5 ml's of Heparin flush 10 u/ml as final flush. |
| Maintenance: | If not in use, flush with 5-10 ml's of NS and 5 ml's of Heparin flush 10 u/ml daily. |
| Blood draws: | Flush with 10 ml's NS after blood draws. Final flush with 5 ml's Heparin flush 10 u/ml. |
| Dressing change: | Dressing change Weekly and prn. |

Follow-up with provider (Anti-infectives) (Active) [232568586]

Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803 Status: Active
Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD
Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
Frequency: Routine 03/06/25 - Class: Clinic Performed

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 3 of 3) (continued)

Quantity: 1

Lab Instructions - Select Labs (Active) [232568588]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0803 | Status: Active |
| Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine 03/06/25 - | Class: Clinic Performed |
| Quantity: 1 | |

Questionnaire

| Question | Answer |
|-----------|------------------|
| Frequency | Weekly on Monday |
| End Date | 3/16/2025 |

Order comments: Discharge Labs: Complete Blood Count w/Diff and Platelet, CK, Total , C-Reactive Protein, Hepatic Function Panel, and Other: BMP

Discharge patient instructions (specify) (Discontinued) [233326651]

| | |
|---|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1431 | Status: Discontinued |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1431 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine 03/07/25 - | Class: Clinic Performed |
| Quantity: 1 | Discontinued by: Omar Naji Saab Saab, MD 03/07/25 1848 |
| Order 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 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: - 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 | |

Primary care provider (PCP) (Active) [233326652]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1431 | Status: Active |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1431 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine 03/07/25 - | Class: Clinic Performed |
| Quantity: 1 | |

Questionnaire

| Question | Answer |
|-----------------------------|--------|
| Instructions for follow-up: | 3 days |

Follow-up with provider (Active) [233326653]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/07/25 1431 | Status: Active |
| Ordering user: Omar Naji Saab Saab, MD 03/07/25 1431 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine 03/07/25 - | Class: Clinic Performed |
| Quantity: 1 | |

OT

OT Eval and Treat (Discontinued) [231440894]

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 3 of 3) (continued)

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 Until therapy completed 03/04/25 0049 - 1 Class: Hospital Performed
 occurrence
 Quantity: 1 Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM
 Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge]

Outpatient Referral

Referral to Home Health for Home Infusion (Active) [232568568]

Electronically signed by: **Omar Naji Saab Saab, MD** on **03/06/25 0803** Status: Active
 Ordering user: Omar Naji Saab Saab, MD 03/06/25 0803 Ordering provider: Omar Naji Saab Saab, MD
 Authorized by: Omar Naji Saab Saab, MD Ordering mode: Standard
 Frequency: Routine 03/06/25 - Class: Outgoing Referral
 Quantity: 1
 Diagnoses
 Acute midline low back pain with right-sided sciatica [M54.41]

Questionnaire

| Question | Answer |
|------------------------------------|--|
| Requested SOC Date | 3/7/2025 |
| Disciplines Requested | Home Infusion Skilled Nursing |
| Services Requested | IV Site Care and Maintenance IV Therapy |
| Physician to follow patient's care | PCP |

Order 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 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

Referral Details

| Referred By | Referred To | Type | Priority |
|---|--|-------------|----------|
| Omar Naji Saab Saab, MD 6431 Fannin St Ste JYL270L Houston TX 77030 Phone: 713-500-7885 Fax: 713-500-0625 | Diagnoses: Acute midline low back pain with right-sided sciatica Order: Referral To Home Health For Home Infusion Reason: Specialty Services Required | Home Health | Routine |

Comment: 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

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

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 3 of 3) (continued)

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

Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

Ambulatory referral to Home Health (Active) [232569120]

| | |
|--|--|
| Electronically signed by: Omar Naji Saab Saab, MD on 03/06/25 0804 | Status: Active |
| Ordering user: Omar Naji Saab Saab, MD 03/06/25 0804 | Ordering provider: Omar Naji Saab Saab, MD |
| Authorized by: Omar Naji Saab Saab, MD | Ordering mode: Standard |
| Frequency: Routine 03/06/25 - | Class: Outgoing Referral |
| Quantity: 1 | |
| Diagnoses | |

Acute midline low back pain with right-sided sciatica [M54.41]

Questionnaire

| Question | Answer |
|------------------------------------|---|
| Requested SOC Date | 3/7/2025 |
| Disciplines Requested | Occupational Therapy Skilled Nursing Physical Therapy |
| Services Requested | IV Therapy IV Site Care and Maintenance |
| Physician to follow patient's care | PCP |

Order 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 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 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

Referral Details

| Referred By | Referred To | Type | Priority |
|---|---|-------------|----------|
| Omar Naji Saab Saab, MD 6431 Fannin St Ste JUL270L Houston TX 77030 Phone: 713-500-7885 Fax: 713-500-0625 | Diagnoses: Acute midline low back pain with right-sided sciatica Order: Ambulatory Referral To Home Health Reason: Specialty Services Required | Home Health | Routine |

Comment: 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 .

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Other Orders (group 3 of 3) (continued)

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).

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

Indications

Acute midline low back pain with right-sided sciatica [M54.41 (ICD-10-CM)]

PT

PT Eval and Treat (Discontinued) [231440893]

| | |
|---|---|
| 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 Until therapy completed 03/04/25 0049 - 1 occurrence | Class: Hospital Performed |
| Quantity: 1 | Instance released by: Bhrugesh Jogeshkumar Shah, MD (auto-released) 3/4/2025 12:50 AM |
| Discontinued by: Automatic Discharge Provider 03/07/25 2204 [Patient Discharge] | |

Flowsheets

Activities of Daily Living Screening

| Row Name | 03/04/25 0544 |
|---------------------------------------|----------------------------------|
| ADL Screening | |
| Patient's Vision | Yes -DJ at 03/04/25 0544 |
| Adequate to | |
| Safely Complete | |
| Daily Activities | |
| Patient's Judgment | Yes -DJ at 03/04/25 0544 |
| Adequate to | |
| Safely Complete | |
| Daily Activities | |
| Patient's Memory | Yes -DJ at 03/04/25 0544 |
| Adequate to | |
| Safely Complete | |
| Daily Activities | |
| Patient Able to Express Needs/Desires | Yes -DJ at 03/04/25 0544 |
| Which is your dominant hand? | Right -DJ at 03/04/25 0544 |
| Dressing | Independent -DJ at 03/04/25 0544 |
| Grooming | Independent -DJ at |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|--------------------------|--|
| | 03/04/25 0544 |
| Feeding | Independent -DJ at 03/04/25 0544 |
| Bathing | Independent -DJ at 03/04/25 0544 |
| Toileting | Independent -DJ at 03/04/25 0544 |
| In/Out Bed | Independent -DJ at 03/04/25 0544 |
| Walks in Home | Independent -DJ at 03/04/25 0544 |
| Weakness of Legs | None -DJ at 03/04/25 0544 |
| Weakness of Arms/Hands | None -DJ at 03/04/25 0544 |
| Assistive Devices | |
| Assistive Devices | None pt has cane at bedside but states he never uses them nor needs it -DJ at 03/04/25 0544 |

Acuity

| | |
|-----------------|--------------------------------------|
| Row Name | 03/02/25 1842 |
| Acuity | |
| Patient Acuity | Urgent -NH at 03/02/25 1842 |
| Triage Complete | Triage complete -NH at 03/02/25 1842 |

Anthropometrics

| | |
|-----------------|----------------------------|
| Row Name | 03/04/25 0410 |
| Anthropometrics | |
| Weight Change | -0.06 -HC at 03/04/25 0419 |

Basic Assessment

| Row Name | 03/04/25 0800 | 03/04/25 1200 | 03/04/25 1600 | 03/04/25 2000 | 03/05/25 0000 |
|------------------------|--|--|--|--|--|
| Neurological | | | | | |
| Neuro (WDL) | Exceptions to WDL -II at 03/04/25 1343 | Exceptions to WDL -II at 03/04/25 1344 | Exceptions to WDL -II at 03/04/25 1802 | Exceptions to WDL -JG at 03/04/25 2214 | Exceptions to WDL -JG at 03/05/25 0313 |
| Level of Consciousness | Alert (Normal) -II at 03/04/25 1343 | Alert (Normal) -II at 03/04/25 1344 | Alert (Normal) -II at 03/04/25 1802 | Alert (Normal) -JG at 03/04/25 2214 | Alert (Normal) -JG at 03/05/25 0313 |
| Orientation Level | Oriented X4 -II at 03/04/25 1343 | Oriented X4 -II at 03/04/25 1344 | Oriented X4 -II at 03/04/25 1802 | Oriented X4 -JG at 03/04/25 2214 | Oriented X4 -JG at 03/05/25 0313 |
| Cognition | Appropriate judgement -II at 03/04/25 1343 | Appropriate judgement -II at 03/04/25 1344 | Appropriate judgement -II at 03/04/25 1802 | Appropriate judgement -JG at 03/04/25 2214 | Appropriate judgement -JG at 03/05/25 0313 |
| Speech | Clear -II at 03/04/25 1343 | Clear -II at 03/04/25 1344 | Clear -II at 03/04/25 1802 | Clear -JG at 03/04/25 2214 | Clear -JG at 03/05/25 0313 |
| R Pupil Size (mm) | 3 mm -II at 03/04/25 1343 | 3 mm -II at 03/04/25 1344 | 3 mm -II at 03/04/25 1802 | 3 mm -JG at 03/04/25 2214 | 3 mm -JG at 03/05/25 0313 |
| R Pupil Shape | Round -II at 03/04/25 1343 | Round -II at 03/04/25 1344 | Round -II at 03/04/25 1802 | Round -JG at 03/04/25 2214 | Round -JG at 03/05/25 0313 |
| R Pupil Reaction | Brisk -II at 03/04/25 1343 | Brisk -II at 03/04/25 1344 | Brisk -II at 03/04/25 1802 | Brisk -JG at 03/04/25 2214 | Brisk -JG at 03/05/25 0313 |
| L Pupil Size (mm) | 3 mm -II at 03/04/25 | 3 mm -II at 03/04/25 | 3 mm -II at 03/04/25 | 3 mm -JG at 03/04/25 | 3 mm -JG at 03/05/25 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|------------------------------|---|---|---|---|---|
| | 1343 | 1344 | 1802 | 2214 | 0313 |
| L Pupil Shape | Round -II at 03/04/25 1343 | Round -II at 03/04/25 1344 | Round -II at 03/04/25 1802 | Round -JG at 03/04/25 2214 | Round -JG at 03/05/25 0313 |
| L Pupil Reaction | Brisk -II at 03/04/25 1343 | Brisk -II at 03/04/25 1344 | Brisk -II at 03/04/25 1802 | Brisk -JG at 03/04/25 2214 | Brisk -JG at 03/05/25 0313 |
| RUE Motor Response | Follows commands -II at 03/04/25 1343 | Follows commands -II at 03/04/25 1344 | Follows commands -II at 03/04/25 1802 | Follows commands -JG at 03/04/25 2214 | Follows commands -JG at 03/05/25 0313 |
| RUE Sensation | Full sensation -II at 03/04/25 1343 | Full sensation -II at 03/04/25 1344 | Full sensation -II at 03/04/25 1802 | Full sensation -JG at 03/04/25 2214 | Full sensation -JG at 03/05/25 0313 |
| RUE Motor Strength | Normal strength -II at 03/04/25 1343 | Normal strength -II at 03/04/25 1344 | Normal strength -II at 03/04/25 1802 | Normal strength -JG at 03/04/25 2214 | Normal strength -JG at 03/05/25 0313 |
| LUE Motor Response | Follows commands -II at 03/04/25 1343 | Follows commands -II at 03/04/25 1344 | Follows commands -II at 03/04/25 1802 | Follows commands -JG at 03/04/25 2214 | Follows commands -JG at 03/05/25 0313 |
| LUE Sensation | Full sensation -II at 03/04/25 1343 | Full sensation -II at 03/04/25 1344 | Full sensation -II at 03/04/25 1802 | Full sensation -JG at 03/04/25 2214 | Full sensation -JG at 03/05/25 0313 |
| LUE Motor Strength | Normal strength -II at 03/04/25 1343 | Normal strength -II at 03/04/25 1344 | Normal strength -II at 03/04/25 1802 | Normal strength -JG at 03/04/25 2214 | Normal strength -JG at 03/05/25 0313 |
| RLE Motor Response | Follows commands -II at 03/04/25 1343 | Follows commands -II at 03/04/25 1344 | Follows commands -II at 03/04/25 1802 | Follows commands -JG at 03/04/25 2214 | Follows commands -JG at 03/05/25 0313 |
| RLE Sensation | Full sensation -II at 03/04/25 1343 | Full sensation -II at 03/04/25 1344 | Full sensation -II at 03/04/25 1802 | Full sensation -JG at 03/04/25 2214 | Full sensation -JG at 03/05/25 0313 |
| RLE Motor Strength | Normal strength -II at 03/04/25 1343 | Normal strength -II at 03/04/25 1344 | Normal strength -II at 03/04/25 1802 | Normal strength -JG at 03/04/25 2214 | Normal strength -JG at 03/05/25 0313 |
| LLE Motor Response | Follows commands -II at 03/04/25 1343 | Follows commands -II at 03/04/25 1344 | Follows commands -II at 03/04/25 1802 | Follows commands -JG at 03/04/25 2214 | Follows commands -JG at 03/05/25 0313 |
| LLE Sensation | Full sensation -II at 03/04/25 1343 | Full sensation -II at 03/04/25 1344 | Full sensation -II at 03/04/25 1802 | Full sensation -JG at 03/04/25 2214 | Full sensation -JG at 03/05/25 0313 |
| LLE Motor Strength | Normal strength -II at 03/04/25 1343 | Normal strength -II at 03/04/25 1344 | Normal strength -II at 03/04/25 1802 | Normal strength -JG at 03/04/25 2214 | Normal strength -JG at 03/05/25 0313 |
| Neuro Additional Assessments | Glasgow Coma Scale -II at 03/04/25 1343 | Glasgow Coma Scale -II at 03/04/25 1344 | Glasgow Coma Scale -II at 03/04/25 1802 | Glasgow Coma Scale -JG at 03/04/25 2214 | Glasgow Coma Scale -JG at 03/05/25 0313 |

Confusion Assessment Method (CAM)

| | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Acute Onset and Fluctuating Course (1A) | No -II at 03/04/25 1343 | No -II at 03/04/25 1344 | No -II at 03/04/25 1802 | No -JG at 03/05/25 0313 | No -JG at 03/05/25 0313 |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

Glasgow Coma Scale

| | | | | | |
|--------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Best Eye Response | Spontaneous -II at 03/04/25 1343 | Spontaneous -II at 03/04/25 1344 | Spontaneous -II at 03/04/25 1802 | Spontaneous -JG at 03/04/25 2214 | Spontaneous -JG at 03/05/25 0313 |
| Best Verbal Response | Oriented -II at 03/04/25 1343 | Oriented -II at 03/04/25 1344 | Oriented -II at 03/04/25 1802 | Oriented -JG at 03/04/25 2214 | Oriented -JG at 03/05/25 0313 |
| Best Motor Response | Follows commands -II at 03/04/25 1343 | Follows commands -II at 03/04/25 1344 | Follows commands -II at 03/04/25 1802 | Follows commands -JG at 03/04/25 2214 | Follows commands -JG at 03/05/25 0313 |
| Glasgow Coma Scale Score | 15 -II at 03/04/25 1343 | — | — | 15 -JG at 03/04/25 2214 | 15 -JG at 03/05/25 0313 |

Head, Ears, Eyes, Nose, and Throat (HEENT)

| | | | | | |
|--|--|---|---|--|---|
| Head, Ears, Eyes, Nose, and Throat (WDL) | Exceptions to WDL -II at 03/04/25 1357 | — | — | Exceptions to WDL -JG at 03/04/25 2214 | — |
| Head and Face | Symmetrical -II at 03/04/25 1357 | — | — | Symmetrical -JG at 03/04/25 2214 | — |
| R Eye | Intact -II at 03/04/25 1357 | — | — | Intact -JG at 03/04/25 2214 | — |
| L Eye | Intact -II at 03/04/25 1357 | — | — | Intact -JG at 03/04/25 2214 | — |
| Mucous Membrane(s) | Moist;Pink -II at 03/04/25 1357 | — | — | Moist;Pink -JG at 03/04/25 2214 | — |
| Respiratory | Exceptions to WDL -II at 03/04/25 1357 | — | — | Exceptions to WDL -JG at 03/04/25 2214 | — |

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|--|--|---|---|--|---|
| Respiratory Depth/Rhythm | Regular -II at 03/04/25 1357 | — | — | Regular -JG at 03/04/25 2214 | — |
| Respiratory Effort | Unlabored -II at 03/04/25 1357 | — | — | Unlabored -JG at 03/04/25 2214 | — |
| Cardiac | | | | | |
| Cardiac (WDL) | Within Defined Limits -II at 03/04/25 1357 | — | — | Within Defined Limits -JG at 03/04/25 2214 | — |
| Peripheral Vascular | | | | | |
| Peripheral Vascular (WDL) | Exceptions to WDL -II at 03/04/25 1357 | — | — | Exceptions to WDL -JG at 03/04/25 2214 | — |
| Peripheral Vascular Detailed Assessments | Right upper extremity; Right lower extremity; Left upper extremity; Left lower extremity -II at 03/04/25 1357 | — | — | Right upper extremity; Right lower extremity; Left upper extremity; Left lower extremity -JG at 03/04/25 2214 | — |
| Cyanosis | None -II at 03/04/25 1357 | — | — | None -JG at 03/04/25 2214 | — |
| Capillary Refill | Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357 | — | — | Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214 | — |
| RUE Neurovascular Assessment | | | | | |
| RUE Capillary Refill | Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357 | — | — | Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214 | — |
| RUE Color | Appropriate for ethnicity -II at 03/04/25 1357 | — | — | — | — |
| RUE Temperature/Moisture | Warm -II at 03/04/25 1357 | — | — | — | — |
| Right Radial Pulse | Moderate -II at 03/04/25 1357 | — | — | Moderate -JG at 03/04/25 2214 | — |
| LUE Neurovascular Assessment | | | | | |
| LUE Capillary Refill | Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357 | — | — | Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214 | — |
| LUE Color | Appropriate for ethnicity -II at 03/04/25 1357 | — | — | — | — |
| LUE Temperature/Moisture | Warm -II at 03/04/25 1357 | — | — | — | — |
| Left Radial Pulse | Moderate -II at 03/04/25 1357 | — | — | Moderate -JG at 03/04/25 2214 | — |
| RLE Neurovascular Assessment | | | | | |
| RLE Capillary Refill | Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357 | — | — | Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214 | — |
| RLE Color | Appropriate for ethnicity -II at 03/04/25 1357 | — | — | — | — |
| RLE Temperature/Moisture | Warm -II at 03/04/25 1357 | — | — | — | — |
| LLE Neurovascular Assessment | | | | | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | |
|---|--|---|--|
| LLE Capillary Refill | Less than/equal to 3 seconds (All extremities) -II at 03/04/25 1357 | — | Less than/equal to 3 seconds (All extremities) -JG at 03/04/25 2214 |
| LLE Color | Appropriate for Ethnicity -II at 03/04/25 1357 | — | — |
| LLE Temperature/Moisture | Warm -II at 03/04/25 1357 | — | — |
| Integumentary | | | |
| Integumentary (WDL) | Exceptions to WDL -II at 03/04/25 1357 | — | Exceptions to WDL -JG at 03/04/25 2214 |
| Skin Condition | Dry -II at 03/04/25 1357 | — | Dry ~JG at 03/04/25 2214 |
| Skin Temperature | Warm -II at 03/04/25 1357 | — | Warm ~JG at 03/04/25 2214 |
| Skin Integrity | Other (Comment) g-tube abdomen -II at 03/04/25 1357 | — | Other (Comment) G-Tube in place -JG at 03/04/25 2214 |
| Braden Scale | | | |
| Sensory Perceptions | No impairment -II at 03/04/25 1357 | — | No impairment -JG at 03/04/25 2214 |
| Moisture | Rarely moist -II at 03/04/25 1357 | — | Rarely moist -JG at 03/04/25 2214 |
| Activity | Walks frequently -II at 03/04/25 1357 | — | Walks frequently -JG at 03/04/25 2214 |
| Mobility | No limitation -II at 03/04/25 1357 | — | Slightly limited -JG at 03/04/25 2214 |
| Nutrition | Adequate -II at 03/04/25 1357 | — | Adequate -JG at 03/04/25 2214 |
| Friction and Shear | No apparent problem -II at 03/04/25 1357 | — | No apparent problem ~JG at 03/04/25 2214 |
| Braden Scale Score | 22 -II at 03/04/25 1357 | — | 21 -JG at 03/04/25 2214 |
| Pressure Injury Prevention & Interventions | | | |
| Sensory Interventions | Encourage patient to report pain over bony prominence and heels -II at 03/04/25 1357 | — | Encourage patient to report pain over bony prominence and heels -JG at 03/04/25 2214 |
| Moisture Interventions | Do not double pad or double diaper -II at 03/04/25 1357 | — | Check/change (PRN) briefs q2-q4h -JG at 03/04/25 2214 |
| Activity Interventions | Do not use multiple layers of bedding/padding -II at 03/04/25 1357 | — | Avoid positioning on medical devices/bed trash -JG at 03/04/25 2214 |
| Mobility Interventions | Do not use multiple layers of bedding/padding -II at 03/04/25 1357 | — | Avoid positioning on reddened areas -JG at 03/04/25 2214 |
| Nutrition Interventions | Encourage intake -II at 03/04/25 1357 | — | Collaborate with provider ~JG at 03/04/25 2214 |
| Friction and Shear Interventions | Keep linens clean, dry, and wrinkle free -II at 03/04/25 1357 | — | Keep linens clean, dry, and wrinkle free -JG at 03/04/25 2214 |
| Musculoskeletal | | | |
| Musculoskeletal (WDL) | Exceptions to WDL -II at 03/04/25 1357 | — | Exceptions to WDL -JG at 03/04/25 2214 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | | |
|-------------------------|--|--|--|--|--|
| RUE | Full movement -II at 03/04/25 1357 | — | — | Full movement -JG at 03/04/25 2214 | — |
| LUE | Full movement -II at 03/04/25 1357 | — | — | Full movement -JG at 03/04/25 2214 | — |
| RLE | Full movement -II at 03/04/25 1357 | — | — | Full movement -JG at 03/04/25 2214 | — |
| LLE | Full movement -II at 03/04/25 1357 | — | — | Full movement -JG at 03/04/25 2214 | — |
| Gastrointestinal | | | | | |
| Gastrointestinal (WDL) | Within Defined Limits -II at 03/04/25 1357 | — | — | Within Defined Limits -JG at 03/04/25 2214 | — |
| Genitourinary | | | | | |
| Genitourinary (WDL) | Exceptions to WDL -II at 03/04/25 1357 | — | — | Exceptions to WDL -JG at 03/04/25 2214 | — |
| Urinary Incontinence | No -II at 03/04/25 1357 | — | — | No -JG at 03/04/25 2214 | — |
| Urine Color | Yellow/straw -II at 03/04/25 1357 | — | — | Yellow/straw -JG at 03/04/25 2214 | — |
| Psychosocial | | | | | |
| Psychosocial (WDL) | Within Defined Limits -II at 03/04/25 1357 | — | — | Within Defined Limits -JG at 03/04/25 2214 | — |
| Charting Type | | | | | |
| Charting Type | Shift assessment -II at 03/04/25 1357 | — | — | Shift assessment -JG at 03/04/25 2214 | — |
| Row Name | 03/05/25 0400 | 03/05/25 0800 | 03/05/25 1200 | 03/05/25 1600 | 03/05/25 2000 |
| Neurological | | | | | |
| Neuro (WDL) | Exceptions to WDL -JG at 03/05/25 0629 | Exceptions to WDL -II at 03/05/25 1119 | Exceptions to WDL -II at 03/05/25 1300 | Exceptions to WDL -II at 03/05/25 1807 | — |
| Level of Consciousness | Alert (Normal) -JG at 03/05/25 0629 | Alert (Normal) -II at 03/05/25 1119 | Alert (Normal) -II at 03/05/25 1300 | Alert (Normal) -II at 03/05/25 1807 | Alert (Normal) -AG at 03/05/25 2007 |
| Orientation Level | Oriented X4 -JG at 03/05/25 0629 | Oriented X4 -II at 03/05/25 1119 | Oriented X4 -II at 03/05/25 1300 | Oriented X4 -II at 03/05/25 1807 | Oriented X4 -AG at 03/05/25 2007 |
| Cognition | Appropriate judgement -JG at 03/05/25 0629 | Appropriate judgement -II at 03/05/25 1119 | Appropriate judgement -II at 03/05/25 1300 | Appropriate judgement -II at 03/05/25 1807 | Appropriate judgement -AG at 03/05/25 2007 |
| Speech | Clear -JG at 03/05/25 0629 | Clear -II at 03/05/25 1119 | Clear -II at 03/05/25 1300 | Clear -II at 03/05/25 1807 | Clear -AG at 03/05/25 2007 |
| R Pupil Size (mm) | 3 mm -JG at 03/05/25 0629 | 3 mm -II at 03/05/25 1119 | 3 mm -II at 03/05/25 1300 | 3 mm -II at 03/05/25 1807 | 3 mm -AG at 03/05/25 2007 |
| R Pupil Shape | Round -JG at 03/05/25 0629 | Round -II at 03/05/25 1119 | Round -II at 03/05/25 1300 | Round -II at 03/05/25 1807 | Round -AG at 03/05/25 2007 |
| R Pupil Reaction | Brisk -JG at 03/05/25 0629 | Brisk -II at 03/05/25 1119 | Brisk -II at 03/05/25 1300 | Brisk -II at 03/05/25 1807 | Brisk -AG at 03/05/25 2007 |
| L Pupil Size (mm) | 3 mm -JG at 03/05/25 0629 | 3 mm -II at 03/05/25 1119 | 3 mm -II at 03/05/25 1300 | 3 mm -II at 03/05/25 1807 | 3 mm -AG at 03/05/25 2007 |
| L Pupil Shape | Round -JG at 03/05/25 0629 | Round -II at 03/05/25 1119 | Round -II at 03/05/25 1300 | Round -II at 03/05/25 1807 | Round -AG at 03/05/25 2007 |
| L Pupil Reaction | Brisk -JG at 03/05/25 0629 | Brisk -II at 03/05/25 1119 | Brisk -II at 03/05/25 1300 | Brisk -II at 03/05/25 1807 | Brisk -AG at 03/05/25 2007 |
| RUE Motor Response | Follows commands -JG at 03/05/25 0629 | Follows commands -II at 03/05/25 1119 | Follows commands -II at 03/05/25 1300 | Follows commands -II at 03/05/25 1807 | Follows commands -AG at 03/05/25 2007 |
| RUE Sensation | Full sensation -JG at 03/05/25 0629 | Full sensation -II at 03/05/25 1119 | Full sensation -II at 03/05/25 1300 | Full sensation -II at 03/05/25 1807 | Full sensation -AG at 03/05/25 2007 |
| RUE Motor Strength | Normal strength -JG at 03/05/25 0629 | Normal strength -II at 03/05/25 1119 | Normal strength -II at 03/05/25 1300 | Normal strength -II at 03/05/25 1807 | Normal strength -AG at 03/05/25 2007 |
| LUE Motor Response | Follows commands -JG at 03/05/25 0629 | Follows commands -II at 03/05/25 1119 | Follows commands -II at 03/05/25 1300 | Follows commands -II at 03/05/25 1807 | Follows commands -AG at 03/05/25 2007 |
| LUE Sensation | Full sensation -JG at 03/05/25 0629 | Full sensation -II at 03/05/25 1119 | Full sensation -II at 03/05/25 1300 | Full sensation -II at 03/05/25 1807 | Full sensation -AG at 03/05/25 2007 |
| LUE Motor | Normal strength -JG | Normal strength -II at | Normal strength -II at | Normal strength -II at | Normal strength -AG |

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|------------------------------|---|---|---|---|---|
| Strength | at 03/05/25 0629 | 03/05/25 1119 | 03/05/25 1300 | 03/05/25 1807 | at 03/05/25 2007 |
| RLE Motor Response | Follows commands -JG at 03/05/25 0629 | Follows commands -II at 03/05/25 1119 | Follows commands -II at 03/05/25 1300 | Follows commands -II at 03/05/25 1807 | Follows commands -AG at 03/05/25 2007 |
| RLE Sensation | Full sensation -JG at 03/05/25 0629 | Full sensation -II at 03/05/25 1119 | Full sensation -II at 03/05/25 1300 | Full sensation -II at 03/05/25 1807 | Full sensation -AG at 03/05/25 2007 |
| RLE Motor Strength | Normal strength -JG at 03/05/25 0629 | Normal strength -II at 03/05/25 1119 | Normal strength -II at 03/05/25 1300 | Normal strength -II at 03/05/25 1807 | Normal strength -AG at 03/05/25 2007 |
| LLE Motor Response | Follows commands -JG at 03/05/25 0629 | Follows commands -II at 03/05/25 1119 | Follows commands -II at 03/05/25 1300 | Follows commands -II at 03/05/25 1807 | Follows commands -AG at 03/05/25 2007 |
| LLE Sensation | Full sensation -JG at 03/05/25 0629 | Full sensation -II at 03/05/25 1119 | Full sensation -II at 03/05/25 1300 | Full sensation -II at 03/05/25 1807 | Full sensation -AG at 03/05/25 2007 |
| LLE Motor Strength | Normal strength -JG at 03/05/25 0629 | Normal strength -II at 03/05/25 1119 | Normal strength -II at 03/05/25 1300 | Normal strength -II at 03/05/25 1807 | Normal strength -AG at 03/05/25 2007 |
| Neuro Additional Assessments | Glasgow Coma Scale -JG at 03/05/25 0629 | Glasgow Coma Scale -II at 03/05/25 1119 | Glasgow Coma Scale -II at 03/05/25 1300 | Glasgow Coma Scale -II at 03/05/25 1807 | Glasgow Coma Scale -AG at 03/05/25 2007 |

Confusion Assessment Method (CAM)

| | | | | |
|---|-------------------------|-------------------------|-------------------------|---|
| Acute Onset and Fluctuating Course (1A) | No -II at 03/05/25 1119 | No -II at 03/05/25 1300 | No -II at 03/05/25 1807 | — |
|---|-------------------------|-------------------------|-------------------------|---|

Glasgow Coma Scale

| | | | | | |
|--------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Best Eye Response | Spontaneous -JG at 03/05/25 0629 | Spontaneous -II at 03/05/25 1119 | Spontaneous -II at 03/05/25 1300 | Spontaneous -II at 03/05/25 1807 | Spontaneous -AG at 03/05/25 2007 |
| Best Verbal Response | Oriented -JG at 03/05/25 0629 | Oriented -II at 03/05/25 1119 | Oriented -II at 03/05/25 1300 | Oriented -II at 03/05/25 1807 | Oriented -AG at 03/05/25 2007 |
| Best Motor Response | Follows commands -JG at 03/05/25 0629 | Follows commands -II at 03/05/25 1119 | Follows commands -II at 03/05/25 1300 | Follows commands -II at 03/05/25 1807 | Follows commands -AG at 03/05/25 2007 |
| Glasgow Coma Scale Score | 15 -JG at 03/05/25 0629 | 15 -II at 03/05/25 1119 | — | — | 15 -AG at 03/05/25 2007 |

Head, Ears, Eyes, Nose, and Throat (HEENT)

| | | | | | |
|--|---|--|---|---|--|
| Head, Ears, Eyes, Nose, and Throat (WDL) | — | Within Defined Limits -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
| Lips | — | — | — | — | Intact;Pink;Moist -AG at 03/05/25 2007 |
| Neck | — | — | — | — | Symmetrical -AG at 03/05/25 2007 |

Respiratory

| | | | | | |
|--------------------------|---|--|---|---|--|
| Respiratory (WDL) | — | Within Defined Limits -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
| Respiratory Depth/Rhythm | — | Regular -II at 03/05/25 1119 | — | — | Regular -AG at 03/05/25 2007 |
| Respiratory Effort | — | Unlabored -II at 03/05/25 1119 | — | — | Unlabored -AG at 03/05/25 2007 |

Cardiac

| | | | | | |
|---------------|---|--|---|---|--|
| Cardiac (WDL) | — | Within Defined Limits -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
|---------------|---|--|---|---|--|

Peripheral Vascular

| | | | | | |
|--|---|--|---|---|--|
| Peripheral Vascular (WDL) | — | Exceptions to WDL -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
| Peripheral Vascular Detailed Assessments | — | Right upper extremity;Right lower extremity;Left upper extremity;Left lower extremity -II at 03/05/25 1119 | — | — | Right upper extremity;Right lower extremity;Left upper extremity;Left lower extremity -AG at 03/05/25 2007 |
| Cyanosis | — | None -II at 03/05/25 | — | — | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | |
|-------------------------------------|---|---|---|---|
| Capillary Refill | — | Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119 | — | Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007 |
| Pulses | — | — | — | Right radial;Left radial;Left pedal;Right pedal - AG at 03/05/25 2007 |
| RUE Neurovascular Assessment | | | | |
| RUE Capillary Refill | — | Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119 | — | Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007 |
| RUE Color | — | Appropriate for ethnicity -II at 03/05/25 1119 | — | Appropriate for ethnicity -AG at 03/05/25 2007 |
| RUE Temperature/Moisture | — | Warm -II at 03/05/25 1119 | — | Warm -AG at 03/05/25 2007 |
| Right Radial Pulse | — | Moderate -II at 03/05/25 1119 | — | Moderate -AG at 03/05/25 2007 |
| LUE Neurovascular Assessment | | | | |
| LUE Capillary Refill | — | Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119 | — | Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007 |
| LUE Color | — | Appropriate for ethnicity -II at 03/05/25 1119 | — | Appropriate for ethnicity -AG at 03/05/25 2007 |
| LUE Temperature/Moisture | — | Warm -II at 03/05/25 1119 | — | Warm -AG at 03/05/25 2007 |
| Left Radial Pulse | — | Moderate -II at 03/05/25 1119 | — | Moderate -AG at 03/05/25 2007 |
| RLE Neurovascular Assessment | | | | |
| RLE Capillary Refill | — | Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119 | — | Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007 |
| RLE Color | — | Appropriate for ethnicity -II at 03/05/25 1119 | — | Appropriate for ethnicity -AG at 03/05/25 2007 |
| RLE Temperature/Moisture | — | Warm -II at 03/05/25 1119 | — | Warm -AG at 03/05/25 2007 |
| Right Pedal Pulse | — | — | — | Moderate -AG at 03/05/25 2007 |
| LLE Neurovascular Assessment | | | | |
| LLE Capillary Refill | — | Less than/equal to 3 seconds (All extremities) -II at 03/05/25 1119 | — | Less than/equal to 3 seconds (All extremities) -AG at 03/05/25 2007 |
| LLE Color | — | Appropriate for Ethnicity -II at 03/05/25 1119 | — | — |
| LLE Temperature/Moisture | — | Warm -II at 03/05/25 1119 | — | Warm -AG at 03/05/25 2007 |
| Left Pedal Pulse | — | — | — | Moderate -AG at 03/05/25 2007 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| Integumentary | | | | |
|--|---|---|---|---|
| Integumentary (WDL) | — | Exceptions to WDL -II at 03/05/25 1119 | — | Within Defined Limits -AG at 03/05/25 2007 |
| Skin Condition | — | Dry -II at 03/05/25 1119 | — | Pink -AG at 03/05/25 2007 |
| Skin Temperature | — | Warm -II at 03/05/25 1119 | — | — |
| Skin Integrity | — | — g tube in abdomen -II at 03/05/25 1119 | — | Intact -AG at 03/05/25 2007 |
| Skin Turgor | — | Non-tenting -II at 03/05/25 1119 | — | — |
| Braden Scale | | | | |
| Sensory Perceptions | — | No impairment -II at 03/05/25 1119 | — | No impairment -AG at 03/05/25 2007 |
| Moisture | — | Rarely moist -II at 03/05/25 1119 | — | Rarely moist -AG at 03/05/25 2007 |
| Activity | — | Walks frequently -II at 03/05/25 1119 | — | Walks frequently -AG at 03/05/25 2007 |
| Mobility | — | No limitation -II at 03/05/25 1119 | — | No limitation -AG at 03/05/25 2007 |
| Nutrition | — | Adequate -II at 03/05/25 1119 | — | Excellent -AG at 03/05/25 2007 |
| Friction and Shear | — | No apparent problem -II at 03/05/25 1119 | — | No apparent problem -AG at 03/05/25 2007 |
| Braden Scale Score | — | 22 -II at 03/05/25 1119 | — | 23 -AG at 03/05/25 2007 |
| Pressure Injury Prevention & Interventions | | | | |
| Sensory Interventions | — | Encourage patient to report pain over bony prominence and heels -II at 03/05/25 1119 | — | Encourage patient to report pain over bony prominence and heels;Place on appropriate support surface;Protect bony prominence (dressings/offload) -AG at 03/05/25 2007 |
| Moisture Interventions | — | Check/change (PRN) briefs q2-q4h -II at 03/05/25 1119 | — | Check/change briefs q2h PRN;Check/change (PRN) briefs q2-q4h;Do not double pad or double diaper -AG at 03/05/25 2007 |
| Activity Interventions | — | Avoid positioning on medical devices/bed trash;Do not use multiple layers of bedding/padding -II at 03/05/25 1119 | — | Avoid positioning on reddened areas;Avoid positioning on medical devices/bed trash;Do not use multiple layers of bedding/padding -AG at 03/05/25 2007 |
| Mobility Interventions | — | Do not use multiple layers of bedding/padding -II at 03/05/25 1119 | — | Do not use multiple layers of bedding/padding;Avoid positioning on reddened areas;Encourage ambulation, if able -AG at 03/05/25 2007 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|----------------------------------|--|---|---------------------------------------|---------------------------------------|--|
| Nutrition Interventions | — | Encourage intake -II at 03/05/25 1119 | — | — | Encourage intake;Collaborate with provider;Obtain consult for nutritionist -AG at 03/05/25 2007 |
| Friction and Shear Interventions | — | Keep linens clean, dry, and wrinkle free -II at 03/05/25 1119 | — | — | Keep bed flat for repositioning, if able;HOB at or below 30 degrees unless contraindicated;Keep linens clean, dry, and wrinkle free -AG at 03/05/25 2007 |
| Musculoskeletal | | | | | |
| Musculoskeletal (WDL) | — | Exceptions to WDL -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
| RUE | — | Full movement -II at 03/05/25 1119 | — | — | Full movement -AG at 03/05/25 2007 |
| LUE | — | Full movement -II at 03/05/25 1119 | — | — | Full movement -AG at 03/05/25 2007 |
| RLE | — | Full movement -II at 03/05/25 1119 | — | — | Full movement -AG at 03/05/25 2007 |
| LLE | — | Full movement -II at 03/05/25 1119 | — | — | Full movement -AG at 03/05/25 2007 |
| Gastrointestinal | | | | | |
| Gastrointestinal (WDL) | — | Within Defined Limits -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
| Genitourinary | | | | | |
| Genitourinary (WDL) | — | Within Defined Limits -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
| Urinary Incontinence | — | No -II at 03/05/25 1119 | — | — | — |
| Urine Color | — | Yellow:straw -II at 03/05/25 1119 | — | — | — |
| Genitourinary Symptoms | — | — | — | — | None -AG at 03/05/25 2007 |
| Psychosocial | | | | | |
| Psychosocial (WDL) | — | Within Defined Limits -II at 03/05/25 1119 | — | — | Within Defined Limits -AG at 03/05/25 2007 |
| Charting Type | | | | | |
| Charting Type | — | Shift assessment -II at 03/05/25 1119 | — | — | Shift assessment -AG at 03/05/25 2007 |
| Row Name | 03/06/25 0000 | 03/06/25 0400 | 03/06/25 0800 | 03/06/25 1200 | 03/06/25 1600 |
| Neurological | | | | | |
| Level of Consciousness | Alert (Normal) -AG at 03/06/25 0007 | Alert (Normal) -AG at 03/06/25 0402 | Alert (Normal) -SP at 03/06/25 1204 | Alert (Normal) -SP at 03/06/25 1204 | Alert (Normal) -SP at 03/06/25 1753 |
| Orientation Level | Oriented X4 -AG at 03/06/25 0007 | Oriented X4 -AG at 03/06/25 0402 | Oriented X4 -SP at 03/06/25 1204 | Oriented X4 -SP at 03/06/25 1204 | Oriented X4 -SP at 03/06/25 1753 |
| Cognition | Appropriate judgement -AG at 03/06/25 0007 | Appropriate judgement -AG at 03/06/25 0402 | Follows Commands -SP at 03/06/25 1204 | Follows Commands -SP at 03/06/25 1204 | Follows Commands -SP at 03/06/25 1753 |
| Speech | Clear -AG at 03/06/25 0007 | Clear -AG at 03/06/25 0402 | Clear -SP at 03/06/25 1204 | Clear -SP at 03/06/25 1204 | Clear -SP at 03/06/25 1753 |
| Pupil Assessment | — | — | Yes -SP at 03/06/25 1204 | Yes -SP at 03/06/25 1204 | Yes -SP at 03/06/25 1753 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|------------------------------|---|---|---------------------------------------|---------------------------------------|---------------------------------------|
| R Pupil Size (mm) | 3 mm -AG at 03/06/25 0007 | 3 mm -AG at 03/06/25 0402 | 3 mm -SP at 03/06/25 1204 | 3 mm -SP at 03/06/25 1204 | 3 mm -SP at 03/06/25 1753 |
| R Pupil Shape | Round -AG at 03/06/25 0007 | Round -AG at 03/06/25 0402 | Round -SP at 03/06/25 1204 | Round -SP at 03/06/25 1204 | Round -SP at 03/06/25 1753 |
| R Pupil Reaction | Brisk -AG at 03/06/25 0007 | Brisk -AG at 03/06/25 0402 | Brisk -SP at 03/06/25 1204 | Brisk -SP at 03/06/25 1204 | Brisk -SP at 03/06/25 1753 |
| L Pupil Size (mm) | 3 mm -AG at 03/06/25 0007 | 3 mm -AG at 03/06/25 0402 | 3 mm -SP at 03/06/25 1204 | 3 mm -SP at 03/06/25 1204 | 3 mm -SP at 03/06/25 1753 |
| L Pupil Shape | Round -AG at 03/06/25 0007 | Round -AG at 03/06/25 0402 | Round -SP at 03/06/25 1204 | Round -SP at 03/06/25 1204 | Round -SP at 03/06/25 1753 |
| L Pupil Reaction | Brisk -AG at 03/06/25 0007 | Brisk -AG at 03/06/25 0402 | Brisk -SP at 03/06/25 1204 | Brisk -SP at 03/06/25 1204 | Brisk -SP at 03/06/25 1753 |
| RUE Motor Response | Follows commands -AG at 03/06/25 0007 | Follows commands -AG at 03/06/25 0402 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1753 |
| RUE Sensation | Full sensation -AG at 03/06/25 0007 | Full sensation -AG at 03/06/25 0402 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1753 |
| RUE Motor Strength | Normal strength -AG at 03/06/25 0007 | Normal strength -AG at 03/06/25 0402 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1753 |
| LUE Motor Response | Follows commands -AG at 03/06/25 0007 | Follows commands -AG at 03/06/25 0402 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1753 |
| LUE Sensation | Full sensation -AG at 03/06/25 0007 | Full sensation -AG at 03/06/25 0402 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1753 |
| LUE Motor Strength | Normal strength -AG at 03/06/25 0007 | Normal strength -AG at 03/06/25 0402 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1753 |
| RLE Motor Response | Follows commands -AG at 03/06/25 0007 | Follows commands -AG at 03/06/25 0402 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1753 |
| RLE Sensation | Full sensation -AG at 03/06/25 0007 | Full sensation -AG at 03/06/25 0402 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1753 |
| RLE Motor Strength | Normal strength -AG at 03/06/25 0007 | Normal strength -AG at 03/06/25 0402 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1753 |
| LLE Motor Response | Follows commands -AG at 03/06/25 0007 | Follows commands -AG at 03/06/25 0402 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1753 |
| LLE Sensation | Full sensation -AG at 03/06/25 0007 | Full sensation -AG at 03/06/25 0402 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1204 | Full sensation -SP at 03/06/25 1753 |
| LLE Motor Strength | Normal strength -AG at 03/06/25 0007 | Normal strength -AG at 03/06/25 0402 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1204 | Normal strength -SP at 03/06/25 1753 |
| Neuro Additional Assessments | Glasgow Coma Scale -AG at 03/06/25 0007 | Glasgow Coma Scale -AG at 03/06/25 0402 | — | — | — |

Glasgow Coma Scale

| | | | | | |
|--------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Best Eye Response | Spontaneous -AG at 03/06/25 0007 | Spontaneous -AG at 03/06/25 0402 | Spontaneous -SP at 03/06/25 1204 | Spontaneous -SP at 03/06/25 1204 | Spontaneous -SP at 03/06/25 1753 |
| Best Verbal Response | Oriented -AG at 03/06/25 0007 | Oriented -AG at 03/06/25 0402 | Oriented -SP at 03/06/25 1204 | Oriented -SP at 03/06/25 1204 | Oriented -SP at 03/06/25 1753 |
| Best Motor Response | Follows commands -AG at 03/06/25 0007 | Follows commands -AG at 03/06/25 0402 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1204 | Follows commands -SP at 03/06/25 1753 |
| Glasgow Coma Scale Score | 15 -AG at 03/06/25 0007 | 15 -AG at 03/06/25 0402 | 15 -SP at 03/06/25 1204 | 15 -SP at 03/06/25 1204 | 15 -SP at 03/06/25 1753 |

Head, Ears, Eyes, Nose, and Throat (HEENT)

| | | | | | |
|--|---|---|--|---|---|
| Head, Ears, Eyes, Nose, and Throat (WDL) | — | — | Within Defined Limits -SP at 03/06/25 1204 | — | — |
|--|---|---|--|---|---|

Respiratory

| | | | | | |
|-------------------|---|---|--|---|---|
| Respiratory (WDL) | — | — | Within Defined Limits -SP at 03/06/25 1204 | — | — |
|-------------------|---|---|--|---|---|

Cardiac

| | | | | | |
|---------------|---|---|--|---|---|
| Cardiac (WDL) | — | — | Within Defined Limits -SP at 03/06/25 1204 | — | — |
|---------------|---|---|--|---|---|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Peripheral Vascular

| | | | | | |
|---------------------------|---|---|--|---|---|
| Peripheral Vascular (WDL) | — | — | Within Defined Limits -SP at 03/06/25 1204 | — | — |
|---------------------------|---|---|--|---|---|

RUE Neurovascular Assessment

| | | | | | |
|----------------------|---|---|---|---|---|
| RUE Capillary Refill | — | — | Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204 | — | — |
|----------------------|---|---|---|---|---|

| | | | | | |
|-----------|---|---|--|---|---|
| RUE Color | — | — | Appropriate for ethnicity -SP at 03/06/25 1204 | — | — |
|-----------|---|---|--|---|---|

| | | | | | |
|--------------------------|---|---|---------------------------|---|---|
| RUE Temperature/Moisture | — | — | Warm -SP at 03/06/25 1204 | — | — |
|--------------------------|---|---|---------------------------|---|---|

| | | | | | |
|--------------------|---|---|-------------------------------|---|---|
| Right Radial Pulse | — | — | Moderate -SP at 03/06/25 1204 | — | — |
|--------------------|---|---|-------------------------------|---|---|

LUE Neurovascular Assessment

| | | | | | |
|----------------------|---|---|---|---|---|
| LUE Capillary Refill | — | — | Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204 | — | — |
|----------------------|---|---|---|---|---|

| | | | | | |
|-----------|---|---|--|---|---|
| LUE Color | — | — | Appropriate for ethnicity -SP at 03/06/25 1204 | — | — |
|-----------|---|---|--|---|---|

| | | | | | |
|--------------------------|---|---|---------------------------|---|---|
| LUE Temperature/Moisture | — | — | Warm -SP at 03/06/25 1204 | — | — |
|--------------------------|---|---|---------------------------|---|---|

| | | | | | |
|-------------------|---|---|-------------------------------|---|---|
| Left Radial Pulse | — | — | Moderate -SP at 03/06/25 1204 | — | — |
|-------------------|---|---|-------------------------------|---|---|

RLE Neurovascular Assessment

| | | | | | |
|----------------------|---|---|---|---|---|
| RLE Capillary Refill | — | — | Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204 | — | — |
|----------------------|---|---|---|---|---|

| | | | | | |
|-----------|---|---|--|---|---|
| RLE Color | — | — | Appropriate for ethnicity -SP at 03/06/25 1204 | — | — |
|-----------|---|---|--|---|---|

| | | | | | |
|--------------------------|---|---|---------------------------|---|---|
| RLE Temperature/Moisture | — | — | Warm -SP at 03/06/25 1204 | — | — |
|--------------------------|---|---|---------------------------|---|---|

| | | | | | |
|-------------------|---|---|-------------------------------|---|---|
| Right Pedal Pulse | — | — | Moderate -SP at 03/06/25 1204 | — | — |
|-------------------|---|---|-------------------------------|---|---|

LLE Neurovascular Assessment

| | | | | | |
|----------------------|---|---|---|---|---|
| LLE Capillary Refill | — | — | Less than/equal to 3 seconds (All extremities) -SP at 03/06/25 1204 | — | — |
|----------------------|---|---|---|---|---|

| | | | | | |
|--------------------------|---|---|---------------------------|---|---|
| LLE Temperature/Moisture | — | — | Warm -SP at 03/06/25 1204 | — | — |
|--------------------------|---|---|---------------------------|---|---|

| | | | | | |
|------------------|---|---|-------------------------------|---|---|
| Left Pedal Pulse | — | — | Moderate -SP at 03/06/25 1204 | — | — |
|------------------|---|---|-------------------------------|---|---|

Integumentary

| | | | | | |
|---------------------|---|---|--|---|---|
| Integumentary (WDL) | — | — | Within Defined Limits -SP at 03/06/25 1204 | — | — |
|---------------------|---|---|--|---|---|

| | | | | | |
|----------------|---|---|--------------------------|---|---|
| Skin Condition | — | — | Dry -SP at 03/06/25 1204 | — | — |
|----------------|---|---|--------------------------|---|---|

| | | | | | |
|------------------|---|---|---------------------------|---|---|
| Skin Temperature | — | — | Warm -SP at 03/06/25 1204 | — | — |
|------------------|---|---|---------------------------|---|---|

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | | |
|---|---|---|---|---|---|
| Skin Integrity | — | — | Intact -SP at 03/06/25 1204 | — | — |
| Braden Scale | | | | | |
| Sensory Perceptions | — | — | No impairment -SP at 03/06/25 1204 | — | — |
| Moisture | — | — | Rarely moist -SP at 03/06/25 1204 | — | — |
| Activity | — | — | Walks occasionally -SP at 03/06/25 1204 | — | — |
| Mobility | — | — | No limitation -SP at 03/06/25 1204 | — | — |
| Nutrition | — | — | Adequate -SP at 03/06/25 1204 | — | — |
| Friction and Shear | — | — | No apparent problem -SP at 03/06/25 1204 | — | — |
| Braden Scale Score | — | — | 21 -SP at 03/06/25 1204 | — | — |
| Pressure Injury Prevention & Interventions | | | | | |
| Sensory Interventions | — | — | Encourage patient to report pain over bony prominence and heels;Place on appropriate support surface;Protect bony prominence (dressings/offload); Protect heels (boots/float);Reposit ioning q2h - q4h;Repositioning q2h while in bed, q30 min in chair;Use glide sheet when moving;Use wedges and pillow when repositioning -SP at 03/06/25 1204 | — | — |
| Moisture Interventions | — | — | Check/change (PRN) briefs q2- q4h;Check/change briefs q2h PRN;Do not double pad or double diaper;For patient continent prior to admission, reconsider incontinence briefs and promote use of commodes/urinals or self- toileting;Gentle cleaning with premoistened cloth;Identify and treat cause;Notify provider of suspected fungal dermatitis;Offer containment device (urinal, etc);Place on appropriate | — | — |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | |
|------------------------|---|--|
| | | bed; Prevent dryness with moisturizers; Select appropriate topical agent (moisturizer/protectant); Use appropriate breathable under pad to wick fluid from skin; Use incontinent containment system -SP at 03/06/25 1204 |
| Activity Interventions | — | Avoid positioning on medical devices/bed trash; Avoid positioning on reddened areas; Do not use multiple layers of bedding/padding; Encourage out of bed activities; Encourage ambulation/activity; Inspect skin/bony areas with position change; Place on appropriate chair cushion; Place on appropriate support surface; Protect bony prominence (dressings/offload); Protect heels (boots/float); Repositioning q2h - q4h PRN; Repositioning q2h while in bed; Use wedges and pillow when repositioning -SP at 03/06/25 1204 |
| Mobility Interventions | — | Avoid positioning on reddened areas; Do not use multiple layers of bedding/padding; Encourage ambulation, if able; HOB at or below 30 degrees unless contraindicated; Inspect skin/bony areas with position change; Place on appropriate chair cushion; Place on appropriate support surface; Protect bony prominence (dressings/offload); Repositioning q2h - |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | |
|--|---|--|
| | | q4h PRN;Repositioning q2h while in bed, q30 min in chair;Use wedges and pillow when repositioning;Protect heels (boots/float);Use glide sheet when moving -SP at 03/06/25 1204 |
| Nutrition Interventions | — | Collaborate with provider;Encourage intake;Monitor and document intake;Obtain consult for nutritionist -SP at 03/06/25 1204 |
| Friction and Shear Interventions | — | HOB at or below 30 degrees unless contraindicated;Kee p bed flat for repositioning, if able;Keep linens clean, dry, and wrinkle free;Place on appropriate support surface;Raise knees 10-20 degrees before raising HOB 30 degrees;Use glide sheet when moving -SP at 03/06/25 1204 |
| Musculoskeletal | | |
| Musculoskeletal (WDL) | — | Within Defined Limits -SP at 03/06/25 1204 |
| RUE | — | Full movement -SP at 03/06/25 1204 |
| LUE | — | Full movement -SP at 03/06/25 1204 |
| RLE | — | Full movement -SP at 03/06/25 1204 |
| LLE | — | Full movement -SP at 03/06/25 1204 |
| Gastrointestinal | | |
| Gastrointestinal (WDL) | — | Within Defined Limits -SP at 03/06/25 1204 |
| Genitourinary | | |
| Genitourinary (WDL) | — | Within Defined Limits -SP at 03/06/25 1204 |
| Psychosocial | | |
| Psychosocial (WDL) | — | Within Defined Limits -SP at 03/06/25 1204 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| Charting Type | — | Shift assessment - SP at 03/06/25 1204 | — | — | |
|---------------------------|--|--|--|---|---|
| Row Name | 03/06/25 2000 | 03/07/25 0000 | 03/07/25 0400 | 03/07/25 0800 | 03/07/25 1200 |
| Neurological | | | | | |
| Level of Consciousness | Alert (Normal) -AG at 03/06/25 2003 | Alert (Normal) -AG at 03/07/25 0028 | Alert (Normal) -AG at 03/07/25 0415 | Alert (Normal) -SP at 03/07/25 1716 | Alert (Normal) -SP at 03/07/25 1720 |
| Orientation Level | Oriented X4 -AG at 03/06/25 2003 | Oriented X4 -AG at 03/07/25 0028 | Oriented X4 -AG at 03/07/25 0415 | Oriented X4 -SP at 03/07/25 1716 | Oriented X4 -SP at 03/07/25 1720 |
| Cognition | Appropriate judgement -AG at 03/06/25 2003 | Appropriate judgement -AG at 03/07/25 0028 | Appropriate judgement -AG at 03/07/25 0415 | Appropriate safety awareness -SP at 03/07/25 1716 | Appropriate safety awareness -SP at 03/07/25 1720 |
| Speech | Clear -AG at 03/06/25 2003 | Clear -AG at 03/07/25 0028 | Clear -AG at 03/07/25 0415 | Clear -SP at 03/07/25 1716 | Clear -SP at 03/07/25 1716 |
| Pupil Assessment | — | — | — | Yes -SP at 03/07/25 1716 | Yes -SP at 03/07/25 1716 |
| R Pupil Size (mm) | 3 mm -AG at 03/06/25 2003 | 3 mm -AG at 03/07/25 0028 | 3 mm -AG at 03/07/25 0415 | 3 mm -SP at 03/07/25 1716 | 3 mm -SP at 03/07/25 1716 |
| R Pupil Shape | Round -AG at 03/06/25 2003 | Round -AG at 03/07/25 0028 | Round -AG at 03/07/25 0415 | Round -SP at 03/07/25 1716 | Round -SP at 03/07/25 1716 |
| R Pupil Reaction | Brisk -AG at 03/06/25 2003 | Brisk -AG at 03/07/25 0028 | Brisk -AG at 03/07/25 0415 | Brisk -SP at 03/07/25 1716 | Brisk -SP at 03/07/25 1716 |
| L Pupil Size (mm) | 3 mm -AG at 03/06/25 2003 | 3 mm -AG at 03/07/25 0028 | 3 mm -AG at 03/07/25 0415 | 3 mm -SP at 03/07/25 1716 | 3 mm -SP at 03/07/25 1716 |
| L Pupil Shape | Round -AG at 03/06/25 2003 | Round -AG at 03/07/25 0028 | Round -AG at 03/07/25 0415 | Round -SP at 03/07/25 1716 | Round -SP at 03/07/25 1716 |
| L Pupil Reaction | Brisk -AG at 03/06/25 2003 | Brisk -AG at 03/07/25 0028 | Brisk -AG at 03/07/25 0415 | Brisk -SP at 03/07/25 1716 | Brisk -SP at 03/07/25 1716 |
| RUE Motor Response | Follows commands -AG at 03/06/25 2003 | Follows commands -AG at 03/07/25 0028 | Follows commands -AG at 03/07/25 0415 | Follows commands;Normal extension;Normal flexion -SP at 03/07/25 1716 | Follows commands;Normal extension;Normal flexion -SP at 03/07/25 1716 |
| RUE Sensation | Full sensation -AG at 03/06/25 2003 | Full sensation -AG at 03/07/25 0028 | Full sensation -AG at 03/07/25 0415 | Full sensation -SP at 03/07/25 1716 | Full sensation -SP at 03/07/25 1716 |
| RUE Motor Strength | Normal strength -AG at 03/06/25 2003 | Normal strength -AG at 03/07/25 0028 | Normal strength -AG at 03/07/25 0415 | Normal strength -SP at 03/07/25 1716 | Normal strength -SP at 03/07/25 1716 |
| LUE Motor Response | Follows commands -AG at 03/06/25 2003 | Follows commands -AG at 03/07/25 0028 | Follows commands -AG at 03/07/25 0415 | Follows commands -SP at 03/07/25 1716 | Follows commands -SP at 03/07/25 1716 |
| LUE Sensation | Full sensation -AG at 03/06/25 2003 | Full sensation -AG at 03/07/25 0028 | Full sensation -AG at 03/07/25 0415 | Full sensation -SP at 03/07/25 1716 | Full sensation -SP at 03/07/25 1716 |
| LUE Motor Strength | Normal strength -AG at 03/06/25 2003 | Normal strength -AG at 03/07/25 0028 | Normal strength -AG at 03/07/25 0415 | Normal strength -SP at 03/07/25 1716 | Normal strength -SP at 03/07/25 1716 |
| RLE Motor Response | Follows commands -AG at 03/06/25 2003 | Follows commands -AG at 03/07/25 0028 | Follows commands -AG at 03/07/25 0415 | Follows commands -SP at 03/07/25 1716 | Follows commands -SP at 03/07/25 1716 |
| RLE Sensation | Full sensation -AG at 03/06/25 2003 | Full sensation -AG at 03/07/25 0028 | Full sensation -AG at 03/07/25 0415 | Full sensation -SP at 03/07/25 1716 | Full sensation -SP at 03/07/25 1716 |
| RLE Motor Strength | Normal strength -AG at 03/06/25 2003 | Normal strength -AG at 03/07/25 0028 | Normal strength -AG at 03/07/25 0415 | Normal strength -SP at 03/07/25 1716 | Normal strength -SP at 03/07/25 1716 |
| LLE Motor Response | Follows commands -AG at 03/06/25 2003 | Follows commands -AG at 03/07/25 0028 | Follows commands -AG at 03/07/25 0415 | Follows commands -SP at 03/07/25 1716 | Follows commands -SP at 03/07/25 1716 |
| LLE Sensation | Full sensation -AG at 03/06/25 2003 | Full sensation -AG at 03/07/25 0028 | Full sensation -AG at 03/07/25 0415 | Full sensation -SP at 03/07/25 1716 | Full sensation -SP at 03/07/25 1716 |
| LLE Motor Strength | Normal strength -AG at 03/06/25 2003 | Normal strength -AG at 03/07/25 0028 | Normal strength -AG at 03/07/25 0415 | Normal strength -SP at 03/07/25 1716 | Normal strength -SP at 03/07/25 1716 |
| Glasgow Coma Scale | | | | | |
| Best Eye Response | Spontaneous -AG at 03/06/25 2003 | Spontaneous -AG at 03/07/25 0028 | Spontaneous -AG at 03/07/25 0415 | Spontaneous -SP at 03/07/25 1716 | Spontaneous -SP at 03/07/25 1716 |
| Best Verbal Response | Oriented -AG at 03/06/25 2003 | Oriented -AG at 03/07/25 0028 | Oriented -AG at 03/07/25 0415 | Oriented -SP at 03/07/25 1716 | Oriented -SP at 03/07/25 1716 |
| Best Motor Response | Follows commands -AG at 03/06/25 2003 | Follows commands -AG at 03/07/25 0028 | Follows commands -AG at 03/07/25 0415 | Follows commands -SP at 03/07/25 1716 | Follows commands -SP at 03/07/25 1716 |

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|---|--|-------------------------|-------------------------|---|-------------------------|
| Glasgow Coma Scale Score | 15 -AG at 03/06/25 2003 | 15 -AG at 03/07/25 0028 | 15 -AG at 03/07/25 0415 | 15 -SP at 03/07/25 1716 | 15 -SP at 03/07/25 1716 |
| Head, Ears, Eyes, Nose, and Throat (HEENT) | | | | | |
| Head, Ears, Eyes, Nose, and Throat (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
| Lips | Intact;Pink;Moist -AG at 03/06/25 2003 | — | — | — | — |
| Neck | Symmetrical -AG at 03/06/25 2003 | — | — | — | — |
| Respiratory | | | | | |
| Respiratory (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
| Respiratory Depth/Rhythm | Regular -AG at 03/06/25 2003 | — | — | — | — |
| Respiratory Effort | Unlabored -AG at 03/06/25 2003 | — | — | — | — |
| Cardiac | | | | | |
| Cardiac (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
| Peripheral Vascular | | | | | |
| Peripheral Vascular (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
| Peripheral Vascular Detailed Assessments | Right upper extremity;Right lower extremity;Left upper extremity;Left lower extremity -AG at 03/06/25 2003 | — | — | — | — |
| Capillary Refill | Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003 | — | — | — | — |
| Pulses | Right radial;Left radial;Left pedal;Right pedal - AG at 03/06/25 2003 | — | — | — | — |
| RUE Neurovascular Assessment | | | | | |
| RUE Capillary Refill | Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003 | — | — | Less than/equal to 3 seconds (All extremities) -SP at 03/07/25 1716 | — |
| RUE Color | Appropriate for ethnicity -AG at 03/06/25 2003 | — | — | Appropriate for ethnicity -SP at 03/07/25 1716 | — |
| RUE Temperature/Moisture | Warm -AG at 03/06/25 2003 | — | — | Warm -SP at 03/07/25 1716 | — |
| Right Radial Pulse | Moderate -AG at 03/06/25 2003 | — | — | Moderate -SP at 03/07/25 1716 | — |
| LUE Neurovascular Assessment | | | | | |
| LUE Capillary Refill | Less than/equal to 3 seconds (All extremities) -AG at 03/06/25 2003 | — | — | Less than/equal to 3 seconds (All extremities) -SP at 03/07/25 1716 | — |
| LUE Color | Appropriate for ethnicity -AG at 03/06/25 2003 | — | — | Appropriate for ethnicity -SP at 03/07/25 1716 | — |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | | | |
|---|---|----------------------|---|---|---|----------------------|---|
| LUE Temperature/Moisture | Warm 2003 | -AG at 03/06/25 2003 | — | — | Warm 1716 | -SP at 03/07/25 1716 | — |
| RLE Neurovascular Assessment | | | | | | | |
| RLE Capillary Refill | Less than/equal to 3 seconds (All extremities) | -AG at 03/06/25 2003 | — | — | Less than/equal to 3 seconds (All extremities) | -SP at 03/07/25 1716 | — |
| RLE Color | | | | | | | |
| RLE Temperature/Moisture | Appropriate for ethnicity | -AG at 03/06/25 2003 | — | — | Appropriate for ethnicity | -SP at 03/07/25 1716 | — |
| Right Pedal Pulse | Warm 2003 | -AG at 03/06/25 2003 | — | — | Warm 1716 | -SP at 03/07/25 1716 | — |
| LLE Neurovascular Assessment | | | | | | | |
| LLE Capillary Refill | Less than/equal to 3 seconds (All extremities) | -AG at 03/06/25 2003 | — | — | Less than/equal to 3 seconds (All extremities) | -SP at 03/07/25 1716 | — |
| LLE Temperature/Moisture | Warm 2003 | -AG at 03/06/25 2003 | — | — | Warm 1716 | -SP at 03/07/25 1716 | — |
| Left Pedal Pulse | Moderate | -AG at 03/06/25 2003 | — | — | Moderate | -SP at 03/07/25 1716 | — |
| Integumentary | | | | | | | |
| Integumentary (WDL) | Within Defined Limits | -AG at 03/06/25 2003 | — | — | Within Defined Limits | -SP at 03/07/25 1716 | — |
| Skin Condition | Pink | -AG at 03/06/25 2003 | — | — | Pink | -SP at 03/07/25 1716 | — |
| Skin Temperature | — | — | — | — | Warm | -SP at 03/07/25 1716 | — |
| Skin Integrity | Intact | -AG at 03/06/25 2003 | — | — | Intact | -SP at 03/07/25 1716 | — |
| Braden Scale | | | | | | | |
| Sensory Perceptions | No impairment | -AG at 03/06/25 2003 | — | — | No impairment | -SP at 03/07/25 1716 | — |
| Moisture | Rarely moist | -AG at 03/06/25 2003 | — | — | Rarely moist | -SP at 03/07/25 1716 | — |
| Activity | Walks occasionally | -AG at 03/06/25 2003 | — | — | Walks occasionally | -SP at 03/07/25 1716 | — |
| Mobility | Slightly limited | -AG at 03/06/25 2003 | — | — | Slightly limited | -SP at 03/07/25 1716 | — |
| Nutrition | Adequate | -AG at 03/06/25 2003 | — | — | Adequate | -SP at 03/07/25 1716 | — |
| Friction and Shear | No apparent problem | -AG at 03/06/25 2003 | — | — | No apparent problem | -SP at 03/07/25 1716 | — |
| Braden Scale Score | 20 | -AG at 03/06/25 2003 | — | — | 20 | -SP at 03/07/25 1716 | — |
| Pressure Injury Prevention & Interventions | | | | | | | |
| Sensory Interventions | Encourage patient to report pain over bony prominence and heels;Place on appropriate support surface;Protect bony | — | — | — | Encourage patient to report pain over bony prominence and heels;Place on appropriate support surface;Protect bony | — | — |

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | |
|------------------------|--|---|
| | prominence (dressings/offload) - AG at 03/06/25 2003 | prominence (dressings/offload); Protect heels (boots/float);Reposit ioning q2h - q4h;Repositioning q2h while in bed, q30 min in chair;Use glide sheet when moving;Use wedges and pillow when repositioning -SP at 03/07/25 1716 |
| Moisture Interventions | Check/change briefs — q2h PRN;Check/change (PRN) briefs q2- q4h;Do not double pad or double diaper -AG at 03/06/25 2003 | Check/change (PRN) briefs q2- q4h;Check/change briefs q2h PRN;Do not double pad or double diaper;For patient continent prior to admission, reconsider incontinence briefs and promote use of commodes/urinals or self- toileting;Gentle cleaning with premoistened cloth;Identify and treat cause;Notify provider of suspected fungal dermatitis;Offer containment device (urinal, etc);Place on appropriate bed;Prevent dryness with moisturizers;Select appropriate topical agent (moisturizer/protect ant);Use appropriate breathable under pad to wick fluid from skin;Use incontinent containment system -SP at 03/07/25 1716 |
| Activity Interventions | Avoid positioning on reddened areas;Avoid positioning on medical devices/bed trash;Do not use multiple layers of bedding/padding - AG at 03/06/25 2003 | Avoid positioning on medical devices/bed trash;Avoid positioning on reddened areas;Do not use multiple layers of bedding/padding;En courage out of bed activities;Encourage ambulation/activity; inspect skin/bony |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | |
|----------------------------------|---|--|
| | | areas with position change;Place on appropriate chair cushion;Place on appropriate support surface;Protect bony prominence (dressings/offload); Protect heels (boots/float);Repositioning q2h - q4h PRN;Repositioning q2h while in bed;Use wedges and pillow when repositioning -SP at 03/07/25 1716 |
| Mobility Interventions | Do not use multiple layers of bedding/padding;Avoid positioning on reddened areas;Encourage ambulation, if able - AG at 03/06/25 2003 | Avoid positioning on reddened areas;Do not use multiple layers of bedding/padding;Encourage ambulation, if able;HOB at or below 30 degrees unless contraindicated;Inspect skin/bony areas with position change;Place on appropriate chair cushion;Place on appropriate support surface;Protect bony prominence (dressings/offload); Repositioning q2h - q4h PRN;Repositioning q2h while in bed, q30 min in chair;Use wedges and pillow when repositioning;Protect heels (boots/float);Use glide sheet when moving -SP at 03/07/25 1716 |
| Nutrition Interventions | Encourage intake;Collaborate with provider;Obtain consult for nutritionist -AG at 03/06/25 2003 | Collaborate with provider;Encourage intake;Monitor and document intake;Obtain consult for nutritionist -SP at 03/07/25 1716 |
| Friction and Shear Interventions | Keep bed flat for repositioning, if able;HOB at or below 30 degrees unless | HOB at or below 30 degrees unless contraindicated;Keep bed flat for repositioning, if |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|--|--|
| contraindicated;Keep p linens clean, dry, and wrinkle free -AG at 03/06/25 2003 | able;Keep linens clean, dry, and wrinkle free;Place on appropriate support surface;Raise knees 10-20 degrees before raising HOB 30 degrees;Use glide sheet when moving -SP at 03/07/25 1716 |
|--|--|

Musculoskeletal

| | | | | | |
|-----------------------|--|---|---|--|---|
| Musculoskeletal (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
| RUE | Full movement -AG at 03/06/25 2003 | — | — | Full movement -SP at 03/07/25 1716 | — |
| LUE | Full movement -AG at 03/06/25 2003 | — | — | Full movement -SP at 03/07/25 1716 | — |
| RLE | Full movement -AG at 03/06/25 2003 | — | — | Full movement -SP at 03/07/25 1716 | — |
| LLE | Full movement -AG at 03/06/25 2003 | — | — | Full movement -SP at 03/07/25 1716 | — |

Gastrointestinal

| | | | | | |
|------------------------|--|---|---|--|---|
| Gastrointestinal (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
|------------------------|--|---|---|--|---|

Genitourinary

| | | | | | |
|---------------------|--|---|---|--|---|
| Genitourinary (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
|---------------------|--|---|---|--|---|

Genitourinary Symptoms

| | | | | | |
|------------------------|---------------------------|---|---|---|---|
| Genitourinary Symptoms | None -AG at 03/06/25 2003 | — | — | — | — |
|------------------------|---------------------------|---|---|---|---|

Psychosocial

| | | | | | |
|--------------------|--|---|---|--|---|
| Psychosocial (WDL) | Within Defined Limits -AG at 03/06/25 2003 | — | — | Within Defined Limits -SP at 03/07/25 1716 | — |
|--------------------|--|---|---|--|---|

Charting Type

| | | | | | |
|---------------|---------------------------------------|---|---|---------------------------------------|---|
| Charting Type | Shift assessment -AG at 03/06/25 2003 | — | — | Shift assessment -SP at 03/07/25 1716 | — |
|---------------|---------------------------------------|---|---|---------------------------------------|---|

Row Name **03/07/25 1600**

Neurological

| | | | | | |
|------------------------|---|---|---|---|---|
| Level of Consciousness | Alert (Normal) -SP at 03/07/25 1720 | — | — | — | — |
| Orientation Level | Oriented X4 -SP at 03/07/25 1720 | — | — | — | — |
| Cognition | Appropriate safety awareness -SP at 03/07/25 1720 | — | — | — | — |
| Speech | Clear -SP at 03/07/25 1716 | — | — | — | — |
| Pupil Assessment | Yes -SP at 03/07/25 1716 | — | — | — | — |
| R Pupil Size (mm) | 3 mm -SP at 03/07/25 1716 | — | — | — | — |
| R Pupil Shape | Round -SP at 03/07/25 1716 | — | — | — | — |
| R Pupil Reaction | Brisk -SP at 03/07/25 1716 | — | — | — | — |
| L Pupil Size (mm) | 3 mm -SP at 03/07/25 | — | — | — | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|--------------------|--|
| | 1716 |
| L Pupil Shape | Round -SP at 03/07/25 1716 |
| L Pupil Reaction | Brisk -SP at 03/07/25 1716 |
| RUE Motor Response | Follows commands;Normal extension;Normal flexion -SP at 03/07/25 1716 |
| RUE Sensation | Full sensation -SP at 03/07/25 1716 |
| RUE Motor Strength | Normal strength -SP at 03/07/25 1716 |
| LUE Motor Response | Follows commands -SP at 03/07/25 1716 |
| LUE Sensation | Full sensation -SP at 03/07/25 1716 |
| LUE Motor Strength | Normal strength -SP at 03/07/25 1716 |
| RLE Motor Response | Follows commands -SP at 03/07/25 1716 |
| RLE Sensation | Full sensation -SP at 03/07/25 1716 |
| RLE Motor Strength | Normal strength -SP at 03/07/25 1716 |
| LLE Motor Response | Follows commands -SP at 03/07/25 1716 |
| LLE Sensation | Full sensation -SP at 03/07/25 1716 |
| LLE Motor Strength | Normal strength -SP at 03/07/25 1716 |

Glasgow Coma Scale

| | |
|--------------------------|---------------------------------------|
| Best Eye Response | Spontaneous -SP at 03/07/25 1716 |
| Best Verbal Response | Oriented -SP at 03/07/25 1716 |
| Best Motor Response | Follows commands -SP at 03/07/25 1716 |
| Glasgow Coma Scale Score | 15 -SP at 03/07/25 1716 |

Cardiac/Telemetry

| Row Name | 03/03/25 0805 | 03/03/25 1915 |
|-----------------------------|---|---|
| Cardiac | | |
| Cardiac (WDL) | Within Defined Limits -GS at 03/03/25 0805 | Within Defined Limits -JM at 03/03/25 2015 |
| Cardiac Pertinent Negatives | Heart rate regular;S1 S2 -GS at 03/03/25 0805 | — |
| Pain Assessment | | |
| Pain Assessment | DVPRS -GS at 03/03/25 0805 | DVPRS -JM at 03/03/25 2015 |
| Pain Score | 0 -GS at 03/03/25 0805 | 6 -JM at 03/03/25 2015 |
| Pain Rating Scale (DVPRS) | No pain -GS at 03/03/25 0805 | Hard to ignore, avoid usual activities -JM at 03/03/25 2015 |
| Pain Location | — | Back -JM at 03/03/25 2015 |

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Cardiac Monitoring/Tele

| | | |
|----------------------------|--------------------------|---|
| Bedside Cardiac Monitor On | Yes -GS at 03/03/25 0805 | — |
| Bedside Cardiac Audible | Yes -GS at 03/03/25 0805 | — |
| Bedside Cardiac Alarms Set | Yes -GS at 03/03/25 0805 | — |

Care Handoff

Row Name 03/04/25 0700

Care Handoff

| | |
|-----------------------|----------------------------------|
| Handoff Given To | Sheriace RN -DJ at 03/04/25 0737 |
| Handoff Received From | Daine RN -DJ at 03/04/25 0737 |

Columbia Suicide Severity Rating Scale (Daily/Shift)

Row Name 03/04/25 0545

Columbia Suicide Severity Rating Scale (Daily/Shift Screen)

| | |
|--|-------------------------|
| 2. Non-Specific | No -DJ at 03/04/25 0545 |
| Active Suicidal Thoughts (Daily/Shift) | |
| 6. Suicidal Behavior (Daily/Shift) | No -DJ at 03/04/25 0545 |

Columbia Suicide Severity Rating Scale (Screener/Recent Self-Report)

Row Name 03/02/25 1844

Columbia Suicide Severity Rating Scale (Screener/Recent Self-Report)

| | |
|---|-------------------------|
| 1. Wish to be Dead (Past 1 Month) | No -NH at 03/02/25 1844 |
| 2. Non-Specific Active Suicidal Thoughts (Past 1 Month) | No -NH at 03/02/25 1844 |
| 6. Suicidal Behavior (Lifetime) | No -NH at 03/02/25 1844 |

Complex Assessment

Row Name 03/04/25 0430

Neurological

| | |
|------------------------|---|
| Level of Consciousness | Alert (Normal) -DJ at 03/04/25 0536 |
| Orientation Level | Oriented X4 -DJ at 03/04/25 0536 |
| Cognition | Appropriate judgement;Follows commands -DJ at 03/04/25 0536 |
| Speech | Clear -DJ at 03/04/25 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | |
|--|--|
| | 0536 |
| R Pupil Size (mm) | 3 mm -DJ at 03/04/25 0536 |
| R Pupil Shape | Round -DJ at 03/04/25 0536 |
| R Pupil Reaction | Brisk -DJ at 03/04/25 0536 |
| L Pupil Size (mm) | 3 mm -DJ at 03/04/25 0536 |
| L Pupil Shape | Round -DJ at 03/04/25 0536 |
| L Pupil Reaction | Brisk -DJ at 03/04/25 0536 |
| RUE Motor Response | Follows commands -DJ at 03/04/25 0536 |
| RUE Sensation | Full sensation -DJ at 03/04/25 0536 |
| RUE Motor Strength | Normal strength -DJ at 03/04/25 0536 |
| LUE Motor Response | Follows commands -DJ at 03/04/25 0536 |
| LUE Sensation | Full sensation -DJ at 03/04/25 0536 |
| LUE Motor Strength | Normal strength -DJ at 03/04/25 0536 |
| RLE Motor Response | Follows commands -DJ at 03/04/25 0536 |
| RLE Sensation | Full sensation -DJ at 03/04/25 0536 |
| RLE Motor Strength | Normal strength -DJ at 03/04/25 0536 |
| LLE Motor Response | Follows commands -DJ at 03/04/25 0536 |
| LLE Sensation | Full sensation -DJ at 03/04/25 0536 |
| LLE Motor Strength | Normal strength -DJ at 03/04/25 0536 |
| Reflexes | |
| Gag Reflex | Present -DJ at 03/04/25 0536 |
| Cough Reflex | Present -DJ at 03/04/25 0536 |
| Glasgow Coma Scale | |
| Best Eye Response | Spontaneous -DJ at 03/04/25 0536 |
| Best Verbal Response | Oriented -DJ at 03/04/25 0536 |
| Best Motor Response | Follows commands -DJ at 03/04/25 0536 |
| Glasgow Coma Scale Score | 15 -DJ at 03/04/25 0536 |
| Head, Ears, Eyes, Nose, and Throat (HEENT) | |
| Head, Ears, Eyes, Nose, and Throat (WDL) | Exceptions to WDL -DJ at 03/04/25 0536 |
| Head and Face | Symmetrical -DJ at 03/04/25 0536 |
| R Eye | Intact -DJ at 03/04/25 0536 |
| L Eye | Intact -DJ at 03/04/25 0536 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5)
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|--|--|
| R Ear | Intact -DJ at 03/04/25 0536 |
| L Ear | Intact -DJ at 03/04/25 0536 |
| Nose | Intact -DJ at 03/04/25 0536 |
| Lips | Symmetrical -DJ at 03/04/25 0536 |
| Throat | Intact -DJ at 03/04/25 0536 |
| Tongue | Pink;Moist -DJ at 03/04/25 0536 |
| Mucous Membrane(s) | Moist;Pink;Intact -DJ at 03/04/25 0536 |
| Teeth | Intact -DJ at 03/04/25 0536 |
| Respiratory | |
| Respiratory (WDL) | Exceptions to WDL -DJ at 03/04/25 0536 |
| Respiratory Depth/Rhythm | Regular -DJ at 03/04/25 0536 |
| Respiratory Effort | Unlabored -DJ at 03/04/25 0536 |
| Dyspnea Occurrence | None -DJ at 03/04/25 0536 |
| Chest Assessment | Symmetrical -DJ at 03/04/25 0536 |
| Bilateral Breath Sounds | Clear -DJ at 03/04/25 0536 |
| R Breath Sounds | Clear -DJ at 03/04/25 0536 |
| L Breath Sounds | Clear -DJ at 03/04/25 0536 |
| Cough | None -DJ at 03/04/25 0536 |
| Cardiac | |
| Cardiac (WDL) | Exceptions to WDL -DJ at 03/04/25 0536 |
| Cardiac Regularity | Regular -DJ at 03/04/25 0536 |
| Heart Sounds | S1, S2 -DJ at 03/04/25 0536 |
| Jugular Venous Distention (JVD) | No -DJ at 03/04/25 0536 |
| Cardiac Rhythm | Normal sinus rhythm -DJ at 03/04/25 0536 |
| Detailed Cardiac Monitoring Measurements | No -DJ at 03/04/25 0536 |
| Cardiac Symptoms | None -DJ at 03/04/25 0536 |
| Cardiac Monitor | |
| Bedside Cardiac Monitor On | No -DJ at 03/04/25 0536 |
| Peripheral Vascular | |
| Peripheral Vascular (WDL) | Within Defined Limits -DJ at 03/04/25 0536 |
| Integumentary | |
| Integumentary (WDL) | Exceptions to WDL -DJ at 03/04/25 0536 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|----------------------------|--|
| Skin Condition | Dry -DJ at 03/04/25 0536 |
| Skin Temperature | Warm -DJ at 03/04/25 0536 |
| Skin Integrity | Other (Comment) G-tube site abdomen -DJ at 03/04/25 0536 |
| Skin Turgor | Non-tenting -DJ at 03/04/25 0536 |
| Second Nurse | Jomel RN -DJ at 03/04/25 0536 |
| Skin Signoff | |
| Musculoskeletal | |
| Musculoskeletal (WDL) | Within Defined Limits -DJ at 03/04/25 0536 |
| Gastrointestinal | |
| Gastrointestinal (WDL) | Within Defined Limits -DJ at 03/04/25 0536 |
| Genitourinary | |
| Genitourinary (WDL) | Exceptions to WDL -DJ at 03/04/25 0536 |
| Urinary Incontinence | No -DJ at 03/04/25 0536 |
| Urine Color | Yellow:straw -DJ at 03/04/25 0536 |
| Suprapubic Tenderness | No -DJ at 03/04/25 0536 |
| Genitourinary Symptoms | None -DJ at 03/04/25 0536 |
| Psychosocial | |
| Psychosocial (WDL) | Within Defined Limits -DJ at 03/04/25 0536 |
| Charting Type | |
| Charting Type | Shift assessment -DJ at 03/04/25 0536 |
| GI Interventions | |
| GI Interventions Performed | Encouraged adequate fluid intake;Frequent small meals -DJ at 03/04/25 0536 |

Complex Vitals

| Row Name | 03/03/25 0800 | 03/03/25 0810 | 03/03/25 0900 | 03/03/25 1000 | 03/03/25 1500 |
|-----------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Vitals | | | | | |
| Pulse | 56 -GS at 03/03/25 0913 | 61 -GS at 03/03/25 0913 | 64 -GS at 03/03/25 0914 | 67 -GS at 03/03/25 1150 | 78 -GS at 03/03/25 1546 |
| Resp | 18 -GS at 03/03/25 0913 | 18 -GS at 03/03/25 0913 | 18 -GS at 03/03/25 0914 | 18 -GS at 03/03/25 1150 | 18 -GS at 03/03/25 1546 |
| BP | 214/105 ! -GS at 03/03/25 0913 | 165/103 ! -GS at 03/03/25 0913 | 194/109 ! -GS at 03/03/25 0914 | 196/102 ! -GS at 03/03/25 1150 | 148/94 ! -GS at 03/03/25 1546 |
| MAP (mmHg) | 144 ! -GS at 03/03/25 0913 | 129 ! -GS at 03/03/25 0913 | 144 ! -GS at 03/03/25 0914 | 141 ! -GS at 03/03/25 1150 | 113 ! -GS at 03/03/25 1546 |
| Oxygen Therapy | | | | | |
| SpO2 | 100 % -GS at 03/03/25 0913 | 100 % -GS at 03/03/25 0913 | 97 % -GS at 03/03/25 0914 | 100 % -GS at 03/03/25 1150 | 94 % -GS at 03/03/25 1546 |
| Oxygen Therapy | None (Room air) -GS at 03/03/25 0914 | None (Room air) -GS at 03/03/25 0914 | None (Room air) -GS at 03/03/25 0914 | None (Room air) -GS at 03/03/25 1150 | None (Room air) -GS at 03/03/25 1546 |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| Row Name | 03/03/25 1700 | 03/03/25 1805 | 03/03/25 2200 | 03/04/25 0130 | 03/04/25 0145 |
|-----------------------|---------------------------------------|---------------------------------------|-------------------------------|-------------------------------|-----------------------------|
| Vitals | | | | | |
| Pulse | 58 -GS at 03/03/25 1810 | 73 -GS at 03/03/25 1810 | 64 -JM at 03/03/25 2253 | 58 -JM at 03/04/25 0134 | 56 -CC at 03/04/25 0149 |
| Resp | 18 -GS at 03/03/25 1810 | 18 -GS at 03/03/25 1810 | — | — | — |
| BP | 184/98 ! -GS at 03/03/25 1810 | 198/117 ! -GS at 03/03/25 1810 | 185/96 ! -JM at 03/03/25 2253 | 183/81 ! -JM at 03/04/25 0134 | 160/86 -CC at 03/04/25 0149 |
| MAP (mmHg) | 135 ! -GS at 03/03/25 1810 | 148 ! -GS at 03/03/25 1810 | 132 ! -JM at 03/03/25 2253 | 116 ! -JM at 03/04/25 0134 | 118 ! -CC at 03/04/25 0149 |
| Oxygen Therapy | | | | | |
| SpO2 | 100 % -GS at 03/03/25 1810 | 97 % -GS at 03/03/25 1810 | 96 % -JM at 03/03/25 2253 | 100 % -JM at 03/04/25 0134 | 94 % -CC at 03/04/25 0149 |
| Oxygen Therapy | None (Room air) - GS at 03/03/25 1810 | None (Room air) - GS at 03/03/25 1810 | — | — | — |
| Row Name | 03/04/25 0300 | | | | |
| Vitals | | | | | |
| Pulse | 61 -CC at 03/04/25 0322 | | | | |
| BP | 144/81 -CC at 03/04/25 0322 | | | | |
| MAP (mmHg) | 104 ! -CC at 03/04/25 0322 | | | | |
| Oxygen Therapy | | | | | |
| SpO2 | 94 % -CC at 03/04/25 0322 | | | | |

Custom Formula Data

| Row Name | 03/02/25 18:35:42 | 03/02/25 18:35:59 | 03/02/25 1841 | 03/02/25 1844 | 03/02/25 23:54:52 |
|----------|-------------------|-------------------|---------------|---------------|-------------------|
|----------|-------------------|-------------------|---------------|---------------|-------------------|

OTHER

| | | | | | |
|---|---------------------------------------|---|--------------------------------|---|---|
| Hemorrhage Risk Assessment Score | -1000 -MI (r) VB (t) at 03/02/25 1836 | — | — | — | — |
| Adult Female Ideal Body Weight (European) | — | — | 65.734 kg -NH at 03/02/25 1841 | — | — |
| Adjusted Ideal Body Weight | — | — | 69.38 -NH at 03/02/25 1841 | — | — |
| IBW in lb (Bariatric) | — | — | 160 lb -NH at 03/02/25 1841 | — | — |

Vigilance Interface Values

| | | | | | |
|--------------|-----------------------------------|---|---|---|---|
| Para | 0 -MI (r) VB (t) at 03/02/25 1836 | — | — | — | — |
| Para Term | 0 -MI (r) VB (t) at 03/02/25 1836 | — | — | — | — |
| Para PreTerm | 0 -MI (r) VB (t) at 03/02/25 1836 | — | — | — | — |
| Total AB | 0 -MI (r) VB (t) at 03/02/25 1836 | — | — | — | — |
| Living | 0 -MI (r) VB (t) at 03/02/25 1836 | — | — | — | — |

Relevant Labs and Vitals

| | | | | |
|---------------------------------|--------------------------------------|---|---|---------------------------|
| Temp (in Celsius) for APACHE IV | 36.7 -MI (r) VB (t) at 03/02/25 1836 | — | — | 36.7 -MI at 03/02/25 2355 |
|---------------------------------|--------------------------------------|---|---|---------------------------|

Anthropometrics

| | | | | |
|----------------------|---|---|-------------------------------|---|
| IBW/kg (Calculated) | — | — | 70.7 -NH at 03/02/25 1841 | — |
| Adjusted body weight | — | — | 72.36 kg -NH at 03/02/25 1841 | — |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

(calculated)

Weight and Growth Recommendation

| | | | | | |
|--------|---|---|---------------------------------|---|---|
| IBW/kg | — | — | 70.7 kg -NH at 03/02/25 1841 | — | — |
|--------|---|---|---------------------------------|---|---|

Anthropometrics

| | | | | | |
|------------------|---|---|-------------------------------|---|---|
| BMI (Calculated) | — | — | 24.36 -NH at 03/02/25 1841 | — | — |
|------------------|---|---|-------------------------------|---|---|

Height and Weight

| | | | | | |
|-------------------------|---|---|--|---|---|
| BSA (Calculated - sq m) | — | — | 1.91 sq meters -NH at 03/02/25 1841 | — | — |
|-------------------------|---|---|--|---|---|

| | | | | | |
|---------------------------------|---|---|-------------------------------|---|---|
| Weight in (lb) to have BMI = 25 | — | — | 168.9 -NH at 03/02/25 1841 | — | — |
|---------------------------------|---|---|-------------------------------|---|---|

Vital Signs

| | | | | | |
|------------------|---|---|-------------------------------|---|---|
| BMI (Calculated) | — | — | 24.36 -NH at 03/02/25 1841 | — | — |
|------------------|---|---|-------------------------------|---|---|

Weight and Growth Recommendation

| | | | | | |
|--------|---|---|---------------------------------|---|---|
| IBW/kg | — | — | 70.7 kg -NH at 03/02/25 1841 | — | — |
|--------|---|---|---------------------------------|---|---|

Measurements

| | | | | | |
|------------------|---|---|------------------------------|---|---|
| BMI (Calculated) | — | — | 24.4 -NH at 03/02/25 1841 | — | — |
|------------------|---|---|------------------------------|---|---|

| | | | | | |
|----------------------------|---|---|-----------------------------------|---|---|
| Percent Excess Weight Loss | — | — | 0 Percent -NH at 03/02/25 1841 | — | — |
|----------------------------|---|---|-----------------------------------|---|---|

| | | | | | |
|------------------------------|---|---|-----------------------------------|---|---|
| Weight Loss Since Preop (kg) | — | — | -74.84 kg -NH at 03/02/25 1841 | — | — |
|------------------------------|---|---|-----------------------------------|---|---|

| | | | | | |
|-------------------------|---|---|-----------------------------------|---|---|
| Excess Body Weight (kg) | — | — | -76.79 kg -NH at 03/02/25 1841 | — | — |
|-------------------------|---|---|-----------------------------------|---|---|

| | | | | | |
|-----------------------|---|---|----------------------------------|---|---|
| IBW in kg (Bariatric) | — | — | 76.79 kg -NH at 03/02/25 1841 | — | — |
|-----------------------|---|---|----------------------------------|---|---|

| | | | | | |
|---|---|---|-----------------------------------|---|---|
| Weight Loss Since Last Bariatric Visit (kg) | — | — | -74.84 kg -NH at 03/02/25 1841 | — | — |
|---|---|---|-----------------------------------|---|---|

| | | | | | |
|----------------|---|---|--|---|---|
| Percent of IBW | — | — | 103.13 Percent -NH at 03/02/25 1841 | — | — |
|----------------|---|---|--|---|---|

| | | | | | |
|-----------------------|---|---|----------------------------------|---|---|
| EBW in kg (Bariatric) | — | — | -1.96 kg -NH at 03/02/25 1841 | — | — |
|-----------------------|---|---|----------------------------------|---|---|

| | | | | | |
|-----------------------|---|---|------------------------------|---|---|
| EBW in lb (Bariatric) | — | — | 5 lb -NH at 03/02/25 1841 | — | — |
|-----------------------|---|---|------------------------------|---|---|

Bariatric Measurements

| | | | | | |
|-----------------------|---|---|--------------------------------|---|---|
| IBW in lb (Bariatric) | — | — | 169.29 -NH at 03/02/25 1841 | — | — |
|-----------------------|---|---|--------------------------------|---|---|

Adult IBW/VT Calculations

| | | | | | |
|---------------------|---|---|-------------------------------|---|---|
| IBW/kg (Calculated) | — | — | 72.72 -NH at 03/02/25 1841 | — | — |
|---------------------|---|---|-------------------------------|---|---|

| | | | | | |
|---------------------|---|---|--------------------------------------|---|---|
| Low Range Vt 6mL/kg | — | — | 436.32 mL/kg -NH at 03/02/25 1841 | — | — |
|---------------------|---|---|--------------------------------------|---|---|

| | | | | | |
|--------------------------------|---|---|--------------------------------------|---|---|
| Adult Moderate Range Vt 8mL/kg | — | — | 581.76 mL/kg -NH at 03/02/25 1841 | — | — |
|--------------------------------|---|---|--------------------------------------|---|---|

| | | | | | |
|-----------------------------|---|---|-------------------------------------|---|---|
| Adult High Range Vt 10mL/kg | — | — | 727.2 mL/kg -NH at 03/02/25 1841 | — | — |
|-----------------------------|---|---|-------------------------------------|---|---|

| | | | | | |
|----------------------------|---|---|--------------------------------------|---|---|
| Adult High Range Vt 8mL/kg | — | — | 581.76 mL/kg -NH at 03/02/25 1841 | — | — |
|----------------------------|---|---|--------------------------------------|---|---|

| | | | | | |
|--------------------------------|---|---|--------------------------------------|---|---|
| Adult Moderate Range Vt 7mL/kg | — | — | 509.04 mL/kg -NH at 03/02/25 1841 | — | — |
|--------------------------------|---|---|--------------------------------------|---|---|

Glasgow Coma Scale

| | | | | | |
|----------------------------|---|---|-------------------------|---|---|
| Glasgow Coma Scale Numeric | — | — | 15 -NH at 03/02/25 1841 | — | — |
|----------------------------|---|---|-------------------------|---|---|



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)

Flowsheets (continued)

C-SSRS Risk (Lifetime/Recent)

| | | | | | |
|--------------------------------------|-------------------|---------------|---------------|---------------------|---------------|
| Calculated C- | — | — | — | No Risk Indicated - | — |
| SSRS Risk Score (Lifetime/Recent) | | | | NH at 03/02/25 1844 | |
| Suicide | — | — | — | Yes -NH at 03/02/25 | — |
| Screening | | | | 1844 | |
| Complete | | | | | |
| Row Name | 03/02/25 23:55:17 | 03/03/25 0639 | 03/03/25 0800 | 03/03/25 0804 | 03/03/25 0805 |

OTHER

| | | | | | | | |
|----------------------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|---|
| Hemorrhage Risk Assessment Score | -1000 2355 | -MI at 03/02/25 0913 | -1000 0640 | -MN at 03/03/25 0913 | -1000 0913 | -GS at 03/03/25 0913 | — |
|----------------------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|---|

Vigilance Interface Values

| | | | | | |
|--------------|------------------------|------------------------|------------------------|---|---|
| Para | 0 -MI at 03/02/25 2355 | 0 -MN at 03/03/25 0640 | 0 -GS at 03/03/25 0913 | — | — |
| Para Term | 0 -MI at 03/02/25 2355 | 0 -MN at 03/03/25 0640 | 0 -GS at 03/03/25 0913 | — | — |
| Para PreTerm | 0 -MI at 03/02/25 2355 | 0 -MN at 03/03/25 0640 | 0 -GS at 03/03/25 0913 | — | — |
| Total AB | 0 -MI at 03/02/25 2355 | 0 -MN at 03/03/25 0640 | 0 -GS at 03/03/25 0913 | — | — |
| Living | 0 -MI at 03/02/25 2355 | 0 -MN at 03/03/25 0640 | 0 -GS at 03/03/25 0913 | — | — |

Glasgow Coma Scale

| | | | | |
|----------------------------|---------------|---------------|-------------------------|-------------------------|
| Glasgow Coma Scale Numeric | — | — | 15 -GS at 03/03/25 0805 | 15 -GS at 03/03/25 0805 |
| Row Name | 03/03/25 0810 | 03/03/25 0900 | 03/03/25 1000 | 03/03/25 1100 |

OTHER

| | | | | | | |
|----------------------------------|---------------|----------------------|---------------|----------------------|---|---|
| Hemorrhage Risk Assessment Score | -1000 0913 | -GS at 03/03/25 0913 | -1000 0914 | -GS at 03/03/25 1150 | — | — |
|----------------------------------|---------------|----------------------|---------------|----------------------|---|---|

Vigilance Interface Values

| | | | | | |
|--------------|------------------------|------------------------|------------------------|---|---|
| Para | 0 -GS at 03/03/25 0913 | 0 -GS at 03/03/25 0914 | 0 -GS at 03/03/25 1150 | — | — |
| Para Term | 0 -GS at 03/03/25 0913 | 0 -GS at 03/03/25 0914 | 0 -GS at 03/03/25 1150 | — | — |
| Para PreTerm | 0 -GS at 03/03/25 0913 | 0 -GS at 03/03/25 0914 | 0 -GS at 03/03/25 1150 | — | — |
| Total AB | 0 -GS at 03/03/25 0913 | 0 -GS at 03/03/25 0914 | 0 -GS at 03/03/25 1150 | — | — |
| Living | 0 -GS at 03/03/25 0913 | 0 -GS at 03/03/25 0914 | 0 -GS at 03/03/25 1150 | — | — |

Glasgow Coma Scale

| | | | | | |
|----------------------------|---------------|-------------------------|---------------|-------------------------|-------------------------|
| Glasgow Coma Scale Numeric | — | 15 -GS at 03/03/25 0914 | — | 15 -GS at 03/03/25 1151 | 15 -GS at 03/03/25 1547 |
| Row Name | 03/03/25 1500 | 03/03/25 1700 | 03/03/25 1805 | 03/03/25 1915 | 03/03/25 1930 |

OTHER

| | | | | | | |
|----------------------------------|---------------|----------------------|---------------|----------------------|---|---------------|
| Hemorrhage Risk Assessment Score | -1000 1546 | -GS at 03/03/25 1546 | -1000 1810 | -GS at 03/03/25 1810 | — | -1000 1958 |
|----------------------------------|---------------|----------------------|---------------|----------------------|---|---------------|

Vigilance Interface Values

| | | | | | |
|--------------|------------------------|------------------------|------------------------|---|------------------------|
| Para | 0 -GS at 03/03/25 1546 | 0 -GS at 03/03/25 1810 | 0 -GS at 03/03/25 1810 | — | 0 -JM at 03/03/25 1958 |
| Para Term | 0 -GS at 03/03/25 1546 | 0 -GS at 03/03/25 1810 | 0 -GS at 03/03/25 1810 | — | 0 -JM at 03/03/25 1958 |
| Para PreTerm | 0 -GS at 03/03/25 1546 | 0 -GS at 03/03/25 1810 | 0 -GS at 03/03/25 1810 | — | 0 -JM at 03/03/25 1958 |
| Total AB | 0 -GS at 03/03/25 1546 | 0 -GS at 03/03/25 1810 | 0 -GS at 03/03/25 1810 | — | 0 -JM at 03/03/25 1958 |
| Living | 0 -GS at 03/03/25 1546 | 0 -GS at 03/03/25 1810 | 0 -GS at 03/03/25 1810 | — | 0 -JM at 03/03/25 1958 |

Glasgow Coma Scale

| | | | | | |
|----------------------------|-------------------------|-------------------------|---------------|-------------------------|---------------|
| Glasgow Coma Scale Numeric | 15 -GS at 03/03/25 1547 | 15 -GS at 03/03/25 1810 | — | 15 -JM at 03/03/25 2014 | — |
| Row Name | 03/03/25 2100 | 03/03/25 2200 | 03/03/25 2300 | 03/04/25 0130 | 03/04/25 0145 |

OTHER

| | | | | | | |
|----------------------------------|---------------|----------------------|---------------|----------------------|---------------|---------------|
| Hemorrhage Risk Assessment Score | -1000 2252 | -JM at 03/03/25 2253 | -1000 2253 | -JM at 03/04/25 0050 | -1000 0134 | -1000 0149 |
|----------------------------------|---------------|----------------------|---------------|----------------------|---------------|---------------|

Vigilance Interface Values

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|--------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Para | 0 -JM at 03/03/25 2252 | 0 -JM at 03/03/25 2253 | 0 -JM at 03/04/25 0050 | 0 -JM at 03/04/25 0134 | 0 -CC at 03/04/25 0149 |
| Para Term | 0 -JM at 03/03/25 2252 | 0 -JM at 03/03/25 2253 | 0 -JM at 03/04/25 0050 | 0 -JM at 03/04/25 0134 | 0 -CC at 03/04/25 0149 |
| Para PreTerm | 0 -JM at 03/03/25 2252 | 0 -JM at 03/03/25 2253 | 0 -JM at 03/04/25 0050 | 0 -JM at 03/04/25 0134 | 0 -CC at 03/04/25 0149 |
| Total AB | 0 -JM at 03/03/25 2252 | 0 -JM at 03/03/25 2253 | 0 -JM at 03/04/25 0050 | 0 -JM at 03/04/25 0134 | 0 -CC at 03/04/25 0149 |
| Living | 0 -JM at 03/03/25 2252 | 0 -JM at 03/03/25 2253 | 0 -JM at 03/04/25 0050 | 0 -JM at 03/04/25 0134 | 0 -CC at 03/04/25 0149 |
| Row Name | 03/04/25 0300 | 03/04/25 0410 | 03/04/25 0430 | 03/04/25 04:38:14 | 03/04/25 04:39:21 |

OTHER

| | | | | | | | | |
|---|---------------|----------------------|----------------------|-------------------------|----------------------|---|---------------|---------------------------------|
| Hemorrhage Risk Assessment Score | -1000 0322 | -CC at 03/04/25 0419 | -1000 0419 | -HC at 03/04/25 | — | — | -1000 0439 | -MI (r) IK (t) at 03/04/25 0439 |
| Adult Female Ideal Body Weight (European) | — | 65.771 kg | -HC at 03/04/25 0419 | — | — | — | — | — |
| Adjusted Ideal Body Weight | — | 69.38 | -HC at 03/04/25 0419 | — | — | — | — | — |
| IBW in lb (Bariatric) | — | 160.1 lb | -HC at 03/04/25 0419 | — | — | — | — | — |
| Goal met? | — | — | — | Goal not met | -DJ at 03/04/25 0535 | — | — | — |
| Time since last AM-PAC (hours) | — | — | — | 0 -DJ at 03/04/25 0535 | — | — | — | — |
| Mobility performed compared to goal | — | — | — | -6 -DJ at 03/04/25 0535 | — | — | — | — |
| Most recent goal | — | — | — | 7 -DJ at 03/04/25 0535 | — | — | — | — |
| Count of JH-HLM performed (today) | — | — | — | 1 -DJ at 03/04/25 0535 | — | — | — | — |

Vigilance Interface Values

| | | | | | | |
|--------------|------------------------|------------------------|---|---|---|-----------------------------------|
| Para | 0 -CC at 03/04/25 0322 | 0 -HC at 03/04/25 0419 | — | — | — | 0 -MI (r) IK (t) at 03/04/25 0439 |
| Para Term | 0 -CC at 03/04/25 0322 | 0 -HC at 03/04/25 0419 | — | — | — | 0 -MI (r) IK (t) at 03/04/25 0439 |
| Para PreTerm | 0 -CC at 03/04/25 0322 | 0 -HC at 03/04/25 0419 | — | — | — | 0 -MI (r) IK (t) at 03/04/25 0439 |
| Total AB | 0 -CC at 03/04/25 0322 | 0 -HC at 03/04/25 0419 | — | — | — | 0 -MI (r) IK (t) at 03/04/25 0439 |
| Living | 0 -CC at 03/04/25 0322 | 0 -HC at 03/04/25 0419 | — | — | — | 0 -MI (r) IK (t) at 03/04/25 0439 |

Relevant Labs and Vitals

| | | | | | | |
|---------------------------------|---|---|---|------|---------------------------------|---|
| Temp (in Celsius) for APACHE IV | — | — | — | 36.9 | -MI (r) IK (t) at 03/04/25 0439 | — |
|---------------------------------|---|---|---|------|---------------------------------|---|

Anthropometrics

| | | | | | | |
|-----------------------------------|---|----------|----------------------|---|---|---|
| IBW/kg (Calculated) | — | 70.74 | -HC at 03/04/25 0419 | — | — | — |
| Adjusted body weight (calculated) | — | 72.36 kg | -HC at 03/04/25 0419 | — | — | — |

Weight and Growth Recommendation

| | | | | | | |
|--------------------------|---|----------|----------------------|---|---|---|
| IBW/kg (Calculated) Male | — | 70.74 kg | -HC at 03/04/25 0419 | — | — | — |
|--------------------------|---|----------|----------------------|---|---|---|

Anthropometrics

| | | | | | | |
|------------------|---|-------|----------------------|---|---|---|
| BMI (Calculated) | — | 24.34 | -HC at 03/04/25 0419 | — | — | — |
|------------------|---|-------|----------------------|---|---|---|

Height and Weight

| | | | | | | |
|-------------------------|---|----------------|----------------------|---|---|---|
| BSA (Calculated - sq m) | — | 1.91 sq meters | -HC at 03/04/25 0419 | — | — | — |
| Weight in (lb) to | — | 169 | -HC at 03/04/25 0419 | — | — | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

have BMI = 25

Vital Signs

| | | | | | |
|------------------|---|-------------------------------|---|---|---|
| BMI (Calculated) | — | 24.34 -HC at 03/04/25 0419 | — | — | — |
|------------------|---|-------------------------------|---|---|---|

Weight and Growth Recommendation

| | | | | | |
|-----------------------------|---|----------------------------------|---|---|---|
| IBW/kg (Calculated) Male | — | 70.74 kg -HC at 03/04/25 0419 | — | — | — |
|-----------------------------|---|----------------------------------|---|---|---|

Measurements

| | | | | | |
|---|---|-------------------------------------|---|---|---|
| BMI (Calculated) | — | 24.4 -HC at 03/04/25 0419 | — | — | — |
| Percent Excess Weight Loss | — | 0 Percent -HC at 03/04/25 0419 | — | — | — |
| Weight Loss Since Preop (kg) | — | -74.8 kg -HC at 03/04/25 0419 | — | — | — |
| Excess Body Weight (kg) | — | -76.83 kg -HC at 03/04/25 0419 | — | — | — |
| IBW in kg (Bariatric) | — | 76.83 kg -HC at 03/04/25 0419 | — | — | — |
| Weight Loss Since Last Bariatric Visit (kg) | — | 0.04 kg -HC at 03/04/25 0419 | — | — | — |
| Percent of IBW | — | 103 Percent -HC at 03/04/25 0419 | — | — | — |
| EBW in kg (Bariatric) | — | -2.05 kg -HC at 03/04/25 0419 | — | — | — |
| EBW in lb (Bariatric) | — | 4.8 lb -HC at 03/04/25 0419 | — | — | — |

Bariatric Measurements

| | | | | | |
|-----------------------|---|--------------------------------|---|---|---|
| IBW in lb (Bariatric) | — | 169.37 -HC at 03/04/25 0419 | — | — | — |
|-----------------------|---|--------------------------------|---|---|---|

Adult IBW/VT Calculations

| | | | | | |
|--------------------------------|---|--------------------------------------|---|---|---|
| IBW/kg (Calculated) | — | 72.77 -HC at 03/04/25 0419 | — | — | — |
| Low Range Vt 6mL/kg | — | 436.62 mL/kg -HC at 03/04/25 0419 | — | — | — |
| Adult Moderate Range Vt 8mL/kg | — | 582.16 mL/kg -HC at 03/04/25 0419 | — | — | — |
| Adult High Range Vt 10mL/kg | — | 727.7 mL/kg -HC at 03/04/25 0419 | — | — | — |
| Adult High Range Vt 8mL/kg | — | 582.16 mL/kg -HC at 03/04/25 0419 | — | — | — |
| Adult Moderate Range Vt 7mL/kg | — | 509.39 mL/kg -HC at 03/04/25 0419 | — | — | — |

Glasgow Coma Scale

| | | | | | |
|----------------------------|---|---|-------------------------|---|---|
| Glasgow Coma Scale Numeric | — | — | 15 -DJ at 03/04/25 0536 | — | — |
|----------------------------|---|---|-------------------------|---|---|

Fall Risk Scale

| | | | | | |
|----------------------------|---|---|--|---|---|
| Fall Risk Calculated Score | — | — | 3 (Hester Davis) -DJ at 03/04/25 0535 | — | — |
|----------------------------|---|---|--|---|---|

| | | | | | |
|----------|---------------|---------------|---------------|-------------------|---------------|
| Row Name | 03/04/25 0532 | 03/04/25 0544 | 03/04/25 0545 | 03/04/25 07:52:13 | 03/04/25 0800 |
|----------|---------------|---------------|---------------|-------------------|---------------|

OTHER

| | | | | | |
|----------------------------------|---------------|-----------------|---|------------------------|-------------------|
| Hemorrhage Risk Assessment Score | -1000 0532 | -DJ at 03/04/25 | — | -1000 03/04/25 0752 | -MI (r) SR (l) at |
|----------------------------------|---------------|-----------------|---|------------------------|-------------------|

| | | | | | |
|-----------|---|---|---|---|--------------------------------------|
| Goal met? | — | — | — | — | Goal not met -II at 03/04/25 0803 |
|-----------|---|---|---|---|--------------------------------------|

| | | | | | |
|----------|---|---|---|---|-------------------------|
| Mobility | — | — | — | — | -1 -II at 03/04/25 0803 |
|----------|---|---|---|---|-------------------------|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|---|-----------------------------------|-------------------------------------|--|---------------------------------------|---------------------------------------|
| performed compared to goal | — | — | — | — | — |
| Most recent goal | — | — | — | — | 7 -II at 03/04/25 0803 |
| Count of JH-HLM performed (today) | — | — | — | — | 2 -II at 03/04/25 0803 |
| Malnutrition Risk | — | Not at risk -DJ at 03/04/25 0544 | — | — | — |
| Calculated C-SSRS Risk Score (Daily/Shift) | — | — | No Risk Indicated -DJ at 03/04/25 0545 | — | — |
| Vigilance Interface Values | | | | | |
| Para | 0 -DJ at 03/04/25 0532 | — | — | 0 -MI (r) SR (t) at 03/04/25 0752 | — |
| Para Term | 0 -DJ at 03/04/25 0532 | — | — | 0 -MI (r) SR (t) at 03/04/25 0752 | — |
| Para PreTerm | 0 -DJ at 03/04/25 0532 | — | — | 0 -MI (r) SR (t) at 03/04/25 0752 | — |
| Total AB | 0 -DJ at 03/04/25 0532 | — | — | 0 -MI (r) SR (t) at 03/04/25 0752 | — |
| Living | 0 -DJ at 03/04/25 0532 | — | — | 0 -MI (r) SR (t) at 03/04/25 0752 | — |
| Relevant Labs and Vitals | | | | | |
| Temp (in Celsius) for APACHE IV | 38 -DJ at 03/04/25 0532 | — | — | 36.4 -SR at 03/04/25 0843 | — |
| Glasgow Coma Scale | | | | | |
| Glasgow Coma Scale Numeric | — | — | — | — | 15 -II at 03/04/25 1343 |
| Fall Risk Scale | | | | | |
| Fall Risk Calculated Score | — | — | — | — | 3 (Hester Davis) -II at 03/04/25 0805 |
| Audit Alcohol Screening | | | | | |
| Audit-C Score | — | 0 -DJ at 03/04/25 0545 | — | — | — |
| Skip to questions 9-10? | — | 1 -DJ at 03/04/25 0545 | — | — | — |
| Intimate Partner Violence | | | | | |
| HARK Total Score | — | 0 -DJ at 03/04/25 0545 | — | — | — |
| Violence Assessment Tool Risk Indicators | | | | | |
| Violence Assessment Tool Total Score | — | — | — | — | 0 -II at 03/04/25 0804 |
| Row Name | 03/04/25 0915 | 03/04/25 1040 | 03/04/25 1200 | 03/04/25 12:01:34 | 03/04/25 1600 |
| OTHER | | | | | |
| Hemorrhage Risk Assessment Score | — | — | — | -1000 -MI (r) SR (t) at 03/04/25 1201 | — |
| Goal met? 03/04/25 1248 | Goal not met -ss at 03/04/25 1343 | Goal surpassed -sw at 03/04/25 1343 | Goal not met -II at 03/04/25 1216 | — | — |
| Time since last AM-PAC (hours) | — | 6.17 -SW at 03/04/25 1343 | — | — | — |
| Mobility performed compared to goal | -1 -SS at 03/04/25 1248 | 1 -SW at 03/04/25 1343 | -1 -II at 03/04/25 1216 | — | — |
| Most recent goal | 7 -SS at 03/04/25 1248 | 6 -SW at 03/04/25 1343 | 7 -II at 03/04/25 1216 | — | — |
| Count of JH-HLM performed (today) | 3 -SS at 03/04/25 1248 | 4 -SW at 03/04/25 1343 | 3 -II at 03/04/25 1216 | — | — |
| Vigilance Interface Values | | | | | |
| Para | — | — | — | 0 -MI (r) SR (t) at | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|--------------|---|---|---|--------------------------------------|---|
| Para Term | — | — | — | 03/04/25 1201 | — |
| Para PreTerm | — | — | — | 0 -MI (r) SR (t) at 03/04/25 1201 | — |
| Total AB | — | — | — | 0 -MI (r) SR (t) at 03/04/25 1201 | — |
| Living | — | — | — | 0 -MI (r) SR (t) at 03/04/25 1201 | — |

Relevant Labs and Vitals

| | | | | | |
|------------------------------------|---|---|------|-------------------------|---|
| Temp (in Celsius) for APACHE IV | — | — | 36.6 | -SR at 03/04/25 1228 | — |
|------------------------------------|---|---|------|-------------------------|---|

Glasgow Coma Scale

| | | | | | |
|-------------------------------|---|---|----|----------------------|---|
| Glasgow Coma Scale Score | — | — | 15 | -II at 03/04/25 1344 | — |
| Glasgow Coma Scale Numeric | — | — | 15 | -II at 03/04/25 1344 | — |

| | | | | | |
|----------|-------------------|-------------------|-------------------|-------------------|---------------|
| Row Name | 03/04/25 16:03:02 | 03/04/25 16:03:15 | 03/04/25 19:29:28 | 03/04/25 19:29:32 | 03/04/25 2000 |
|----------|-------------------|-------------------|-------------------|-------------------|---------------|

OTHER

| | | | | | |
|--|---|---------------|----------------------------------|---|---|
| Hemorrhage Risk Assessment Score | — | -1000 1603 | -MI at 03/04/25 03/04/25 1929 | -1000 -MI (r) MP (t) at 03/04/25 1929 | — |
|--|---|---------------|----------------------------------|---|---|

Vigilance Interface Values

| | | | | | |
|--------------|---|------------------------|--------------------------------------|---|---|
| Para | — | 0 -MI at 03/04/25 1603 | 0 -MI (r) MP (t) at 03/04/25 1929 | — | — |
| Para Term | — | 0 -MI at 03/04/25 1603 | 0 -MI (r) MP (t) at 03/04/25 1929 | — | — |
| Para PreTerm | — | 0 -MI at 03/04/25 1603 | 0 -MI (r) MP (t) at 03/04/25 1929 | — | — |
| Total AB | — | 0 -MI at 03/04/25 1603 | 0 -MI (r) MP (t) at 03/04/25 1929 | — | — |
| Living | — | 0 -MI at 03/04/25 1603 | 0 -MI (r) MP (t) at 03/04/25 1929 | — | — |

Relevant Labs and Vitals

| | | | | | |
|------------------------------------|--------------|---|---|------|-------------------------|
| Temp (in Celsius) for APACHE IV | 37.4 1603 | — | — | 36.7 | -MP at 03/04/25 2021 |
|------------------------------------|--------------|---|---|------|-------------------------|

Glasgow Coma Scale

| | | | | | |
|-------------------------------|---|---|---|---|-------------------------|
| Glasgow Coma Scale Numeric | — | — | — | — | 15 -JG at 03/04/25 2214 |
|-------------------------------|---|---|---|---|-------------------------|

Fall Risk Scale

| | | | | | |
|-------------------------------|---|---|---|---|--|
| Fall Risk Calculated Score | — | — | — | — | 3 (Hester Davis) -JG at 03/04/25 2218 |
|-------------------------------|---|---|---|---|--|

| | | | | | |
|----------|-------------------|-------------------|---------------|---------------|---------------|
| Row Name | 03/04/25 23:52:50 | 03/04/25 23:53:45 | 03/05/25 0000 | 03/05/25 0400 | 03/05/25 0413 |
|----------|-------------------|-------------------|---------------|---------------|---------------|

OTHER

| | | | | | |
|--|---|------------------------|------------------------------------|---|---|
| Hemorrhage Risk Assessment Score | — | -1000 03/04/25 2353 | -MI (r) MP (t) at 03/04/25 2353 | — | — |
|--|---|------------------------|------------------------------------|---|---|

Vigilance Interface Values

| | | | | | |
|--------------|---|--------------------------------------|---|---|---|
| Para | — | 0 -MI (r) MP (t) at 03/04/25 2353 | — | — | — |
| Para Term | — | 0 -MI (r) MP (t) at 03/04/25 2353 | — | — | — |
| Para PreTerm | — | 0 -MI (r) MP (t) at 03/04/25 2353 | — | — | — |
| Total AB | — | 0 -MI (r) MP (t) at 03/04/25 2353 | — | — | — |
| Living | — | 0 -MI (r) MP (t) at 03/04/25 2353 | — | — | — |

Relevant Labs and Vitals

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|---|--|---|--|--|--|
| Temp (in Celsius) for APACHE IV | 37 -MI (r) MP (t) at 03/04/25 2353 | — | — | — | 36.3 -MI (r) MP (t) at 03/05/25 0413 |
| Glasgow Coma Scale | | | | | |
| Glasgow Coma Scale Numeric | — | — | 15 -JG at 03/05/25 0313 | 15 -JG at 03/05/25 0629 | — |
| Row Name | 03/05/25 04:13:21 | 03/05/25 07:43:12 | 03/05/25 07:44:12 | 03/05/25 0800 | 03/05/25 1020 |
| OTHER | | | | | |
| Hemorrhage Risk Assessment Score | -1000 -MI (r) MP (t) at 03/05/25 0413 | — | -1000 -MI (r) MR (t) at 03/05/25 0744 | — | — |
| Goal met? | — | — | — | Goal met -II at 03/05/25 0945 | Goal met -SW at 03/05/25 1201 |
| Time since last AM-PAC (hours) | — | — | — | — | 23.67 -SW at 03/05/25 1201 |
| Mobility performed compared to goal | — | — | — | 0 -II at 03/05/25 0945 | 0 -SW at 03/05/25 1201 |
| Most recent goal | — | — | — | 6 -II at 03/05/25 0945 | 7 -SW at 03/05/25 1201 |
| Count of JH-HLM performed (today) | — | — | — | 1 -II at 03/05/25 0945 | 2 -SW at 03/05/25 1201 |
| Vigilance Interface Values | | | | | |
| Para | 0 -MI (r) MP (t) at 03/05/25 0413 | — | 0 -MI (r) MR (t) at 03/05/25 0744 | — | — |
| Para Term | 0 -MI (r) MP (t) at 03/05/25 0413 | — | 0 -MI (r) MR (t) at 03/05/25 0744 | — | — |
| Para PreTerm | 0 -MI (r) MP (t) at 03/05/25 0413 | — | 0 -MI (r) MR (t) at 03/05/25 0744 | — | — |
| Total AB | 0 -MI (r) MP (t) at 03/05/25 0413 | — | 0 -MI (r) MR (t) at 03/05/25 0744 | — | — |
| Living | 0 -MI (r) MP (t) at 03/05/25 0413 | — | 0 -MI (r) MR (t) at 03/05/25 0744 | — | — |
| Relevant Labs and Vitals | | | | | |
| Temp (in Celsius) for APACHE IV | — | 36.7 -MI (r) MR (t) at 03/05/25 0744 | — | — | — |
| Glasgow Coma Scale | | | | | |
| Glasgow Coma Scale Numeric | — | — | — | 15 -II at 03/05/25 1119 | — |
| Fall Risk Scale | | | | | |
| Fall Risk Calculated Score | — | — | — | 3 (Hester Davis) -II at 03/05/25 1111 | — |
| Violence Assessment Tool Risk Indicators | | | | | |
| Violence Assessment Tool Total Score | — | — | — | 0 -II at 03/05/25 1101 | — |
| Row Name | 03/05/25 11:39:48 | 03/05/25 11:40:19 | 03/05/25 1200 | 03/05/25 15:36:48 | 03/05/25 15:37:40 |
| OTHER | | | | | |
| Hemorrhage Risk Assessment Score | -1000 -MI (r) MR (t) at 03/05/25 1140 | — | — | — | -1000 -MI (r) MR (t) at 03/05/25 1538 |
| Vigilance Interface Values | | | | | |
| Para | 0 -MI (r) MR (t) at 03/05/25 1140 | — | — | — | 0 -MI (r) MR (t) at 03/05/25 1538 |
| Para Term | 0 -MI (r) MR (t) at 03/05/25 1140 | — | — | — | 0 -MI (r) MR (t) at 03/05/25 1538 |
| Para PreTerm | 0 -MI (r) MR (t) at 03/05/25 1140 | — | — | — | 0 -MI (r) MR (t) at 03/05/25 1538 |
| Total AB | 0 -MI (r) MR (t) at 03/05/25 1140 | — | — | — | 0 -MI (r) MR (t) at 03/05/25 1538 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | | | |
|---|--------------------------------------|---|--|---|---|--|
| Living | 0 -MI (r) MR (t) at 03/05/25 1140 | — | — | — | — | 0 -MI (r) MR (t) at 03/05/25 1538 |
| Relevant Labs and Vitals | | | | | | |
| Temp (in Celsius) for APACHE IV | — | 36.6 -MI (r) MR (t) at 03/05/25 1140 | — | — | 37.1 -MI (r) MR (t) at 03/05/25 1538 | — |
| Glasgow Coma Scale | | | | | | |
| Glasgow Coma Scale Score | — | — | 15 -II at 03/05/25 1300 | — | — | — |
| Glasgow Coma Scale Numeric | — | — | 15 -II at 03/05/25 1300 | — | — | — |
| Row Name | 03/05/25 1600 | 03/05/25 1700 | 03/05/25 2000 | 03/05/25 20:08:18 | 03/05/25 20:09:19 | |
| OTHER | | | | | | |
| Hemorrhage Risk Assessment Score | — | — | — | — | — | -1000 -MI (r) KP (t) at 03/05/25 2009 |
| Goal met? | — | Goal not met -II at 03/05/25 1708 | — | — | — | — |
| Mobility performed compared to goal | — | -1 -II at 03/05/25 1708 | — | — | — | — |
| Most recent goal | — | 7 -II at 03/05/25 1708 | — | — | — | — |
| Count of JH-HLM performed (today) | — | 3 -II at 03/05/25 1708 | — | — | — | — |
| Vigilance Interface Values | | | | | | |
| Para | — | — | — | — | — | 0 -MI (r) KP (t) at 03/05/25 2009 |
| Para Term | — | — | — | — | — | 0 -MI (r) KP (t) at 03/05/25 2009 |
| Para PreTerm | — | — | — | — | — | 0 -MI (r) KP (t) at 03/05/25 2009 |
| Total AB | — | — | — | — | — | 0 -MI (r) KP (t) at 03/05/25 2009 |
| Living | — | — | — | — | — | 0 -MI (r) KP (t) at 03/05/25 2009 |
| Relevant Labs and Vitals | | | | | | |
| Temp (in Celsius) for APACHE IV | — | — | — | 37.2 -MI (r) KP (t) at 03/05/25 2009 | — | — |
| Glasgow Coma Scale | | | | | | |
| Glasgow Coma Scale Score | 15 -II at 03/05/25 1807 | — | — | — | — | — |
| Glasgow Coma Scale Numeric | 15 -II at 03/05/25 1807 | — | 15 -AG at 03/05/25 2007 | — | — | — |
| Fall Risk Scale | | | | | | |
| Fall Risk Calculated Score | — | — | 3 (Hester Davis) -AG at 03/05/25 2008 | — | — | — |
| Row Name | 03/05/25 23:40:12 | 03/05/25 23:40:25 | 03/06/25 0000 | 03/06/25 0400 | 03/06/25 04:29:26 | |
| OTHER | | | | | | |
| Hemorrhage Risk Assessment Score | -1000 -MI at 03/05/25 2340 | — | — | — | — | — |
| Vigilance Interface Values | | | | | | |
| Para | 0 -MI at 03/05/25 2340 | — | — | — | — | — |
| Para Term | 0 -MI at 03/05/25 2340 | — | — | — | — | — |
| Para PreTerm | 0 -MI at 03/05/25 2340 | — | — | — | — | — |
| Total AB | 0 -MI at 03/05/25 2340 | — | — | — | — | — |
| Living | 0 -MI at 03/05/25 2340 | — | — | — | — | — |
| Relevant Labs and Vitals | | | | | | |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | | |
|---------------------|------|-----------------|---|---|---------------|-------------------|
| Temp (in Celsius) — | 36.3 | -MI at 03/05/25 | — | — | 36.4 | -MI (r) KP (t) at |
| for APACHE IV | 2340 | | | | 03/06/25 0430 | |

Glasgow Coma Scale

| | | | | |
|----------------|---|-------------------------|-------------------------|---|
| Glasgow Coma — | — | 15 -AG at 03/06/25 0007 | 15 -AG at 03/06/25 0402 | — |
| Scale Numeric | | | | |

| | | | | | |
|----------|-------------------|-------------------|-------------------|-------------------|---------------|
| Row Name | 03/06/25 04:29:40 | 03/06/25 05:04:22 | 03/06/25 06:34:39 | 03/06/25 06:35:19 | 03/06/25 0800 |
|----------|-------------------|-------------------|-------------------|-------------------|---------------|

OTHER

| | | | | | | | | | |
|----------------------------------|-------|---------------------------------|-------|---------------------------------|-------|---------------------------------|-------|---------------------------------|---|
| Hemorrhage Risk Assessment Score | -1000 | -MI (r) KP (t) at 03/06/25 0430 | -1000 | -MI (r) AG (t) at 03/06/25 0504 | -1000 | -MI (r) AG (t) at 03/06/25 0634 | -1000 | -MI (r) AG (t) at 03/06/25 0635 | — |
|----------------------------------|-------|---------------------------------|-------|---------------------------------|-------|---------------------------------|-------|---------------------------------|---|

| | | | | | | | | |
|-----------|---|---|---|---|---|---|---|-----------------------------------|
| Goal met? | — | — | — | — | — | — | — | Goal not met -SP at 03/06/25 1206 |
|-----------|---|---|---|---|---|---|---|-----------------------------------|

| | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|-------------------------|
| Mobility performed compared to goal | — | — | — | — | — | — | — | -1 -SP at 03/06/25 1206 |
|-------------------------------------|---|---|---|---|---|---|---|-------------------------|

| | | | | | | | | |
|------------------|---|---|---|---|---|---|---|----------------------|
| Most recent goal | — | — | — | — | — | — | 7 | -SP at 03/06/25 1206 |
|------------------|---|---|---|---|---|---|---|----------------------|

| | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|----------------------|
| Count of JH-HLM performed (today) | — | — | — | — | — | — | 1 | -SP at 03/06/25 1206 |
|-----------------------------------|---|---|---|---|---|---|---|----------------------|

Vigilance Interface Values

| | | | | | | | | | |
|------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|
| Para | 0 | -MI (r) KP (t) at 03/06/25 0430 | 0 | -MI (r) AG (t) at 03/06/25 0504 | 0 | -MI (r) AG (t) at 03/06/25 0634 | 0 | -MI (r) AG (t) at 03/06/25 0635 | — |
|------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|

| | | | | | | | | | |
|-----------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|
| Para Term | 0 | -MI (r) KP (t) at 03/06/25 0430 | 0 | -MI (r) AG (t) at 03/06/25 0504 | 0 | -MI (r) AG (t) at 03/06/25 0634 | 0 | -MI (r) AG (t) at 03/06/25 0635 | — |
|-----------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|

| | | | | | | | | | |
|--------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|
| Para PreTerm | 0 | -MI (r) KP (t) at 03/06/25 0430 | 0 | -MI (r) AG (t) at 03/06/25 0504 | 0 | -MI (r) AG (t) at 03/06/25 0634 | 0 | -MI (r) AG (t) at 03/06/25 0635 | — |
|--------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|

| | | | | | | | | | |
|----------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|
| Total AB | 0 | -MI (r) KP (t) at 03/06/25 0430 | 0 | -MI (r) AG (t) at 03/06/25 0504 | 0 | -MI (r) AG (t) at 03/06/25 0634 | 0 | -MI (r) AG (t) at 03/06/25 0635 | — |
|----------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|

| | | | | | | | | | |
|--------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|
| Living | 0 | -MI (r) KP (t) at 03/06/25 0430 | 0 | -MI (r) AG (t) at 03/06/25 0504 | 0 | -MI (r) AG (t) at 03/06/25 0634 | 0 | -MI (r) AG (t) at 03/06/25 0635 | — |
|--------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|---------------------------------|---|

Glasgow Coma Scale

| | | | | | | | | |
|----------------------------|---|---|---|---|---|---|----|----------------------|
| Glasgow Coma Scale Numeric | — | — | — | — | — | — | 15 | -SP at 03/06/25 1204 |
|----------------------------|---|---|---|---|---|---|----|----------------------|

| | | | | | | | | |
|-----------------|---|---|---|---|---|---|------------------|----------------------|
| Fall Risk Scale | — | — | — | — | — | — | 3 (Hester Davis) | -SP at 03/06/25 1206 |
|-----------------|---|---|---|---|---|---|------------------|----------------------|

| | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|
| Fall Risk Calculated Score | — | — | — | — | — | — | — | — |
|----------------------------|---|---|---|---|---|---|---|---|

| | | | | | |
|----------|-------------------|-------------------|-------------------|-------------------|---------------|
| Row Name | 03/06/25 08:02:27 | 03/06/25 08:03:03 | 03/06/25 11:40:06 | 03/06/25 11:40:35 | 03/06/25 1200 |
|----------|-------------------|-------------------|-------------------|-------------------|---------------|

OTHER

| | | | | | | | |
|----------------------------------|---|-------|----------------------|---|-------|---------------------------------|---|
| Hemorrhage Risk Assessment Score | — | -1000 | -MI at 03/06/25 0803 | — | -1000 | -MI (r) RF (t) at 03/06/25 1140 | — |
|----------------------------------|---|-------|----------------------|---|-------|---------------------------------|---|

| | | | | | | | | |
|-----------|---|---|---|---|---|---|---|-----------------------------------|
| Goal met? | — | — | — | — | — | — | — | Goal not met -SP at 03/06/25 1207 |
|-----------|---|---|---|---|---|---|---|-----------------------------------|

| | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|-------------------------|
| Mobility performed compared to goal | — | — | — | — | — | — | — | -1 -SP at 03/06/25 1207 |
|-------------------------------------|---|---|---|---|---|---|---|-------------------------|

| | | | | | | | | |
|------------------|---|---|---|---|---|---|---|----------------------|
| Most recent goal | — | — | — | — | — | — | 7 | -SP at 03/06/25 1207 |
|------------------|---|---|---|---|---|---|---|----------------------|

| | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|----------------------|
| Count of JH-HLM performed (today) | — | — | — | — | — | — | 2 | -SP at 03/06/25 1207 |
|-----------------------------------|---|---|---|---|---|---|---|----------------------|

Vigilance Interface Values

| | | | | | | | |
|------|---|---|----------------------|---|---|---------------------------------|---|
| Para | — | 0 | -MI at 03/06/25 0803 | — | 0 | -MI (r) RF (t) at 03/06/25 1140 | — |
|------|---|---|----------------------|---|---|---------------------------------|---|

| | | | | | | | |
|-----------|---|---|----------------------|---|---|---------------------------------|---|
| Para Term | — | 0 | -MI at 03/06/25 0803 | — | 0 | -MI (r) RF (t) at 03/06/25 1140 | — |
|-----------|---|---|----------------------|---|---|---------------------------------|---|

| | | | | | | | |
|--------------|---|---|----------------------|---|---|---------------------------------|---|
| Para PreTerm | — | 0 | -MI at 03/06/25 0803 | — | 0 | -MI (r) RF (t) at 03/06/25 1140 | — |
|--------------|---|---|----------------------|---|---|---------------------------------|---|

| | | | | | | | |
|----------|---|---|----------------------|---|---|---------------------------------|---|
| Total AB | — | 0 | -MI at 03/06/25 0803 | — | 0 | -MI (r) RF (t) at 03/06/25 1140 | — |
|----------|---|---|----------------------|---|---|---------------------------------|---|

| | | | | | | | |
|--------|---|---|----------------------|---|---|---------------------------------|---|
| Living | — | 0 | -MI at 03/06/25 0803 | — | 0 | -MI (r) RF (t) at 03/06/25 1140 | — |
|--------|---|---|----------------------|---|---|---------------------------------|---|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Relevant Labs and Vitals

| | | | | | |
|------------------------------------|--------------|---|--|---|---|
| Temp (in Celsius) for APACHE IV | 36.7 0803 | — | 36.8 -MI (r) RF (t) at 03/06/25 1140 | — | — |
|------------------------------------|--------------|---|--|---|---|

Glasgow Coma Scale

| | | | | | |
|-------------------------------|---|---|---|---|-------------------------|
| Glasgow Coma Scale Numeric | — | — | — | — | 15 -SP at 03/06/25 1204 |
|-------------------------------|---|---|---|---|-------------------------|

| Row Name | 03/06/25 1600 | 03/06/25 16:07:57 | 03/06/25 1700 | 03/06/25 2000 | 03/06/25 20:57:54 |
|----------|---------------|-------------------|---------------|---------------|-------------------|
|----------|---------------|-------------------|---------------|---------------|-------------------|

OTHER

| | | | | | |
|---|---|---|----------------------------------|---|--|
| Hemorrhage Risk Assessment Score | — | -1000 -MI (r) RF (t) at 03/06/25 1608 | — | — | -1000 -MI (r) KP (t) at 03/06/25 2058 |
| Goal met? | — | — | Goal met -SP at 03/06/25 1756 | — | — |
| Mobility performed compared to goal | — | — | 0 -SP at 03/06/25 1756 | — | — |
| Most recent goal | — | — | 7 -SP at 03/06/25 1756 | — | — |
| Count of JH-HILM performed (today) | — | — | 3 -SP at 03/06/25 1756 | — | — |

Vigilance Interface Values

| | | | | | |
|--------------|---|--------------------------------------|---|---|--------------------------------------|
| Para | — | 0 -MI (r) RF (t) at 03/06/25 1608 | — | — | 0 -MI (r) KP (t) at 03/06/25 2058 |
| Para Term | — | 0 -MI (r) RF (t) at 03/06/25 1608 | — | — | 0 -MI (r) KP (t) at 03/06/25 2058 |
| Para PreTerm | — | 0 -MI (r) RF (t) at 03/06/25 1608 | — | — | 0 -MI (r) KP (t) at 03/06/25 2058 |
| Total AB | — | 0 -MI (r) RF (t) at 03/06/25 1608 | — | — | 0 -MI (r) KP (t) at 03/06/25 2058 |
| Living | — | 0 -MI (r) RF (t) at 03/06/25 1608 | — | — | 0 -MI (r) KP (t) at 03/06/25 2058 |

Glasgow Coma Scale

| | | | | | |
|-------------------------------|-------------------------|---|---|-------------------------|---|
| Glasgow Coma Scale Numeric | 15 -SP at 03/06/25 1753 | — | — | 15 -AG at 03/06/25 2003 | — |
|-------------------------------|-------------------------|---|---|-------------------------|---|

Fall Risk Scale

| Fall Risk Calculated Score | — | — | — | 3 (Hester Davis) -AG at 03/06/25 2005 | — |
|-------------------------------|-------------------|---------------|-------------------|--|---------------|
| Row Name | 03/06/25 20:58:18 | 03/07/25 0000 | 03/07/25 00:17:05 | 03/07/25 00:17:06 | 03/07/25 0400 |

OTHER

| | | | | | |
|--|---|---|---|--|---|
| Hemorrhage Risk Assessment Score | — | — | — | -1000 -MI (r) KP (t) at 03/07/25 0017 | — |
|--|---|---|---|--|---|

Vigilance Interface Values

| | | | | | |
|--------------|---|---|---|--------------------------------------|---|
| Para | — | — | — | 0 -MI (r) KP (t) at 03/07/25 0017 | — |
| Para Term | — | — | — | 0 -MI (r) KP (t) at 03/07/25 0017 | — |
| Para PreTerm | — | — | — | 0 -MI (r) KP (t) at 03/07/25 0017 | — |
| Total AB | — | — | — | 0 -MI (r) KP (t) at 03/07/25 0017 | — |
| Living | — | — | — | 0 -MI (r) KP (t) at 03/07/25 0017 | — |

Relevant Labs and Vitals

| | | | | | |
|------------------------------------|-----------------------|---|---|---|---|
| Temp (in Celsius) for APACHE IV | 36.2 03/06/25 2058 | — | 36.9 -MI (r) KP (t) at 03/07/25 0017 | — | — |
|------------------------------------|-----------------------|---|---|---|---|

Glasgow Coma Scale

| Glasgow Coma Scale Numeric | — | 15 -AG at 03/07/25 0028 | — | — | 15 -AG at 03/07/25 0415 |
|-------------------------------|-------------------|-------------------------|-------------------|-------------------|-------------------------|
| Row Name | 03/07/25 04:37:28 | 03/07/25 0800 | 03/07/25 08:01:53 | 03/07/25 08:02:39 | 03/07/25 0900 |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

OTHER

| | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|---|----------------------------|
| Hemorrhage Risk | -1000 -MI (r) KP (t) at 03/07/25 0438 | — | -1000 -MI (r) KJ (t) at 03/07/25 0802 | — | — |
| Assessment Score | — | — | — | — | — |
| Goal met? | — | Goal met -SP at 03/07/25 1727 | — | — | — |
| Time since last AM-PAC (hours) | — | — | — | — | 46.67 -VA at 03/07/25 1140 |
| Mobility performed compared to goal | — | 0 -SP at 03/07/25 1727 | — | — | — |
| Most recent goal | — | 7 -SP at 03/07/25 1727 | — | — | — |
| Count of JH-HLM performed (today) | — | 1 -SP at 03/07/25 1727 | — | — | — |

Vigilance Interface Values

| | | | | | |
|--------------|-----------------------------------|---|-----------------------------------|---|---|
| Para | 0 -MI (r) KP (t) at 03/07/25 0438 | — | 0 -MI (r) KJ (t) at 03/07/25 0802 | — | — |
| Para Term | 0 -MI (r) KP (t) at 03/07/25 0438 | — | 0 -MI (r) KJ (t) at 03/07/25 0802 | — | — |
| Para PreTerm | 0 -MI (r) KP (t) at 03/07/25 0438 | — | 0 -MI (r) KJ (t) at 03/07/25 0802 | — | — |
| Total AB | 0 -MI (r) KP (t) at 03/07/25 0438 | — | 0 -MI (r) KJ (t) at 03/07/25 0802 | — | — |
| Living | 0 -MI (r) KP (t) at 03/07/25 0438 | — | 0 -MI (r) KJ (t) at 03/07/25 0802 | — | — |

Relevant Labs and Vitals

| | | | | |
|---------------------------------|---|---|--------------------------------------|---|
| Temp (in Celsius) for APACHE IV | — | — | 35.9 -MI (r) KJ (t) at 03/07/25 0802 | — |
|---------------------------------|---|---|--------------------------------------|---|

Glasgow Coma Scale

| | | | | |
|----------------------------|---|-------------------------|---|---|
| Glasgow Coma Scale Numeric | — | 15 -SP at 03/07/25 1716 | — | — |
|----------------------------|---|-------------------------|---|---|

Fall Risk Scale

| | | | | |
|----------------------------|---------------|---------------------------------------|---------------|---------------|
| Fall Risk Calculated Score | — | 3 (Hester Davis) -SP at 03/07/25 1725 | — | — |
| Row Name | 03/07/25 1200 | 03/07/25 1300 | 03/07/25 1600 | 03/07/25 1700 |

OTHER

| | | | | |
|-------------------------------------|-------------------------------|----------------------------|---|-------------------------------|
| Hemorrhage Risk Assessment Score | — | -1000 -KJ at 03/07/25 1407 | — | -1000 -KJ at 03/07/25 1706 |
| Goal met? | Goal met -SP at 03/07/25 1729 | — | — | Goal met -SP at 03/07/25 1728 |
| Mobility performed compared to goal | 0 -SP at 03/07/25 1729 | — | — | 0 -SP at 03/07/25 1728 |
| Most recent goal | 7 -SP at 03/07/25 1729 | — | — | 7 -SP at 03/07/25 1728 |
| Count of JH-HLM performed (today) | 2 -SP at 03/07/25 1729 | — | — | 2 -SP at 03/07/25 1728 |

Vigilance Interface Values

| | | | | |
|--------------|---|------------------------|---|------------------------|
| Para | — | 0 -KJ at 03/07/25 1407 | — | 0 -KJ at 03/07/25 1706 |
| Para Term | — | 0 -KJ at 03/07/25 1407 | — | 0 -KJ at 03/07/25 1706 |
| Para PreTerm | — | 0 -KJ at 03/07/25 1407 | — | 0 -KJ at 03/07/25 1706 |
| Total AB | — | 0 -KJ at 03/07/25 1407 | — | 0 -KJ at 03/07/25 1706 |
| Living | — | 0 -KJ at 03/07/25 1407 | — | 0 -KJ at 03/07/25 1706 |

Relevant Labs and Vitals

| | | | | |
|---------------------------------|---|-------------------------|---|-------------------------|
| Temp (in Celsius) for APACHE IV | — | 36 -KJ at 03/07/25 1407 | — | 36 -KJ at 03/07/25 1706 |
|---------------------------------|---|-------------------------|---|-------------------------|

Glasgow Coma Scale

| | | | | |
|--------------|-------------------------|---|-------------------------|---|
| Glasgow Coma | 15 -SP at 03/07/25 1716 | — | 15 -SP at 03/07/25 1716 | — |
|--------------|-------------------------|---|-------------------------|---|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Scale Numeric

Daily Cares/Safety

| Row Name | 03/04/25 0430 | 03/04/25 0800 | 03/04/25 0804 | 03/04/25 1200 | 03/04/25 2000 |
|---|---|---|---------------|---------------|---|
| Precautions | | | | | |
| Precautions | Fall -DJ at 03/04/25 0535 | — | — | — | Fall -JG at 03/04/25 2218 |
| Safe Environment | | | | | |
| Arm Bands On | ID;Allergies;Fall -DJ at 03/04/25 0535 | — | — | — | ID;Fall -JG at 03/04/25 2218 |
| The Patient's Environment is Safe | Yes -DJ at 03/04/25 0535 | — | — | — | Yes -JG at 03/04/25 2218 |
| Standard Bedside Safety | Suction available and working -DJ at 03/04/25 0535 | — | — | — | Oxygen available and working;Suction available and working;Bag -JG at 03/04/25 2218 |
| Additional Bedside Safety | Bed in locked and low position;Clutter free environment -DJ at 03/04/25 0535 | — | — | — | Bed in locked and low position -JG at 03/04/25 2218 |
| Call Light Within Reach | Yes -DJ at 03/04/25 0535 | — | — | — | Yes -JG at 03/04/25 2218 |
| Overbed Table Within Reach | Yes -DJ at 03/04/25 0535 | — | — | — | Yes -JG at 03/04/25 2218 |
| Bed In Lowest Position | Yes -DJ at 03/04/25 0535 | — | — | — | Yes -JG at 03/04/25 2218 |
| Bed Wheels Locked | Yes -DJ at 03/04/25 0535 | — | — | — | Yes -JG at 03/04/25 2218 |
| Side Rails/Bed Safety | 2/4 -DJ at 03/04/25 0535 | — | — | — | 3/4 -JG at 03/04/25 2218 |
| NonSkid Footwear | On -DJ at 03/04/25 0535 | — | — | — | On -JG at 03/04/25 2218 |
| Hester Davis Fall Risk Assessment | | | | | |
| Last Known Fall | No falls -DJ at 03/04/25 0535 | No falls -II at 03/04/25 0805 | — | — | No falls -JG at 03/04/25 2218 |
| Mobility | No limitations -DJ at 03/04/25 0535 | No limitations -II at 03/04/25 0805 | — | — | No limitations -JG at 03/04/25 2218 |
| Medications | Cardiovascular or central nervous system meds -DJ at 03/04/25 0535 | Cardiovascular or central nervous system meds -II at 03/04/25 0805 | — | — | Cardiovascular or central nervous system meds -JG at 03/04/25 2218 |
| Medication Interventions | Adjust med admin per side effects (i.e., Lasix to be given in AM);Answer call light promptly -DJ at 03/04/25 0535 | Answer call light promptly;Adjust med admin per side effects (i.e., Lasix to be given in AM) -II at 03/04/25 0805 | — | — | Answer call light promptly -JG at 03/04/25 2218 |
| Mental Status/LOC/Awareness | Awake, alert, and oriented to date, place, and person -DJ at 03/04/25 0535 | Awake, alert, and oriented to date, place, and person -II at 03/04/25 0805 | — | — | Awake, alert, and oriented to date, place, and person -JG at 03/04/25 2218 |
| Mental Status/LOC/Awareness Interventions | Activate bed/chair alarm -DJ at 03/04/25 0535 | Activate bed/chair alarm -II at 03/04/25 0805 | — | — | Hourly rounding -JG at 03/04/25 2218 |
| Toileting Needs | No needs -DJ at 03/04/25 0535 | No needs -II at 03/04/25 0805 | — | — | No needs -JG at 03/04/25 2218 |
| Volume/Electrolyt | No problems -DJ at | No problems -II at | — | — | No problems -JG at |

**03/03/2025 ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|---------------------------------|---|---|---|---|---|
| e Status | 03/04/25 0535 | 03/04/25 0805 | — | — | 03/04/25 2218 |
| Communication/ Sensory | No deficits -DJ at 03/04/25 0535 | No deficits -II at 03/04/25 0805 | — | — | No deficits -JG at 03/04/25 2218 |
| Behavior | Appropriate behavior -DJ at 03/04/25 0535 | Appropriate behavior -II at 03/04/25 0805 | — | — | Appropriate behavior -JG at 03/04/25 2218 |
| Hester Davis Fall Risk Total | 3 -DJ at 03/04/25 0535 | 3 -II at 03/04/25 0805 | — | — | 3 -JG at 03/04/25 2218 |
| Hester Davis Fall Risk | Universal -DJ at 03/04/25 0535 | Universal -II at 03/04/25 0805 | — | — | Universal -JG at 03/04/25 2218 |

Fall Risk Interventions

| | | | | | |
|---|--|--|---|---|--|
| Toilet Every 2 Hours-In Advance of Need | Yes -DJ at 03/04/25 0535 | Yes -II at 03/04/25 0805 | — | — | Yes -JG at 03/04/25 2218 |
| Hourly Visual Checks | Awake -DJ at 03/04/25 0535 | Awake -II at 03/04/25 0805 | — | — | Awake -JG at 03/04/25 2218 |
| Fall Armband On | Yes -DJ at 03/04/25 0535 | Yes -II at 03/04/25 0805 | — | — | Yes -JG at 03/04/25 2218 |
| Room Door Open | Yes -DJ at 03/04/25 0535 | Yes -II at 03/04/25 0805 | — | — | Yes -JG at 03/04/25 2218 |
| Gait Belt Used For Transfers | Not applicable -DJ at 03/04/25 0535 | Not applicable -II at 03/04/25 0805 | — | — | Not applicable -JG at 03/04/25 2218 |
| Alarm On | Bed -DJ at 03/04/25 0535 | Bed -II at 03/04/25 0805 | — | — | Bed -JG at 03/04/25 2218 |

AM-PAC Basic Mobility Inpatient

| | | | | | |
|--|------------------------------|---|---|---|---|
| Turning in bed without bedrails | None -DJ at 03/04/25 0535 | — | — | — | — |
| Lying on back to sitting on edge of flat bed | None -DJ at 03/04/25 0535 | — | — | — | — |
| Bed to chair | None -DJ at 03/04/25 0535 | — | — | — | — |
| Standing up from chair | None -DJ at 03/04/25 0535 | — | — | — | — |
| Walk in room | None -DJ at 03/04/25 0535 | — | — | — | — |
| Climbing 3-5 stairs | None -DJ at 03/04/25 0535 | — | — | — | — |
| Mobility Inpatient Raw Score | 24 -DJ at 03/04/25 0535 | — | — | — | — |
| JH-HLM Goal | 7 -DJ at 03/04/25 0535 | — | — | — | — |

Mobility

| | | | | | |
|--|--|---|---|---|--|
| Highest Level of Mobility Performed (JH- HLM) | Lying in bed -DJ at 03/04/25 0535 | Walked 10 steps or more (i.e. walked to restroom) -II at 03/04/25 0803 | — | Walked 10 steps or more (i.e. walked to restroom) -II at 03/04/25 1216 | — |
| Activity | Bedrest -DJ at 03/04/25 0535 | — | — | — | — |
| Level of Assistance | Assistive person -DJ at 03/04/25 0535 | — | — | — | — |
| Repositioned | Turns self -DJ at 03/04/25 0535 | — | — | — | Turns self -JG at 03/04/25 2218 |
| Positioning Frequency | Able to turn self -DJ at 03/04/25 0535 | — | Able to turn self -II at 03/04/25 0804 | — | Able to turn self -JG at 03/04/25 2218 |
| Head of Bed Elevated | HOB 30 -DJ at 03/04/25 0535 | — | — | — | HOB 30 -JG at 03/04/25 2218 |
| Heels/Feet | Bilateral heel protectors -DJ at 03/04/25 0535 | — | — | — | Bilateral heel protectors -JG at 03/04/25 2218 |
| Range of Motion | Active -DJ at 03/04/25 | — | — | — | Active;All extremities |

03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | | |
|--|--|----------------------|----------------------|--|-----------------------------------|
| | 0535 | | | | -JG at 03/04/25 2218 |
| Anti-Embolism Devices | Bilateral -DJ at 03/04/25 0535 | — | — | — | — |
| Anti-Embolism Intervention | Refused -DJ at 03/04/25 0535 | — | — | — | Refused -JG at 03/04/25 2218 |
| Nutrition | | | | | |
| Feeding | Independent -DJ at 03/04/25 0535 | — | — | — | — |
| Appetite | Good -DJ at 03/04/25 0535 | — | — | — | — |
| Hygiene | | | | | |
| CHG (Chlorhexidine Gluconate) Hygiene | Bath -DJ at 03/04/25 0535 | — | — | — | — |
| Incontinence Protective Devices | Applied;Diaper -DJ at 03/04/25 0535 | — | — | — | — |
| Level of Assistance | Assistive person -DJ at 03/04/25 0535 | — | — | — | — |
| Comfort and Environment Interventions | | | | | |
| Comfort | Repositioned -DJ at 03/04/25 0535 | — | — | — | Repositioned -JG at 03/04/25 2218 |
| Additional Comfort/Environs mental Interventions | Quiet Environment -DJ at 03/04/25 0535 | — | — | — | — |
| Safety Equipment at Bedside | | | | | |
| Safety Equipment at Bedside | Suction -DJ at 03/04/25 0535 | — | — | — | — |
| Entertainment | | | | | |
| Entertainment Activities | Watching TV/movies/sports -DJ at 03/04/25 0535 | — | — | — | — |
| Row Name | 03/05/25 0000 | 03/05/25 0400 | 03/05/25 0600 | 03/05/25 0800 | 03/05/25 1102 |
| Hester Davis Fall Risk Assessment | | | | | |
| Last Known Fall | — | — | — | No falls -II at 03/05/25 1111 | — |
| Mobility | — | — | — | No limitations -II at 03/05/25 1111 | — |
| Medications | — | — | — | Cardiovascular or central nervous system meds -II at 03/05/25 1111 | — |
| Medication Interventions | — | — | — | Answer call light promptly -II at 03/05/25 1111 | — |
| Mental Status/LOC/Awareness | — | — | — | Awake, alert, and oriented to date, place, and person -II at 03/05/25 1111 | — |
| Mental Status/LOC/Awareness Interventions | — | — | — | Activate bed/chair alarm;Hourly rounding -II at 03/05/25 1111 | — |
| Toileting Needs | — | — | — | No needs -II at 03/05/25 1111 | — |
| Volume/Electrolyte Status | — | — | — | No problems -II at 03/05/25 1111 | — |
| Communication/ | — | — | — | No deficits -II at | — |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | |
|--|------------------------------------|---|---|---|
| Sensory | 03/05/25 1111 | | | |
| Behavior | — | — | — | Appropriate behavior -II at 03/05/25 1111 |
| Hester Davis Fall Risk Total | — | — | — | 3 -II at 03/05/25 1111 — |
| Hester Davis Fall Risk | — | — | — | Universal -II at 03/05/25 1111 — |
| Fall Risk Interventions | | | | |
| Toilet Every 2 Hours-In Advance of Need | Yes 0314 | -JG at 03/05/25 0630 | Yes -JG at 03/05/25 0630 | Yes -JG at 03/05/25 1111 — |
| Hourly Visual Checks | Awake 0314 | -JG at 03/05/25 0630 | Awake -JG at 03/05/25 0630 | Awake;In bed -II at 03/05/25 1111 — |
| Fall Armband On | — | — | — | Yes -II at 03/05/25 1111 — |
| Room Door Open | — | — | — | Deferred to decrease stimulation -II at 03/05/25 1111 — |
| Gait Belt Used For Transfers | — | — | — | Not applicable -II at 03/05/25 1111 — |
| Alarm On | — | — | — | Bed -II at 03/05/25 1111 — |
| Mobility | | | | |
| Highest Level of Mobility Performed (JH-HLM) | — | — | — | Walked 10 steps or more (i.e. walked to restroom) -II at 03/05/25 0945 — |
| Repositioned | Turns self 03/05/25 0314 | -JG at 03/05/25 0630 | Turns self -JG at 03/05/25 0630 | — — |
| Positioning Frequency | Able to turn self at 03/05/25 0314 | -JG at 03/05/25 0630 | Able to turn self -JG at 03/05/25 0630 | Able to turn self -II at 03/05/25 1102 — |
| Head of Bed Elevated | HOB 30 03/05/25 0314 | -JG at 03/05/25 0630 | Self regulated -JG at 03/05/25 0630 | Self regulated -JG at 03/05/25 0630 — |
| Row Name | 03/05/25 1700 | 03/05/25 2000 | 03/06/25 0000 | 03/06/25 0400 |
| Precautions | | | | |
| Precautions | — | Fall -AG at 03/05/25 2008 | Fall -AG at 03/06/25 0008 | Fall -AG at 03/06/25 0403 Fall -SP at 03/06/25 1206 |
| Safe Environment | | | | |
| Arm Bands On | — | ID;Allergies;Fall at 03/05/25 2008 | ID;Allergies;Fall -AG at 03/06/25 0008 | ID -AG at 03/06/25 0403 ID;Allergies -SP at 03/06/25 1206 |
| The Patient's Environment is Safe | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 Yes -SP at 03/06/25 1206 |
| Standard Bedside Safety | — | Oxygen available and working -AG at 03/05/25 2008 | Oxygen available and working -AG at 03/06/25 0008 | Oxygen available and working -AG at 03/06/25 0403 — |
| Additional Bedside Safety | — | Bed in locked and low position -AG at 03/05/25 2008 | Bed in locked and low position -AG at 03/06/25 0008 | Bed in locked and low position -AG at 03/06/25 0403 Bed in locked and low position -SP at 03/06/25 1206 |
| Call Light Within Reach | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 Yes -SP at 03/06/25 1206 |
| Overbed Table Within Reach | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 Yes -SP at 03/06/25 1206 |
| Bed In Lowest Position | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 Yes -SP at 03/06/25 1206 |
| Bed Wheels Locked | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 Yes -SP at 03/06/25 1206 |
| Side Rails/Bed Safety | — | 3/4 -AG at 03/05/25 2008 | 3/4 -AG at 03/06/25 0008 | 2/4 -AG at 03/06/25 0403 3/4 -SP at 03/06/25 1206 |
| NonSkid | — | On -AG at 03/05/25 2008 | On -AG at 03/06/25 0008 | On -AG at 03/06/25 0403 On -SP at 03/06/25 1206 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Footwear

Hester Davis Fall Risk Assessment

| | | | | | |
|---|---|--|---|---|--|
| Last Known Fall | — | No falls -AG at 03/05/25 2008 | — | — | No falls -SP at 03/06/25 1206 |
| Mobility | — | No limitations -AG at 03/05/25 2008 | — | — | No limitations -SP at 03/06/25 1206 |
| Mobility Interventions | — | Bed alarm on -AG at 03/05/25 2008 | — | — | Bed alarm on -SP at 03/06/25 1206 |
| Medications | — | Cardiovascular or central nervous system meds -AG at 03/05/25 2008 | — | — | Cardiovascular or central nervous system meds -SP at 03/06/25 1206 |
| Medication Interventions | — | Answer call light promptly; Frequent/regular toileting for patient on diuretics/laxatives; Toilet every 2 hours -AG at 03/05/25 2008 | — | — | Answer call light promptly; Frequent/regular toileting for patient on diuretics/laxatives; Toilet every 2 hours -SP at 03/06/25 1206 |
| Mental Status/LOC/Awareness | — | Awake, alert, and oriented to date, place, and person -AG at 03/05/25 2008 | — | — | Awake, alert, and oriented to date, place, and person -SP at 03/06/25 1206 |
| Mental Status/LOC/Awareness Interventions | — | Activate bed/chair alarm; Do not leave patient unattended while toileting or bathing; Hourly rounding -AG at 03/05/25 2008 | — | — | Activate bed/chair alarm; Do not leave patient unattended while toileting or bathing; Hourly rounding -SP at 03/06/25 1206 |
| Toileting Needs | — | No needs -AG at 03/05/25 2008 | — | — | No needs -SP at 03/06/25 1206 |
| Toileting Needs Interventions | — | Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -AG at 03/05/25 2008 | — | — | Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -SP at 03/06/25 1206 |
| Volume/Electrolyte Status | — | No problems -AG at 03/05/25 2008 | — | — | No problems -SP at 03/06/25 1206 |
| Communication/Sensory | — | No deficits -AG at 03/05/25 2008 | — | — | No deficits -SP at 03/06/25 1206 |
| Communication/Sensory Interventions | — | For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -AG at 03/05/25 2008 | — | — | For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -SP at 03/06/25 1206 |
| Behavior | — | Appropriate behavior -AG at 03/05/25 2008 | — | — | Appropriate behavior -SP at 03/06/25 1206 |
| Behavior Interventions | — | Administer medication as ordered -AG at 03/05/25 2008 | — | — | Administer medication as ordered -SP at 03/06/25 1206 |
| Hester Davis Fall Risk Total | — | 3 -AG at 03/05/25 2008 | — | — | 3 -SP at 03/06/25 1206 |
| Hester Davis Fall Risk | — | Universal -AG at 03/05/25 2008 | — | — | Universal -SP at 03/06/25 1206 |

Fall Risk Interventions

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|--|--|---|---|---|--|
| Toilet Every 2 Hours-In Advance of Need | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 | Yes -SP at 03/06/25 1206 |
| Hourly Visual Checks | — | In bed -AG at 03/05/25 2008 | In bed -AG at 03/06/25 0008 | In bed -AG at 03/06/25 0403 | In bed -SP at 03/06/25 1206 |
| Fall Armband On | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 | Yes -SP at 03/06/25 1206 |
| Room Door Open | — | Yes -AG at 03/05/25 2008 | Yes -AG at 03/06/25 0008 | Yes -AG at 03/06/25 0403 | Deferred to decrease stimulation -SP at 03/06/25 1206 |
| Gait Belt Used For Transfers | — | — | — | — | Not applicable -SP at 03/06/25 1206 |
| Alarm On | — | Bed -AG at 03/05/25 2008 | Bed -AG at 03/06/25 0008 | Bed -AG at 03/06/25 0403 | Bed -SP at 03/06/25 1206 |
| Mobility | | | | | |
| Highest Level of Mobility Performed (JH-HLM) | Walked 10 steps or more (i.e. walked to restroom) -II at 03/05/25 1708 | — | — | — | Walked 10 steps or more (i.e. walked to restroom) -SP at 03/06/25 1206 |
| Activity | — | Bedrest;Ambulate in room -AG at 03/05/25 2008 | Bedrest;Ambulate in room -AG at 03/06/25 0008 | Bedrest;Ambulate in room -AG at 03/06/25 0403 | Bedrest;Ambulate in room -SP at 03/06/25 1206 |
| Level of Assistance | — | Independent -AG at 03/05/25 2008 | Independent -AG at 03/06/25 0008 | Independent -AG at 03/06/25 0403 | Assistive equipment -SP at 03/06/25 1841 |
| Repositioned | — | Turns self -AG at 03/05/25 2008 | Turns self -AG at 03/06/25 0008 | Turns self -AG at 03/06/25 0403 | Turns self -SP at 03/06/25 1206 |
| Positioning Frequency | — | Able to turn self -AG at 03/05/25 2008 | Able to turn self -AG at 03/06/25 0008 | Able to turn self -AG at 03/06/25 0403 | Able to turn self -SP at 03/06/25 1206 |
| Head of Bed Elevated | — | Self regulated -AG at 03/05/25 2008 | Self regulated -AG at 03/06/25 0008 | Self regulated -AG at 03/06/25 0403 | Self regulated -SP at 03/06/25 1206 |
| Range of Motion | — | Active;All extremities -AG at 03/05/25 2008 | Active;All extremities -AG at 03/06/25 0008 | Active;All extremities -AG at 03/06/25 0403 | — |
| Anti-Embolism Devices | — | Bilateral -AG at 03/05/25 2008 | Bilateral -AG at 03/06/25 0008 | Bilateral -AG at 03/06/25 0403 | — |
| Anti-Embolism Intervention | — | Refused -AG at 03/05/25 2008 | Refused -AG at 03/06/25 0008 | Refused -AG at 03/06/25 0403 | — |
| Nutrition | | | | | |
| Feeding | — | Assistive person -AG at 03/05/25 2008 | Assistive person -AG at 03/06/25 0008 | Assistive person -AG at 03/06/25 0403 | Independent -SP at 03/06/25 1206 |
| Hygiene | | | | | |
| Hygiene | — | Peri care -AG at 03/05/25 2008 | Peri care -AG at 03/06/25 0008 | Peri care -AG at 03/06/25 0403 | — |
| Level of Assistance | — | Independent -AG at 03/05/25 2008 | Independent -AG at 03/06/25 0008 | Independent -AG at 03/06/25 0403 | — |
| Comfort and Environment Interventions | | | | | |
| Comfort | — | Repositioned -AG at 03/05/25 2008 | Repositioned -AG at 03/06/25 0008 | Repositioned -AG at 03/06/25 0403 | Repositioned;Pain medication -SP at 03/06/25 1206 |
| Safety Equipment at Bedside | | | | | |
| Safety Equipment at Bedside | — | Suction -AG at 03/05/25 2008 | Suction -AG at 03/06/25 0008 | Suction -AG at 03/06/25 0403 | — |
| Row Name | 03/06/25 1000 | 03/06/25 1200 | 03/06/25 1400 | 03/06/25 1600 | 03/06/25 1700 |
| Precautions | | | | | |
| Precautions | — | Fall -SP at 03/06/25 1206 | — | Fall -SP at 03/06/25 1756 | — |
| Safe Environment | | | | | |
| Arm Bands On | — | ID;Allergies -SP at 03/06/25 1206 | — | ID;Allergies -SP at 03/06/25 1756 | — |
| The Patient's Environment is | — | Yes -SP at 03/06/25 1206 | — | Yes -SP at 03/06/25 1756 | — |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| Safe | | | | |
|--|---|--|---|---|
| Additional Bedside Safety | — | Bed in locked and low position -SP at 03/06/25 1206 | — | Bed in locked and low position -SP at 03/06/25 1756 |
| Call Light Within Reach | — | Yes -SP at 03/06/25 1206 | — | Yes -SP at 03/06/25 1756 |
| Overbed Table Within Reach | — | Yes -SP at 03/06/25 1206 | — | Yes -SP at 03/06/25 1756 |
| Bed In Lowest Position | — | Yes -SP at 03/06/25 1206 | — | Yes -SP at 03/06/25 1756 |
| Bed Wheels Locked | — | Yes -SP at 03/06/25 1206 | — | Yes -SP at 03/06/25 1756 |
| Side Rails/Bed Safety | — | 3/4 -SP at 03/06/25 1206 | — | 3/4 -SP at 03/06/25 1756 |
| NonSkid Footwear | — | On -SP at 03/06/25 1206 | — | On -SP at 03/06/25 1756 |
| Fall Risk Interventions | | | | |
| Toilet Every 2 Hours-In Advance of Need | Yes -SP at 03/06/25 1206 | Yes -SP at 03/06/25 1206 | Yes -SP at 03/06/25 1756 | Yes -SP at 03/06/25 1756 |
| Hourly Visual Checks | In bed -SP at 03/06/25 1206 | In bed -SP at 03/06/25 1206 | In bed -SP at 03/06/25 1756 | In bed -SP at 03/06/25 1756 |
| Fall Armband On | Yes -SP at 03/06/25 1206 | Yes -SP at 03/06/25 1206 | Yes -SP at 03/06/25 1756 | Yes -SP at 03/06/25 1756 |
| Room Door Open | Deferred to decrease stimulation -SP at 03/06/25 1206 | Deferred to decrease stimulation -SP at 03/06/25 1206 | Deferred to decrease stimulation -SP at 03/06/25 1756 | Deferred to decrease stimulation -SP at 03/06/25 1756 |
| Gait Belt Used For Transfers | Not applicable -SP at 03/06/25 1206 | Not applicable -SP at 03/06/25 1206 | Not applicable -SP at 03/06/25 1756 | Not applicable -SP at 03/06/25 1756 |
| Alarm On | Bed -SP at 03/06/25 1206 | Bed -SP at 03/06/25 1206 | Bed -SP at 03/06/25 1756 | Bed -SP at 03/06/25 1756 |
| Mobility | | | | |
| Highest Level of Mobility Performed (JH-HLM) | — | Walked 10 steps or more (i.e. walked to restroom) -SP at 03/06/25 1207 | — | Walked 25 feet or more (i.e. walked outside of room) -SP at 03/06/25 1756 |
| Activity | Bedrest;Ambulate in room -SP at 03/06/25 1206 | Bedrest;Ambulate in room -SP at 03/06/25 1206 | Bedrest;Ambulate in room -SP at 03/06/25 1756 | Bedrest;Ambulate in room -SP at 03/06/25 1756 |
| Level of Assistance | Assistive equipment -SP at 03/06/25 1841 | Assistive equipment -SP at 03/06/25 1841 | Assistive equipment -SP at 03/06/25 1841 | Assistive equipment -SP at 03/06/25 1841 |
| Repositioned | Turns self -SP at 03/06/25 1206 | Turns self -SP at 03/06/25 1206 | Turns self -SP at 03/06/25 1756 | Turns self -SP at 03/06/25 1756 |
| Positioning Frequency | Able to turn self -SP at 03/06/25 1206 | Able to turn self -SP at 03/06/25 1206 | Able to turn self -SP at 03/06/25 1756 | Able to turn self -SP at 03/06/25 1756 |
| Head of Bed Elevated | Self regulated -SP at 03/06/25 1206 | Self regulated -SP at 03/06/25 1206 | Self regulated -SP at 03/06/25 1756 | Self regulated -SP at 03/06/25 1756 |
| Nutrition | | | | |
| Feeding | — | Independent -SP at 03/06/25 1206 | — | Independent -SP at 03/06/25 1756 |
| Hygiene | | | | |
| Hygiene | — | — | — | Peri care -SP at 03/06/25 1756 |
| CHG (Chlorhexidine Gluconate) Hygiene | — | — | — | Wipes -SP at 03/06/25 1756 |
| Incontinence Protective Devices | — | — | — | Applied;Changed -SP at 03/06/25 1756 |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|--|---------------|---|---|---|---|
| Skin Care | — | — | — | Cleanser -SP at 03/06/25 1756 | — |
| Level of Assistance | — | — | — | Independent -SP at 03/06/25 1756 | — |
| Comfort and Environment Interventions | | | | | |
| Comfort | — | Repositioned -SP at 03/06/25 1206 | — | Repositioned;Pain medication -SP at 03/06/25 1756 | — |
| Row Name | 03/06/25 1800 | 03/06/25 2000 | 03/07/25 0000 | 03/07/25 0400 | 03/07/25 0800 |
| Precautions | | | | | |
| Precautions | — | Fall -AG at 03/06/25 2005 | Fall -AG at 03/07/25 0035 | Fall -AG at 03/07/25 0416 | Fall -SP at 03/07/25 1725 |
| Safe Environment | | | | | |
| Arm Bands On | — | ID;Allergies;Fall -AG at 03/06/25 2005 | ID;Allergies;Fall -AG at 03/07/25 0035 | ID;Allergies;Fall -AG at 03/07/25 0416 | ID;Allergies -SP at 03/07/25 1725 |
| The Patient's Environment is Safe | — | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Yes -SP at 03/07/25 1725 |
| Standard Bedside Safety | — | Oxygen available and working -AG at 03/06/25 2005 | Oxygen available and working -AG at 03/07/25 0035 | Oxygen available and working -AG at 03/07/25 0416 | — |
| Additional Bedside Safety | — | Bed in locked and low position -AG at 03/06/25 2005 | Bed in locked and low position -AG at 03/07/25 0035 | Bed in locked and low position -AG at 03/07/25 0416 | Bed in locked and low position -SP at 03/07/25 1725 |
| Call Light Within Reach | — | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Yes -SP at 03/07/25 1725 |
| Overbed Table Within Reach | — | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Yes -SP at 03/07/25 1725 |
| Bed In Lowest Position | — | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Yes -SP at 03/07/25 1725 |
| Bed Wheels Locked | — | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Yes -SP at 03/07/25 1725 |
| Side Rails/Bed Safety | — | 3/4 -AG at 03/06/25 2005 | 3/4 -AG at 03/07/25 0035 | 3/4 -AG at 03/07/25 0416 | 3/4 -SP at 03/07/25 1725 |
| NonSkid Footwear | — | On -AG at 03/06/25 2005 | On -AG at 03/07/25 0035 | On -AG at 03/07/25 0416 | On -SP at 03/07/25 1725 |
| Hester Davis Fall Risk Assessment | | | | | |
| Last Known Fall | — | No falls -AG at 03/06/25 2005 | — | — | No falls -SP at 03/07/25 1725 |
| Mobility | — | No limitations -AG at 03/06/25 2005 | — | — | No limitations -SP at 03/07/25 1725 |
| Mobility Interventions | — | Bed alarm on -AG at 03/06/25 2005 | — | — | Bed alarm on -SP at 03/07/25 1725 |
| Medications | — | Cardiovascular or central nervous system meds -AG at 03/06/25 2005 | — | — | Cardiovascular or central nervous system meds -SP at 03/07/25 1725 |
| Medication Interventions | — | Answer call light promptly;Frequent/ regular toileting for patient on diuretics/laxatives;T oilet every 2 hours - AG at 03/06/25 2005 | — | — | Answer call light promptly;Frequent/ regular toileting for patient on diuretics/laxatives;T oilet every 2 hours - SP at 03/07/25 1725 |
| Mental Status/LOC/Awareness | — | Awake, alert, and oriented to date, place, and person - AG at 03/06/25 2005 | — | — | Awake, alert, and oriented to date, place, and person - SP at 03/07/25 1725 |
| Mental Status/LOC/Awareness | — | Activate bed/chair alarm;Do not leave patient unattended | — | — | Activate bed/chair alarm;Do not leave patient unattended |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|--|--|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Interventions | while toileting or bathing; Hourly rounding -AG at 03/06/25 2005 | | | | while toileting or bathing; Hourly rounding -SP at 03/07/25 1725 |
| Toileting Needs | — No needs -AG at 03/06/25 2005 | | | | No needs -SP at 03/07/25 1725 |
| Toileting Needs Interventions | Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -AG at 03/06/25 2005 | | | | Ensure adequate bowel/bladder function by providing sufficient fluid and fiber as allowed by diet -SP at 03/07/25 1725 |
| Volume/Electrolyte Status | No problems -AG at 03/06/25 2005 | | | | No problems -SP at 03/07/25 1725 |
| Communication/Sensory | — No deficits -AG at 03/06/25 2005 | | | | No deficits -SP at 03/07/25 1725 |
| Communication/Sensory Interventions | For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -AG at 03/06/25 2005 | | | | For non-English speaking patients, obtain interpreter to explain fall risk prevention interventions -SP at 03/07/25 1725 |
| Behavior | — Appropriate behavior -AG at 03/06/25 2005 | | | | Appropriate behavior -SP at 03/07/25 1725 |
| Behavior Interventions | — Administer medication as ordered -AG at 03/06/25 2005 | | | | Administer medication as ordered -SP at 03/07/25 1725 |
| Hester Davis Fall Risk Total | — 3 -AG at 03/06/25 2005 | | | | 3 -SP at 03/07/25 1725 |
| Hester Davis Fall Risk | — Universal -AG at 03/06/25 2005 | | | | Universal -SP at 03/07/25 1725 |
| Fall Risk Interventions | | | | | |
| Toilet Every 2 Hours-In Advance of Need | Yes -SP at 03/06/25 1841 | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Yes -SP at 03/07/25 1725 |
| Hourly Visual Checks | In bed -SP at 03/06/25 1841 | In bed -AG at 03/06/25 2005 | In bed -AG at 03/07/25 0035 | In bed -AG at 03/07/25 0416 | In bed -SP at 03/07/25 1725 |
| Fall Armband On | Yes -SP at 03/06/25 1841 | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Yes -SP at 03/07/25 1725 |
| Room Door Open | Deferred to decrease stimulation -SP at 03/06/25 1841 | Yes -AG at 03/06/25 2005 | Yes -AG at 03/07/25 0035 | Yes -AG at 03/07/25 0416 | Deferred to decrease stimulation -SP at 03/07/25 1725 |
| Gait Belt Used For Transfers | Not applicable -SP at 03/06/25 1841 | — | — | — | Not applicable -SP at 03/07/25 1725 |
| Alarm On | Bed -SP at 03/06/25 1841 | Bed -AG at 03/06/25 2005 | Bed -AG at 03/07/25 0035 | Bed -AG at 03/07/25 0416 | Bed -SP at 03/07/25 1725 |
| Mobility | | | | | |
| Highest Level of Mobility Performed (JH-HLM) | — | — | — | — | Walked 25 feet or more (i.e. walked outside of room) -SP at 03/07/25 1727 |
| Activity | Ambulate in hall; Ambulate in room -SP at 03/06/25 1841 | Ambulate in hall -AG at 03/06/25 2005 | Ambulate in hall -AG at 03/07/25 0036 | Ambulate in room -AG at 03/07/25 0416 | Ambulate in room -SP at 03/07/25 1725 |
| Level of Assistance | Assistive equipment -SP at 03/06/25 1841 | Independent -AG at 03/06/25 2005 | Independent -AG at 03/07/25 0036 | Independent -AG at 03/07/25 0416 | Assistive equipment -SP at 03/07/25 1725 |
| Repositioned | Turns self -SP at | Turns self -AG at | Turns self -AG at | Turns self -AG at | Turns self -SP at |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | 03/06/25 1841 | 03/06/25 2005 | 03/07/25 0036 | 03/07/25 0416 | 03/07/25 1725 |
|---|--|---|---|---|--|
| Positioning Frequency | Able to turn self -SP at 03/06/25 1841 | Able to turn self -AG at 03/06/25 2005 | Able to turn self -AG at 03/07/25 0036 | Able to turn self -AG at 03/07/25 0416 | Able to turn self -SP at 03/07/25 1725 |
| Head of Bed Elevated | Self regulated -SP at 03/06/25 1841 | Self regulated -AG at 03/06/25 2005 | Self regulated -AG at 03/07/25 0036 | Self regulated -AG at 03/07/25 0416 | Self regulated -SP at 03/07/25 1725 |
| Range of Motion | — | Active;All extremities -AG at 03/06/25 2005 | Active;All extremities -AG at 03/07/25 0036 | Active;All extremities -AG at 03/07/25 0416 | — |
| Anti-Embolism Devices | — | Bilateral -AG at 03/06/25 2005 | Bilateral -AG at 03/07/25 0035 | Bilateral -AG at 03/07/25 0416 | — |
| Anti-Embolism Intervention | — | Refused -AG at 03/06/25 2005 | Refused -AG at 03/07/25 0036 | Refused -AG at 03/07/25 0416 | — |
| Nutrition | | | | | |
| Feeding | — | Independent -AG at 03/06/25 2005 | Independent -AG at 03/07/25 0036 | Independent -AG at 03/07/25 0416 | — |
| Hygiene | | | | | |
| Hygiene | — | Peri care -AG at 03/06/25 2005 | Peri care -AG at 03/07/25 0035 | Peri care -AG at 03/07/25 0416 | — |
| Level of Assistance | — | Independent -AG at 03/06/25 2005 | Independent -AG at 03/07/25 0036 | Independent -AG at 03/07/25 0416 | — |
| Comfort and Environment Interventions | | | | | |
| Comfort | — | Repositioned -AG at 03/06/25 2005 | Repositioned -AG at 03/07/25 0035 | Repositioned -AG at 03/07/25 0416 | Repositioned -SP at 03/07/25 1726 |
| Safety Equipment at Bedside | | | | | |
| Safety Equipment at Bedside | — | Suction -AG at 03/06/25 2005 | Suction -AG at 03/07/25 0035 | Suction -AG at 03/07/25 0416 | — |
| Row Name | 03/07/25 1000 | 03/07/25 1200 | 03/07/25 1400 | 03/07/25 1600 | 03/07/25 1700 |
| Precautions | | | | | |
| Precautions | — | Fall -SP at 03/07/25 1725 | — | Fall -SP at 03/07/25 1725 | — |
| Safe Environment | | | | | |
| Arm Bands On | — | ID;Allergies -SP at 03/07/25 1725 | — | ID;Allergies -SP at 03/07/25 1725 | — |
| The Patient's Environment is Safe | — | Yes -SP at 03/07/25 1725 | — | Yes -SP at 03/07/25 1725 | — |
| Additional Bedside Safety | — | Bed in locked and low position -SP at 03/07/25 1725 | — | Bed in locked and low position -SP at 03/07/25 1725 | — |
| Call Light Within Reach | — | Yes -SP at 03/07/25 1725 | — | Yes -SP at 03/07/25 1725 | — |
| Overbed Table Within Reach | — | Yes -SP at 03/07/25 1725 | — | Yes -SP at 03/07/25 1725 | — |
| Bed In Lowest Position | — | Yes -SP at 03/07/25 1725 | — | Yes -SP at 03/07/25 1725 | — |
| Bed Wheels Locked | — | Yes -SP at 03/07/25 1725 | — | Yes -SP at 03/07/25 1725 | — |
| Side Rails/Bed Safety | — | 3/4 -SP at 03/07/25 1725 | — | 3/4 -SP at 03/07/25 1725 | — |
| NonSkid Footwear | — | On -SP at 03/07/25 1725 | — | On -SP at 03/07/25 1725 | — |
| Fall Risk Interventions | | | | | |
| Toilet Every 2 Hours-In Advance of Need | Yes -SP at 03/07/25 1725 | Yes -SP at 03/07/25 1725 | Yes -SP at 03/07/25 1725 | Yes -SP at 03/07/25 1725 | — |
| Hourly Visual Checks | In bed -SP at 03/07/25 1725 | In bed -SP at 03/07/25 1725 | In bed -SP at 03/07/25 1725 | In bed -SP at 03/07/25 1725 | — |
| Fall Armband On | Yes -SP at 03/07/25 1725 | Yes -SP at 03/07/25 1725 | Yes -SP at 03/07/25 1725 | Yes -SP at 03/07/25 1725 | — |
| Room Door Open | Deferred to | Deferred to | Deferred to | Deferred to | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | decrease stimulation -SP at 03/07/25 1725 | decrease stimulation -SP at 03/07/25 1725 | decrease stimulation -SP at 03/07/25 1725 | decrease stimulation -SP at 03/07/25 1725 |
|--|--|--|--|--|
| Gait Belt Used For Transfers | Not applicable -SP at 03/07/25 1725 | Not applicable -SP at 03/07/25 1725 | Not applicable -SP at 03/07/25 1725 | Not applicable -SP at 03/07/25 1725 |
| Alarm On | Bed -SP at 03/07/25 1725 | Bed -SP at 03/07/25 1725 | Bed -SP at 03/07/25 1725 | Bed -SP at 03/07/25 1725 |
| Mobility | | | | |
| Highest Level of Mobility Performed (JH- HLM) | — | Walked 25 feet or more (i.e. walked outside of room) -SP at 03/07/25 1729 | — | — |
| Activity | Ambulate in room - SP at 03/07/25 1725 | Ambulate in room - SP at 03/07/25 1725 | Ambulate in room - SP at 03/07/25 1725 | Ambulate in room - SP at 03/07/25 1725 |
| Level of Assistance | Assistive equipment -SP at 03/07/25 1725 | Assistive equipment -SP at 03/07/25 1725 | Assistive equipment -SP at 03/07/25 1725 | Assistive equipment -SP at 03/07/25 1725 |
| Repositioned | Turns self -SP at 03/07/25 1725 | Turns self -SP at 03/07/25 1725 | Turns self -SP at 03/07/25 1725 | Turns self -SP at 03/07/25 1725 |
| Positioning Frequency | Able to turn self -SP at 03/07/25 1725 | Able to turn self -SP at 03/07/25 1725 | Able to turn self -SP at 03/07/25 1725 | Able to turn self -SP at 03/07/25 1725 |
| Head of Bed Elevated | Self regulated -SP at 03/07/25 1725 | Self regulated -SP at 03/07/25 1725 | Self regulated -SP at 03/07/25 1725 | Self regulated -SP at 03/07/25 1725 |

Comfort and Environment Interventions

| | | | | |
|---------|---|--------------------------------------|---|--------------------------------------|
| Comfort | — | Repositioned -SP at 03/07/25 1726 | — | Repositioned -SP at 03/07/25 1726 |
|---------|---|--------------------------------------|---|--------------------------------------|

Daily Cares/Safety

| Row Name | 03/04/25 0500 | 03/05/25 0743 | 03/05/25 1545 | 03/06/25 0000 | 03/06/25 1700 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

| | | | | | |
|---|---|--|--|--|--|
| Hygiene | | | | | |
| Hygiene | Patient refused -IK at 03/04/25 0544 | Peri care -MR at 03/05/25 1403 | Bathed (non- CHG);Peri care -MR at 03/05/25 1805 | — | Peri care -RF at 03/06/25 1757 |
| CHG (Chlorhexidine Gluconate) | — | Wipes -MR at 03/05/25 1403 | Wipes;Bath -MR at 03/05/25 1805 | Wipes -KP at 03/06/25 0251 | Wipes;Bath -RF at 03/06/25 1757 |
| Hygiene | | | | | |
| Incontinence Protective Devices | — | — | — | Absorbent pad;Changed -KP at 03/06/25 0251 | Removed;Absorbent pad -RF at 03/06/25 1757 |
| Skin Care | — | Cleanser -MR at 03/05/25 1403 | Cleanser -MR at 03/05/25 1805 | — | Cleanser -RF at 03/06/25 1757 |
| Level of Assistance | — | Independent -MR at 03/05/25 1403 | Independent -MR at 03/05/25 1805 | — | Assistive person -RF at 03/06/25 1757 |
| Comfort and Environment Interventions | | | | | |
| Comfort | — | Repositioned -MR at 03/05/25 1403 | Repositioned;Gown changed;Bed pad changed;Draw sheet changed;Full linen change -MR at 03/05/25 1805 | — | — |
| Additional Comfort/Environ- mental Interventions | — | Quiet Environment - MR at 03/05/25 1403 | — | — | — |

| Row Name | 03/07/25 0400 |
|----------|---------------|
|----------|---------------|

| | |
|-------------------------------------|---|
| Hygiene | |
| CHG (Chlorhexidine Gluconate) | Patient refused -KP at 03/07/25 0523 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Hygiene

Data

| Row Name | 03/03/25 1157 | 03/05/25 1701 | 03/05/25 2357 | 03/06/25 0152 | 03/06/25 0421 |
|---|---|--|--|--|--|
| gadobenate dimeglumine (Multihance) injection 15 mL Start: 03/03/25 1121 | | | | | |
| Dose | *15 mL lot# ST4110A -JV at 03/03/25 1157 | — | — | — | — |
| Volume (mL) | 15 -JV at 03/03/25 1157 | — | — | — | — |
| Pain Assessment | | | | | |
| Pain Assessment | — | DVPRS -II at 03/05/25 1703 | DVPRS -AG at 03/05/25 2358 | DVPRS -AG at 03/06/25 0152 | DVPRS -AG at 03/06/25 0421 |
| Defense and Veterans Pain Rating Scale | | | | | |
| Pain Rating Scale (DVPRS) | — | Hard to ignore, avoid usual activities -II at 03/05/25 1703 | Focus of attention, prevents doing daily activities -AG at 03/05/25 2358 | As bad as it could be, nothing else matters -AG at 03/06/25 0152 | Awful, hard to do anything -AG at 03/06/25 0421 |
| Pain Screening | | | | | |
| Pain Type | — | Chronic pain -II at 03/05/25 1703 | Chronic pain -AG at 03/05/25 2358 | Chronic pain -AG at 03/06/25 0152 | Chronic pain -AG at 03/06/25 0421 |
| Pain Descriptors | — | Aching -II at 03/05/25 1703 | Aching -AG at 03/05/25 2358 | Aching -AG at 03/06/25 0152 | Aching -AG at 03/06/25 0421 |
| Pain Frequency | — | Intermittent -II at 03/05/25 1703 | Constant/continuous -AG at 03/05/25 2358 | Constant/continuous -AG at 03/06/25 0152 | Constant/continuous -AG at 03/06/25 0421 |
| Pain Onset | — | Ongoing -II at 03/05/25 1703 | — | Ongoing -AG at 03/06/25 0152 | Ongoing -AG at 03/06/25 0421 |
| Pain | | | | | |
| Pain Location | — | Back -II at 03/05/25 1703 | Leg -AG at 03/05/25 2358 | Leg -AG at 03/06/25 0152 | Leg -AG at 03/06/25 0421 |
| Pain Orientation | — | — | Right -AG at 03/05/25 2358 | Right -AG at 03/06/25 0152 | Right -AG at 03/06/25 0421 |
| Row Name | 03/06/25 0514 | 03/06/25 0903 | 03/06/25 1311 | 03/06/25 1649 | 03/06/25 2105 |
| Pain Assessment | | | | | |
| Pain Assessment | DVPRS -AG at 03/06/25 0514 | — | DVPRS -SP at 03/06/25 1314 | DVPRS -SP at 03/06/25 1651 | DVPRS -AG at 03/06/25 2106 |
| Defense and Veterans Pain Rating Scale | | | | | |
| Pain Rating Scale (DVPRS) | Awful, hard to do anything -AG at 03/06/25 0514 | Can't bear the pain unable to do anything -SP at 03/06/25 0903 | Focus of attention, prevents doing daily activities -SP at 03/06/25 1314 | Focus of attention, prevents doing daily activities -SP at 03/06/25 1651 | Focus of attention, prevents doing daily activities -AG at 03/06/25 2106 |
| Pain Screening | | | | | |
| Pain Type | Chronic pain -AG at 03/06/25 0514 | Chronic pain -SP at 03/06/25 0903 | Acute pain -SP at 03/06/25 1314 | Chronic pain -SP at 03/06/25 1651 | Chronic pain -AG at 03/06/25 2106 |
| Pain Descriptors | Aching -AG at 03/06/25 0514 | — | Aching -SP at 03/06/25 1314 | Aching -SP at 03/06/25 1651 | Aching -AG at 03/06/25 2106 |
| Pain Frequency | Constant/continuous -AG at 03/06/25 0514 | — | Constant/continuous -SP at 03/06/25 1314 | Constant/continuous -SP at 03/06/25 1651 | Constant/continuous -AG at 03/06/25 2106 |
| Pain Onset | Gradual -AG at 03/06/25 0514 | — | Ongoing -SP at 03/06/25 1314 | Ongoing -SP at 03/06/25 1651 | Gradual -AG at 03/06/25 2106 |
| Pain | | | | | |
| Pain Location | Leg -AG at 03/06/25 0514 | — | Leg -SP at 03/06/25 1314 | Leg -SP at 03/06/25 1651 | Back -AG at 03/06/25 2106 |
| Pain Orientation | Right -AG at 03/06/25 0514 | — | — | — | Mid -AG at 03/06/25 2106 |
| Row Name | 03/06/25 2351 | 03/07/25 0112 | 03/07/25 0836 | | |
| Pain Assessment | | | | | |
| Pain Assessment | DVPRS -AG at 03/06/25 2352 | DVPRS -AG at 03/07/25 0112 | DVPRS -SP at 03/07/25 0843 | | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Defense and Veterans Pain Rating Scale

| | | | |
|---------------------------|---|---|--|
| Pain Rating Scale (DVPRS) | Hard to ignore, avoid usual activities -AG at 03/06/25 2352 | Awful, hard to do anything -AG at 03/07/25 0112 | As bad as it could be, nothing else matters -SP at 03/07/25 0843 |
|---------------------------|---|---|--|

Pain Screening

| | | | |
|------------------|--|--|-----------------------------------|
| Pain Type | Chronic pain -AG at 03/06/25 2352 | Chronic pain -AG at 03/07/25 0112 | Chronic pain -SP at 03/07/25 0843 |
| Pain Descriptors | Aching -AG at 03/06/25 2352 | Aching -AG at 03/07/25 0112 | — |
| Pain Frequency | Constant/continuous -AG at 03/06/25 2352 | Constant/continuous -AG at 03/07/25 0112 | — |
| Pain Onset | Ongoing -AG at 03/06/25 2352 | Ongoing -AG at 03/07/25 0112 | — |

Pain

| | | | |
|------------------|---------------------------|----------------------------|---|
| Pain Location | Back -AG at 03/06/25 2352 | Leg -AG at 03/07/25 0112 | — |
| Pain Orientation | — | Right -AG at 03/07/25 0112 | — |

Discharge Planning

| Row Name | 03/04/25 0821 | 03/04/25 1100 | 03/04/25 2025 | 03/06/25 0919 | 03/06/25 1014 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

Readmission Questions

| | | | | | |
|---------------------------------------|-------------------------|---|---|---|---|
| Is this hospital visit a Readmission? | No -TG at 03/04/25 0825 | — | — | — | — |
|---------------------------------------|-------------------------|---|---|---|---|

Discharge Planning

| | | | | | |
|---|---|--|---|---|---|
| Information Source | Self -TG at 03/04/25 0825 | — | — | — | — |
| Permanent Residence | Private residence -TG at 03/04/25 0825 | — | — | — | — |
| Household Members | Alone -TG at 03/04/25 0825 | — | — | — | — |
| Support Systems | Family members; Children -TG at 03/04/25 0825 | — | — | — | — |
| Arrived From | Permanent Residence drove himself from home to the hospital -TG at 03/04/25 0825 | — | — | — | — |
| Barriers to Discharge Home | — | MRI, Bx, ABX plan [N1] -SWA at 03/04/25 1146 | — | — | — |
| In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time? | No -TG at 03/04/25 0825 | — | — | — | — |
| In the past 12 months, how many times have you moved where you were living? | — | 0 [N1] -SWA at 03/04/25 1146 | — | — | — |
| At any time in the past 12 months, were you homeless or living | No -TG at 03/04/25 0825 | — | — | — | — |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | | |
|---|---|---|---|---|---|
| in a shelter (including now)? | | | | | |
| In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home? | No -TG at 03/04/25 0825 | — | — | — | — |
| Within the past 12 months, you worried that your food would run out before you got the money to buy more. | Never true -TG at 03/04/25 0825 | — | — | — | — |
| Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. | Never true -TG at 03/04/25 0825 | — | — | — | — |
| Assistive Devices | None -TG at 03/04/25 0825 | — | — | — | — |
| Assistance Needed | Previous level of function: Patient is independent with his ADL's and ambulates independently. Current level of functioning: Still independent with his ADL's but will be needing assistance with his ambulation. -TG at 03/04/25 0825 | — | — | — | — |
| Patient expects to be discharged to: | home independently -TG at 03/04/25 0825 | — | — | — | — |
| Expected Discharge Disposition | Home or Self Care - TG at 03/04/25 0825 | — | — | — | — |
| Anticipated Services at Discharge | Other (Comment) Patient requested to have a wheelchair, cane and gauze to cover his Gtube -TG at 03/04/25 0825 | — | — | — | — |
| In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications? | No -TG at 03/04/25 0825 | — | — | — | — |
| In the past 12 months, has lack of transportation kept you from meetings, work, | No -TG at 03/04/25 0825 | — | — | — | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|---|--|---|---|---|---|
| or from getting things needed for daily living? | | | | | |
| Does the patient need discharge transport arranged? | No <input checked="" type="checkbox"/> patient said, he will drive his own car back to current home address. -TG at 03/04/25 0825 | — | — | — | — |
| Discharge Planning Comments | Advance Directives: No, Provided more information through email. Dialysis: N/A Home Health/Facility: None Community Resources: None Preferred Pharmacy: HEB PHARMACY SAN FELIPE 5895 SAN FELIPE ST HOUSTON TX 77057 SDOH: N/A -TG at 03/04/25 0825 | — | — | CMSS Received Home Health referral for OT SN PT IV Infusion and assigned to Percy, Joeseph -EM at 03/06/25 0919 | Called patient's listed work number. Rep I spoke with provided the following contacts with CCMSI workers comp agency. Evelyn (713) 314-1471 and Monica (713) 314-1476. Submitted the above information and HH and Home Infusion referrals to MH HH Pharmacy. -JP at 03/06/25 1021 |
| Discharge Planning Status | VCM Interview Complete -TG at 03/04/25 0825 | Initial Assessment Complete <input checked="" type="checkbox"/> SW concur VCM TPA with the following corrections [N1] -SWA at 03/04/25 1146 | — | — | Referrals Pending - JP at 03/06/25 1015 |
| Who is requesting discharge planning? | — | — | Provider -BM at 03/04/25 2025 | — | — |
| Row Name | 03/06/25 1027 | 03/06/25 1058 | 03/06/25 1108 | 03/06/25 1200 | 03/06/25 1239 |
| Discharge Planning | | | | | |
| Patient expects to be discharged to: | — | — | — | Home w/HH for IV ABX [N2] -DS at 03/06/25 1206 | — |
| Expected Discharge Disposition | — | — | — | Home Health Services [N2] -DS at 03/06/25 1206 | — |
| Anticipated Services at Discharge | — | — | — | In home services [N2] -DS at 03/06/25 1206 | — |
| Type of Home Care Services | — | — | — | Home nursing visits;DME or oxygen <input checked="" type="checkbox"/> Nurse for IV ABX, labs, PICC line management/dressing change. RW ordered. [N2] -DS at 03/06/25 1209 | — |
| Discharge Planning Comments | Per CM case is no longer Workers Comp. Patient is now using his United Healthcare Plan. Also stated patient is on care with Prana Health Solutions, rep Rachael stated he is no longer INN with agency. Also confirmed his infusion agency is | Spoke with patient's son and notified him that patient is no longer INN with Prana. Stated he had no preference for a particular HH agency. Will submit HH referral to INN agency. -JP at 03/06/25 1059 | Submitted Infusion referral to Touchstone. Called and spoke with intake rep Kiara. Asked to verify they are INN with patient's current insurance plan and also notified them patient is no longer on care with Prana and will need HH | HH arrangements pending for IV ABX; Dapto until 3.16.25 [N2] -DS at 03/06/25 1209 | Confirmed with CM only SN and Infusion are needed. Rcvd VM from Halli with Touchstone Home Infusion stating they are INN with patient. Called back and left VM to confirm they are accepting referral and can help with the Skilled Nursing as well. -JP |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|-----------------------------------|---|---|--|--|--|
| Discharge Planning Status | Referrals Pending - JP at 03/06/25 1028 | Referrals Pending - JP at 03/06/25 1059 | Referrals Pending - JP at 03/06/25 1110 | Referrals Pending - — | Referrals Pending - — |
| Row Name | 03/06/25 1339 | 03/06/25 1517 | 03/06/25 1558 | 03/06/25 1657 | 03/07/25 0933 |
| Discharge Planning | | | | | |
| Expected Discharge Disposition | — | — | Home or Self Care - JB at 03/06/25 1558 | — | — |
| Anticipated Services at Discharge | — | — | In home services -JB at 03/06/25 1558 | — | — |
| Type of Home Care Services | — | — | DME or oxygen -JB at 03/06/25 1558 | — | — |
| Discharge Planning Comments | Rcvd call back from Halli with Touchstone Home Infusion. She stated that patient's United Healthcare plan is coming up as secondary so they will need to reach out to patient to verify/determine no other coverage. Also stated they will source the HH agency and that this may take some time. Will call back to follow up. -JP at 03/06/25 1341 | Confirmed with Halli at Touchstone patient referral is accepted. -JP at 03/06/25 1518 | Rolling walker  Memorial Hermann DME Address: 16538 Air Center Boulevard HOUSTON, TX 77032 HARRIS County Phone: (281) 784-7550 Fax: (281) 784-7545 -JP at 03/06/25 1558 | HOME INFUSION ARRANGEMENT COMPLETE Touchstone Infusion - Houston (844) 999-9676 Per Halli, Patient refused bedside teach stating He's done it before and is comfortable with the administration. Pharmacy has been notified patient will discharge today 3/6/2025. Medication will be delivered to patient's home. SOC Date - 03/07/2025 Per Halli with Touchstone Infusion: HOME HEALTH ARRANGEMENT COMPLETE Agency Name: St Gregory Healthcare Services Phone Number: (281) 416-9899. Called to verify anticipated SOC, however office is closed at this time. Will follow up in the morning. -JP at 03/06/25 1658 | Verified with Charge Nurse patient is discharging today (03/07/2025). Relayed this info to Halli with Touchstone Home Infusion. Called St Gregory HH to verify anticipated SOC. Rep stated someone would call back to verify. -JP at 03/07/25 0936 |
| Discharge Planning Status | Referrals Pending - — | Complete -JB at 03/06/25 1558 | Referrals Pending - JP at 03/07/25 0934 | Referrals Pending - JP at 03/07/25 0936 | Referrals Pending - — |
| Row Name | 03/07/25 1049 | 03/07/25 1304 | 03/07/25 1316 | 03/07/25 1741 | 03/07/25 1800 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Discharge Planning

| | | | | | |
|-----------------------------|--|--|---|---|--|
| Discharge Planning Comments | Rcvd call from Halli with Touchstone Home Infusion stating patient's referral has been declined by St. Gregory HH. She stated she is in the process of finding another HH agency for the patient. -JP at 03/07/25 1051 | Rcvd call from Halli with Touchstone Home Infusion. She verified patient is now booked with Gulf Coast Community Health for home health care. Called Gulf Coast and verified anticipated SOC is 03/10/2025. -JP at 03/07/25 1306 | HOME INFUSION ARRANGEMENT COMPLETE Touchstone Infusion - Houston (844) 999-9676 Per Halli, Patient refused bedside teach stating, "He's done it before and is comfortable with the administration." Pharmacy has been notified patient will discharge today 3/7/2025. Medication will be delivered to patient's home. SOC Date – 03/07/2025 Per Halli with Touchstone Infusion. HOME HEALTH ARRANGEMENT COMPLETE Agency Name: Gulf Coast Community Health Services. Phone Number (281) 484-2727. Verified per Ada with Intake Dept. Anticipated SOC is 03/10/2025. -JP at 03/07/25 1323 | Per Nurse and MD discharge disposition has changed. HH and Home Infusion orders have been Rescinded. Home Health and Home Infusion Arrangements Cancelled. -JP at 03/07/25 1743 | 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. [N3] -DS at 03/07/25 1904 |
|-----------------------------|--|--|---|---|--|

| | | |
|---------------------------|---|---|
| Discharge Planning Status | Referrals Pending - JP at 03/07/25 1051 | Referrals Pending - JP at 03/07/25 1306 |
|---------------------------|---|---|

ED_REG_ASSIGN

Row Name: 03/02/25 1907

ED REG ASSIGN

ED REG ASSIGN rita -MNA at 03/02/25 1907

Encounter Vitals

Row Name: 03/04/25 0410

Encounter Vitals

BP 144/81 -HC at 03/04/25 0419

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|--------|---|
| Pulse | 61 -HC at 03/04/25 0419 |
| Weight | 74.8 kg (164 lb 14.5 oz) -HC at 03/04/25 0419 |
| Height | 1.753 m (5' 9.02") - HC at 03/04/25 0419 |

Glasgow Coma Scale

| Row Name | 03/02/25 1841 | 03/03/25 0900 | 03/03/25 1100 | 03/03/25 1300 | 03/03/25 1500 |
|---------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Glasgow Coma Scale | | | | | |
| Best Eye Response | Spontaneous -NH at 03/02/25 1841 | Spontaneous -GS at 03/03/25 0914 | Spontaneous -GS at 03/03/25 1151 | Spontaneous -GS at 03/03/25 1547 | Spontaneous -GS at 03/03/25 1547 |
| Best Verbal Response | Oriented -NH at 03/02/25 1841 | Oriented -GS at 03/03/25 0914 | Oriented -GS at 03/03/25 1151 | Oriented -GS at 03/03/25 1547 | Oriented -GS at 03/03/25 1547 |
| Best Motor Response | Follows commands -NH at 03/02/25 1841 | Follows commands -GS at 03/03/25 0914 | Follows commands -GS at 03/03/25 1151 | Follows commands -GS at 03/03/25 1547 | Follows commands -GS at 03/03/25 1547 |
| Glasgow Coma Scale Score | 15 -NH at 03/02/25 1841 | 15 -GS at 03/03/25 0914 | 15 -GS at 03/03/25 1151 | 15 -GS at 03/03/25 1547 | 15 -GS at 03/03/25 1547 |
| Row Name | 03/03/25 1700 | | | | |

Glasgow Coma Scale

| | |
|--------------------------|---------------------------------------|
| Best Eye Response | Spontaneous -GS at 03/03/25 1810 |
| Best Verbal Response | Oriented -GS at 03/03/25 1810 |
| Best Motor Response | Follows commands -GS at 03/03/25 1810 |
| Glasgow Coma Scale Score | 15 -GS at 03/03/25 1810 |

Goals for Shift

| Row Name | 03/04/25 0800 | 03/05/25 0800 |
|--|---|---|
| Patient Specific Goals | | |
| Patient-stated reason for hospitalization: | back pain -II at 03/04/25 0806 | back pain -II at 03/05/25 1112 |
| Patient Goal for Admission | clinical improvement -II at 03/04/25 0806 | clinical improvement -II at 03/05/25 1112 |
| Clinical Goals for the Shift | decrease pain -II at 03/04/25 0806 | walk around unit -II at 03/05/25 1112 |
| Patient Goals for Shift | decrease pain -II at 03/04/25 0806 | decrease pain -II at 03/05/25 1112 |

Handoff

| Row Name | 03/06/25 0700 | 03/06/25 1900 | 03/07/25 0700 |
|-----------------------|---------------|---------------|---------------|
| Handoff Report | | | |

Handoff Given To Niya RN -AG at 03/06/25 0728 AnnMaria RN -SP at 03/06/25 1916 Niya RN -AG at 03/07/25 0707

I/O

| Row Name | 03/03/25 0310 | 03/03/25 0853 | 03/03/25 1157 | 03/03/25 1818 | 03/04/25 0800 |
|----------------------------|----------------------------|---------------|---------------|---------------|---------------|
| morphine PF injection 4 mg | Start: 03/03/25 0210 | | | | |
| Dose | *4 mg -MK at 03/03/25 0310 | — | — | — | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

ondansetron (Zofran) injection 4 mg Start: 03/03/25 0210

Dose *4 mg -MK at 03/03/25
0310 — — — —

morphine PF injection 4 mg Start: 03/03/25 0830

Dose — *4 mg -GS at 03/03/25
0853 — — — —

gadobenate dimeglumine (Multihance) injection 15 mL Start: 03/03/25 1121

Dose — — *15 mL lot#
ST4110A -JV at 03/03/25
1157 — —

ketorolac (Toradol) injection 15 mg Start: 03/03/25 1810

Dose — — — *15 mg -GS at 03/03/25
1819 — —

Urine Output/Assessment

Urine — — — — 1 mL -II at 03/04/25
1804 — —

Row Name 03/04/25 1100 03/04/25 1600 03/04/25 2000 03/04/25 2341 03/05/25 0328

Urine Output/Assessment

Urine 1 mL -II at 03/04/25
1804 1 mL -II at 03/04/25
1804 — — —

Stool Output/Assessment

Unmeasured 1 -II at 03/04/25 1804 — 1 -JG at 03/05/25 0631 1 -JG at 03/05/25 0631 1 -JG at 03/05/25 0631

Stool Occurrence

Row Name 03/05/25 0631 03/05/25 2000 03/06/25 0800 03/06/25 1200 03/06/25 1600

Intake

| | | | | | |
|------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| P.O. | — | 250 mL -AG at 03/05/25 2007 | 250 mL -SP at 03/06/25 1204 | 250 mL -SP at 03/06/25 1204 | 250 mL -SP at 03/06/25 1753 |
|------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

| | | | | | |
|----------------------------|---|---|-----------------------------|-----------------------------|-----------------------------|
| Percent Meals Eaten (%) | — | — | 100 -SP at 03/06/25 1204 | 100 -SP at 03/06/25 1204 | 100 -SP at 03/06/25 1753 |
|----------------------------|---|---|-----------------------------|-----------------------------|-----------------------------|

Stool Output/Assessment

Unmeasured 1 -JG at 03/05/25 0631 — — —

Stool Occurrence

Row Name 03/06/25 2000 03/07/25 0000 03/07/25 0100 03/07/25 0800 03/07/25 1200

Intake

| | | | | | |
|------|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|
| P.O. | 240 mL -AG at 03/06/25 2003 | 240 mL -AG at 03/07/25 0028 | — | 240 mL -SP at 03/07/25 1722 | 240 mL -SP at 03/07/25 1722 |
|------|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|

| | | | | | |
|----------------------------|---|---|---|-----------------------------|-----------------------------|
| Percent Meals Eaten (%) | — | — | — | 100 -SP at 03/07/25 1722 | 100 -SP at 03/07/25 1722 |
|----------------------------|---|---|---|-----------------------------|-----------------------------|

Urine Output/Assessment

Unmeasured — 1 -AG at 03/07/25 0112 1 -AG at 03/07/25 0112 — —

Urine Occurrence

Stool Output/Assessment

Unmeasured — — 1 -AG at 03/07/25 0112 — —

Stool Occurrence

Last BM Date — — 03/07/25 -AG at
03/07/25 0112 — —

Row Name 03/07/25 1435 03/07/25 1600 — —

Intake

| | | | | | |
|------|---|--------------------------------|---|---|---|
| P.O. | — | 240 mL -SP at 03/07/25 1722 | — | — | — |
|------|---|--------------------------------|---|---|---|

| | | | | | |
|----------------------------|---|-----------------------------|---|---|---|
| Percent Meals Eaten (%) | — | 100 -SP at 03/07/25 1722 | — | — | — |
|----------------------------|---|-----------------------------|---|---|---|

DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB Start: 03/07/25 1000

Dose *600 mg . -SP at
03/07/25 1437 — —

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Infectious Disease Screening

| | |
|----------|---------------|
| Row Name | 03/03/25 1803 |
|----------|---------------|

Infectious Disease Screening

| | |
|---------------|---|
| Declined Test | Declines HIV Testing -GS at 03/03/25 1803 |
|---------------|---|

Interfaced Flowsheet Data

| Row Name | 03/02/25 1830 | 03/02/25 18:35:42 | 03/02/25 18:35:59 | 03/02/25 18:36:15 | 03/02/25 1850 |
|--------------------------------|--|---|---|---|--|
| Bamboo PDMP Risk Scores | | | | | |
| Narcotics Risk Score | 490 -BI at 03/02/25 1830 | — | — | — | 490 -BI at 03/02/25 1850 |
| Stimulants Risk Score | 301 -BI at 03/02/25 1830 | — | — | — | 301 -BI at 03/02/25 1850 |
| Sedatives Risk Score | 450 -BI at 03/02/25 1830 | — | — | — | 450 -BI at 03/02/25 1850 |
| Overdose Risk Score | 590 NARxCHECK scores -BI at 03/02/25 1830 | — | — | — | 590 NARxCHECK scores -BI at 03/02/25 1850 |
| Vitals | | | | | |
| BP | — | 174/96 -MI (r) VB (t) at 03/02/25 1836 | — | — | — |
| Temp | — | — | 36.7 °C (98.1 °F) -MI (r) VB (t) at 03/02/25 1836 | — | — |
| Temp src | — | — | — | Oral -MI (r) VB (t) at 03/02/25 1836 | — |
| Pulse | — | — | — | 93 -MI (r) VB (t) at 03/02/25 1836 | — |
| Resp | — | — | — | 17 -MI (r) VB (t) at 03/02/25 1836 | — |
| SpO2 | — | — | — | 100 % -MI (r) VB (t) at 03/02/25 1836 | — |
| Vital Signs | | | | | |
| MAP (mmHg) | — | 122 -MI (r) VB (t) at 03/02/25 1836 | — | — | — |
| BP Location | — | — | — | Right arm -MI (r) VB (t) at 03/02/25 1836 | — |
| Patient Position | — | — | — | Sitting -MI (r) VB (t) at 03/02/25 1836 | — |
| Oxygen Therapy | | | | | |
| Oxygen Therapy | — | — | — | None (Room air) -MI (r) VB (t) at 03/02/25 1836 | — |
| Row Name | 03/02/25 1855 | 03/02/25 23:54:52 | 03/02/25 23:55:17 | 03/02/25 23:55:29 | 03/03/25 1935 |
| Bamboo PDMP Risk Scores | | | | | |
| Narcotics Risk Score | — | — | — | — | 490 -BI at 03/03/25 1935 |
| Stimulants Risk Score | — | — | — | — | 301 -BI at 03/03/25 1935 |
| Sedatives Risk Score | — | — | — | — | 450 -BI at 03/03/25 1935 |
| Overdose Risk Score | — | — | — | — | 590 NARxCHECK scores -BI at 03/03/25 1935 |
| Vitals | | | | | |
| BP | — | — | 187/115 -MI at 03/02/25 2355 | — | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | |
|----------|---|---|-------------------------------|---|
| Temp | — | 36.7 °C (98 °F) -MI at 03/02/25 2355 | — | — |
| Temp src | — | — | Oral -MI at 03/02/25 2355 | — |
| Pulse | — | — | 74 -MI at 03/02/25 2355 | — |
| SpO2 | — | — | 100 % -MI at 03/02/25 2355 | — |

Vital Signs

| | | | | |
|------------|---|---|-------------------------------|---|
| MAP (mmHg) | — | — | 139 ↑ -MI at 03/02/25 2355 | — |
|------------|---|---|-------------------------------|---|

CarePort Booked Providers

| | | | | |
|--|--|---|---|---|
| (1) Accepted Level of Care Description | Durable Medical Equipment -CI at 03/06/25 1558 | — | — | — |
| (1) Booked Provider Date | 03/06/25 -CI at 03/06/25 1558 | — | — | — |
| (1) CMS Certification Number | 4319300001 -CI at 03/06/25 1558 | — | — | — |
| (1) Provider Name | Memorial Hermann DME -CI at 03/06/25 1558 | — | — | — |
| (1) Provider Address Line 1 | 16538 Air Center Boulevard -CI at 03/06/25 1558 | — | — | — |
| (1) Provider City | HOUSTON -CI at 03/06/25 1558 | — | — | — |
| (1) Provider State | Texas -CI at 03/06/25 1558 | — | — | — |
| (1) Provider Zip | 77032 -CI at 03/06/25 1558 | — | — | — |
| (1) Provider Phone Number | (281) 784-7550 -CI at 03/06/25 1558 | — | — | — |
| (1) Provider Fax Number | (281) 784-7545 -CI at 03/06/25 1558 | — | — | — |

Row Name 03/04/25 04:38:14 03/04/25 04:39:21 03/04/25 04:39:27 03/04/25 07:52:13 03/04/25 07:52:36

| | | | | |
|---------------|--|---|--|---|
| Vitals | | | | |
| BP | — | 176/99 ↑ -MI (r) IK (t) at 03/04/25 0439 | — | — |
| Temp | 36.9 °C (98.4 °F) -MI (r) IK (t) at 03/04/25 0439 | — | — | — |
| Temp src | — | — | Oral -MI (r) IK (t) at 03/04/25 0439 | — |
| Pulse | — | — | 54 -MI (r) IK (t) at 03/04/25 0439 | 60 -MI (r) SR (t) at 03/04/25 0752 |
| Resp | — | — | 13 -MI (r) IK (t) at 03/04/25 0439 | 17 -MI (r) SR (t) at 03/04/25 0752 |
| SpO2 | — | — | 100 % -MI (r) IK (t) at 03/04/25 0439 | 97 % -MI (r) SR (t) at 03/04/25 0752 |

| | | | | |
|--------------------|---|--|--|--|
| Vital Signs | | | | |
| MAP (mmHg) | — | 125 ↑ -MI (r) IK (t) at 03/04/25 0439 | — | 134 ↑ -MI (r) SR (t) at 03/04/25 0752 |
| BP Location | — | — | Right arm -MI (r) IK (t) at 03/04/25 0439 | Right arm -MI (r) SR (t) at 03/04/25 0752 |
| Patient Position | — | — | Lying -MI (r) IK (t) at 03/04/25 0439 | Lying -MI (r) SR (t) at 03/04/25 0752 |

| | | | | |
|-----------------------|---|---|--|---|
| Oxygen Therapy | | | | |
| Oxygen Therapy | — | — | None (Room air) -MI (r) IK (t) at 03/04/25 0439 | — |

Row Name 03/04/25 12:01:34 03/04/25 12:01:45 03/04/25 16:03:02 03/04/25 16:03:15 03/04/25 16:03:27

| | | | | |
|---------------|--|--|--|--|
| Vitals | | | | |
|---------------|--|--|--|--|

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | | |
|--------------------------------|---|---|---|---|---------------------------------------|
| BP | — | — | — | 135/81 -MI at 03/04/25 1603 | — |
| Temp | — | — | 37.4 °C (99.3 °F) -MI at 03/04/25 1603 | — | — |
| Temp src | — | Oral -MI (r) SR (t) at 03/04/25 1201 | — | — | Oral -MI at 03/04/25 1603 |
| Pulse | — | 69 -MI (r) SR (t) at 03/04/25 1201 | — | — | 76 -MI at 03/04/25 1603 |
| Resp | — | 18 -MI (r) SR (t) at 03/04/25 1201 | — | — | 18 -MI at 03/04/25 1603 |
| SpO2 | — | 94 % -MI (r) SR (t) at 03/04/25 1201 | — | — | 100 % -MI at 03/04/25 1603 |
| Vital Signs | | | | | |
| MAP (mmHg) | 113 † -MI (r) SR (t) at 03/04/25 1201 | — | — | 99 -MI at 03/04/25 1603 | — |
| BP Location | — | Right arm -MI (r) SR (t) at 03/04/25 1201 | — | — | Left arm -MI at 03/04/25 1603 |
| Patient Position | — | Lying -MI (r) SR (t) at 03/04/25 1201 | — | — | Lying -MI at 03/04/25 1603 |
| Oxygen Therapy | | | | | |
| Oxygen Therapy | — | — | — | — | None (Room air) -MI at 03/04/25 1603 |
| Row Name | 03/04/25 19:29:28 | 03/04/25 19:29:32 | 03/04/25 23:52:50 | 03/04/25 23:53:45 | 03/04/25 23:53:56 |
| Vitals | | | | | |
| BP | 127/92 † -MI (r) MP (t) at 03/04/25 1929 | — | — | 158/79 -MI (r) MP (t) at 03/04/25 2353 | — |
| Temp | — | — | 37 °C (98.6 °F) -MI (r) MP (t) at 03/04/25 2353 | — | — |
| Temp src | — | — | — | — | Oral -MI (r) MP (t) at 03/04/25 2353 |
| Pulse | — | 73 -MI (r) MP (t) at 03/04/25 1929 | — | — | 56 -MI (r) MP (t) at 03/04/25 2353 |
| Resp | — | 18 -MI (r) MP (t) at 03/04/25 1929 | — | — | 19 -MI (r) MP (t) at 03/04/25 2353 |
| SpO2 | — | 100 % -MI (r) MP (t) at 03/04/25 1929 | — | — | 100 % -MI (r) MP (t) at 03/04/25 2353 |
| Vital Signs | | | | | |
| MAP (mmHg) | 104 † -MI (r) MP (t) at 03/04/25 1929 | — | — | 105 † -MI (r) MP (t) at 03/04/25 2353 | — |
| Row Name | 03/05/25 0413 | 03/05/25 04:13:21 | 03/05/25 04:13:25 | 03/05/25 0733 | 03/05/25 07:43:12 |
| Bamboo PDMP Risk Scores | | | | | |
| Narcotics Risk Score | — | — | — | 490 -BI at 03/05/25 0733 | — |
| Stimulants Risk Score | — | — | — | 301 -BI at 03/05/25 0733 | — |
| Sedatives Risk Score | — | — | — | 440 -BI at 03/05/25 0733 | — |
| Overdose Risk Score | — | — | — | 580  NARxCHECK scores -BI at 03/05/25 0733 | — |
| Vitals | | | | | |
| BP | — | 165/83 † -MI (r) MP (t) at 03/05/25 0413 | — | — | — |
| Temp | 36.3 °C (97.4 °F) -MI (r) MP (t) at 03/05/25 0413 | — | — | 36.7 °C (98.1 °F) -MI (r) MR (t) at 03/05/25 0744 | — |
| Temp src | — | — | Axillary -MI (r) MP (t) at 03/05/25 0413 | — | — |
| Pulse | — | — | 53 -MI (r) MP (t) at 03/05/25 0413 | — | — |
| Resp | — | — | 18 -MI (r) MP (t) at 03/05/25 0413 | — | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|-----------------------|---|---|---|---|---|
| SpO2 | — | — | 98 % -MI (r) MP (t) at 03/05/25 0413 | — | — |
| Vital Signs | | | | | |
| MAP (mmHg) | — | 110 † -MI (r) MP (t) at 03/05/25 0413 | — | — | — |
| Row Name | 03/05/25 07:44:12 | 03/05/25 07:44:45 | 03/05/25 11:39:48 | 03/05/25 11:40:19 | 03/05/25 11:40:33 |
| Vitals | | | | | |
| BP | 152/91 † -MI (r) MR (t) at 03/05/25 0744 | — | 126/88 -MI (r) MR (t) at 03/05/25 1140 | — | — |
| Temp | — | — | — | 36.6 °C (97.9 °F) -MI (r) MR (t) at 03/05/25 1140 | — |
| Temp src | — | Oral -MI (r) MR (t) at 03/05/25 0744 | — | — | Oral -MI (r) MR (t) at 03/05/25 1140 |
| Pulse | — | 65 -MI (r) MR (t) at 03/05/25 0744 | — | — | 73 -MI (r) MR (t) at 03/05/25 1140 |
| Resp | — | 18 -MI (r) MR (t) at 03/05/25 0744 | — | — | 18 -MI (r) MR (t) at 03/05/25 1140 |
| SpO2 | — | 100 % -MI (r) MR (t) at 03/05/25 0744 | — | — | 100 % -MI (r) MR (t) at 03/05/25 1140 |
| Vital Signs | | | | | |
| MAP (mmHg) | 111 † -MI (r) MR (t) at 03/05/25 0744 | — | 101 † -MI (r) MR (t) at 03/05/25 1140 | — | — |
| BP Location | — | Right arm -MI (r) MR (t) at 03/05/25 0744 | — | — | Left arm -MI (r) MR (t) at 03/05/25 1140 |
| Patient Position | — | Lying -MI (r) MR (t) at 03/05/25 0744 | — | — | Lying -MI (r) MR (t) at 03/05/25 1140 |
| Oxygen Therapy | | | | | |
| Oxygen Therapy | — | None (Room air) -MI (r) MR (t) at 03/05/25 0744 | — | — | None (Room air) -MI (r) MR (t) at 03/05/25 1140 |
| Row Name | 03/05/25 15:36:48 | 03/05/25 15:37:40 | 03/05/25 15:38:03 | 03/05/25 20:08:18 | 03/05/25 20:09:19 |
| Vitals | | | | | |
| BP | — | 148/100 † -MI (r) MR (t) at 03/05/25 1538 | — | — | 141/92 † -MI (r) KP (t) at 03/05/25 2009 |
| Temp | 37.1 °C (98.8 °F) -MI (r) MR (t) at 03/05/25 1538 | — | — | 37.2 °C (98.9 °F) -MI (r) KP (t) at 03/05/25 2009 | — |
| Temp src | — | — | Oral -MI (r) MR (t) at 03/05/25 1538 | — | — |
| Pulse | — | — | 77 -MI (r) MR (t) at 03/05/25 1538 | — | — |
| Resp | — | — | 18 -MI (r) MR (t) at 03/05/25 1538 | — | — |
| SpO2 | — | — | 100 % -MI (r) MR (t) at 03/05/25 1538 | — | — |
| Vital Signs | | | | | |
| MAP (mmHg) | — | 116 † -MI (r) MR (t) at 03/05/25 1538 | — | — | 108 † -MI (r) KP (t) at 03/05/25 2009 |
| BP Location | — | — | Right arm -MI (r) MR (t) at 03/05/25 1538 | — | — |
| Patient Position | — | — | Lying -MI (r) MR (t) at 03/05/25 1538 | — | — |
| Oxygen Therapy | | | | | |
| Oxygen Therapy | — | — | None (Room air) -MI (r) MR (t) at 03/05/25 1538 | — | — |
| Row Name | 03/05/25 20:09:26 | 03/05/25 23:40:12 | 03/05/25 23:40:25 | 03/05/25 23:40:49 | 03/06/25 04:29:26 |
| Vitals | | | | | |
| BP | — | 136/81 -MI at 03/05/25 2340 | — | — | — |
| Temp | — | — | 36.3 °C (97.4 °F) -MI | — | 36.4 °C (97.5 °F) -MI |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | |
|--------------------------------|---|---|--|---|
| | | | at 03/05/25 2340 | (r) KP (t) at 03/06/25 0430 |
| Temp src | Oral -MI (r) KP (t) at 03/05/25 2009 | — | — | Axillary -MI at 03/05/25 2340 |
| Pulse | 87 -MI (r) KP (t) at 03/05/25 2009 | — | — | 80 -MI at 03/05/25 2340 |
| Resp | 18 -MI (r) KP (t) at 03/05/25 2009 | — | — | 17 -MI at 03/05/25 2340 |
| SpO2 | 96 % -MI (r) KP (t) at 03/05/25 2009 | — | — | 99 % -MI at 03/05/25 2340 |
| Vital Signs | | | | |
| MAP (mmHg) | — | 99 -MI at 03/05/25 2340 | — | — |
| BP Location | Left arm -MI (r) KP (t) at 03/05/25 2009 | — | — | Left arm -MI at 03/05/25 2340 |
| Patient Position | Lying -MI (r) KP (t) at 03/05/25 2009 | — | — | Lying -MI at 03/05/25 2340 |
| Oxygen Therapy | | | | |
| Oxygen Therapy | None (Room air) -MI (r) KP (t) at 03/05/25 2009 | — | — | None (Room air) -MI at 03/05/25 2340 |
| Row Name | 03/06/25 04:29:40 | 03/06/25 04:29:59 | 03/06/25 05:04:22 | 03/06/25 05:04:30 |
| Vitals | | | | |
| BP | 178/107 ! -MI (r) KP (t) at 03/06/25 0430 | — | 181/103 ! -MI (r) AG (t) at 03/06/25 0504 | 157/87 -MI (r) AG (t) at 03/06/25 0634 |
| Temp src | — | Oral -MI (r) KP (t) at 03/06/25 0430 | — | — |
| Pulse | — | 61 -MI (r) KP (t) at 03/06/25 0430 | — | — |
| Resp | — | 18 -MI (r) KP (t) at 03/06/25 0430 | — | — |
| SpO2 | — | 100 % -MI (r) KP (t) at 03/06/25 0430 | — | — |
| Vital Signs | | | | |
| MAP (mmHg) | 131 ! -MI (r) KP (t) at 03/06/25 0430 | — | 129 ! -MI (r) AG (t) at 03/06/25 0504 | 110 ! -MI (r) AG (t) at 03/06/25 0634 |
| BP Location | — | Right arm -MI (r) KP (t) at 03/06/25 0430 | — | Right arm -MI (r) AG (t) at 03/06/25 0504 |
| Patient Position | — | Lying -MI (r) KP (t) at 03/06/25 0430 | — | Lying -MI (r) AG (t) at 03/06/25 0504 |
| Oxygen Therapy | | | | |
| Oxygen Therapy | — | None (Room air) -MI (r) KP (t) at 03/06/25 0430 | — | — |
| Row Name | 03/06/25 06:34:44 | 03/06/25 06:35:19 | 03/06/25 0742 | 03/06/25 08:02:27 |
| Bamboo PDMP Risk Scores | | | | |
| Narcotics Risk Score | — | — | 490 -BI at 03/06/25 0742 | — |
| Stimulants Risk Score | — | — | 301 -BI at 03/06/25 0742 | — |
| Sedatives Risk Score | — | — | 440 -BI at 03/06/25 0742 | — |
| Overdose Risk Score | — | — | 540 NARxCHECK scores -BI at 03/06/25 0742 | — |
| Vitals | | | | |
| BP | — | 153/88 -MI (r) AG (t) at 03/06/25 0635 | — | 169/103 ! -MI at 03/06/25 0803 |
| Temp | — | — | 36.7 °C (98 °F) -MI at 03/06/25 0803 | — |
| Pulse | 82 -MI (r) AG (t) at 03/06/25 0634 | — | — | — |
| SpO2 | 98 % -MI (r) AG (t) at 03/06/25 0634 | — | — | — |
| Vital Signs | | | | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | | |
|------------------|-------------------|---------------------------------------|-------------------|-------------------|----------------------------|
| MAP (mmHg) | — | 110 † -MI (r) AG (t) at 03/06/25 0635 | — | — | 125 † -MI at 03/06/25 0803 |
| BP Location | Left arm | -MI (r) AG (t) at 03/06/25 0634 | — | — | — |
| Patient Position | Lying | -MI (r) AG (t) at 03/06/25 0634 | — | — | — |
| Row Name | 03/06/25 08:03:09 | 03/06/25 11:40:06 | 03/06/25 11:40:35 | 03/06/25 11:40:46 | 03/06/25 16:07:57 |

Vitals

| | | | | | |
|----------|----------------------------|---|---|---------------------------------------|---|
| Temp | — | 36.8 °C (98.3 °F) -MI (r) RF (t) at 03/06/25 1140 | — | — | — |
| Temp src | Oral -MI at 03/06/25 0803 | — | — | Oral -MI (r) RF (t) at 03/06/25 1140 | — |
| Pulse | 70 -MI at 03/06/25 0803 | — | — | 72 -MI (r) RF (t) at 03/06/25 1140 | — |
| Resp | 18 -MI at 03/06/25 0803 | — | — | 17 -MI (r) RF (t) at 03/06/25 1140 | — |
| SpO2 | 100 % -MI at 03/06/25 0803 | — | — | 100 % -MI (r) RF (t) at 03/06/25 1140 | — |

Vital Signs

| | | | | | |
|------------------|--------------------------------|---|---------------------------------------|---|---------------------------------------|
| MAP (mmHg) | — | — | 131 † -MI (r) RF (t) at 03/06/25 1140 | — | 116 † -MI (r) RF (t) at 03/06/25 1608 |
| BP Location | Right arm -MI at 03/06/25 0803 | — | — | Right arm -MI (r) RF (t) at 03/06/25 1140 | — |
| Patient Position | Lying -MI at 03/06/25 0803 | — | — | Lying -MI (r) RF (t) at 03/06/25 1140 | — |

Oxygen Therapy

| | | | | | |
|----------------|--------------------------------------|-------------------|-------------------|---|-------------------|
| Oxygen Therapy | None (Room air) -MI at 03/06/25 0803 | — | — | None (Room air) -MI (r) RF (t) at 03/06/25 1140 | — |
| Row Name | 03/06/25 16:08:05 | 03/06/25 20:58:18 | 03/06/25 20:58:52 | 03/07/25 00:17:05 | 03/07/25 00:17:06 |

Vitals

| | | | | | |
|----------|--|---|--------------------------------------|---|--|
| BP | — | — | — | — | 138/88 -MI (r) KP (t) at 03/07/25 0017 |
| Temp | — | 36.2 °C (97.2 °F) -MI (r) KP (t) at 03/06/25 2058 | — | 36.9 °C (98.4 °F) -MI (r) KP (t) at 03/07/25 0017 | — |
| Temp src | Axillary -MI (r) RF (t) at 03/06/25 1608 | — | Oral -MI (r) KP (t) at 03/06/25 2058 | — | — |
| Pulse | 90 -MI (r) RF (t) at 03/06/25 1608 | — | 93 -MI (r) KP (t) at 03/06/25 2058 | — | — |
| Resp | 17 -MI (r) RF (t) at 03/06/25 1608 | — | 18 -MI (r) KP (t) at 03/06/25 2058 | — | — |
| SpO2 | 100 % -MI (r) RF (t) at 03/06/25 1608 | — | 98 % -MI (r) KP (t) at 03/06/25 2058 | — | — |

Vital Signs

| | | | | | |
|------------------|---|---|---|---|---------------------------------------|
| MAP (mmHg) | — | — | — | — | 105 † -MI (r) KP (t) at 03/07/25 0017 |
| BP Location | Right arm -MI (r) RF (t) at 03/06/25 1608 | — | Right arm -MI (r) KP (t) at 03/06/25 2058 | — | — |
| Patient Position | Lying -MI (r) RF (t) at 03/06/25 1608 | — | Lying -MI (r) KP (t) at 03/06/25 2058 | — | — |

Oxygen Therapy

| | | | | | |
|----------------|---|-------------------|---|-------------------|-------------------|
| Oxygen Therapy | None (Room air) -MI (r) RF (t) at 03/06/25 1608 | — | None (Room air) -MI (r) KP (t) at 03/06/25 2058 | — | — |
| Row Name | 03/07/25 00:17:43 | 03/07/25 04:37:28 | 03/07/25 04:38:04 | 03/07/25 08:01:53 | 03/07/25 08:02:39 |

Vitals

| | | | | | |
|----------|--------------------------------------|--|--|---|---|
| BP | — | 113/83 -MI (r) KP (t) at 03/07/25 0438 | — | 160/96 † -MI (r) KJ (t) at 03/07/25 0802 | — |
| Temp | — | — | — | 35.9 °C (96.7 °F) † -MI (r) KJ (t) at 03/07/25 0802 | — |
| Temp src | Oral -MI (r) KP (t) at 03/07/25 0017 | — | Axillary -MI (r) KP (t) at 03/07/25 0438 | — | — |
| Pulse | 72 -MI (r) KP (t) at | — | 86 -MI (r) KP (t) at | — | — |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | |
|--------------------------------|---|---|
| | 03/07/25 0017 | 03/07/25 0438 |
| Resp | 17 -MI (r) KP (t) at 03/07/25 0017 | 18 -MI (r) KP (t) at 03/07/25 0438 |
| SpO2 | 99 % -MI (r) KP (t) at 03/07/25 0017 | 100 % -MI (r) KP (t) at 03/07/25 0438 |
| Vital Signs | | |
| MAP (mmHg) | — | 93 -MI (r) KP (t) at 03/07/25 0438 |
| BP Location | Left arm -MI (r) KP (t) at 03/07/25 0017 | Right arm -MI (r) KP (t) at 03/07/25 0438 |
| Patient Position | Lying -MI (r) KP (t) at 03/07/25 0017 | Standing -MI (r) KP (t) at 03/07/25 0438 |
| Oxygen Therapy | | |
| Oxygen Therapy | None (Room air) -MI (r) KP (t) at 03/07/25 0017 | None (Room air) -MI (r) KP (t) at 03/07/25 0438 |
| Row Name | 03/07/25 08:02:45 | 03/07/25 0927 |
| Bamboo PDMP Risk Scores | | |
| Narcotics Risk Score | — | 490 -BI at 03/07/25 0927 |
| Stimulants Risk Score | — | 301 -BI at 03/07/25 0927 |
| Sedatives Risk Score | — | 440 -BI at 03/07/25 0927 |
| Overdose Risk Score | — | 540 NARxCHECK scores -BI at 03/07/25 0927 |
| Vitals | | |
| Temp src | Oral -MI (r) KJ (t) at 03/07/25 0802 | — |
| Pulse | 58 -MI (r) KJ (t) at 03/07/25 0802 | — |
| SpO2 | 100 % -MI (r) KJ (t) at 03/07/25 0802 | — |
| Vital Signs | | |
| BP Location | Left arm -MI (r) KJ (t) at 03/07/25 0802 | — |
| Patient Position | Lying -MI (r) KJ (t) at 03/07/25 0802 | — |
| Oxygen Therapy | | |
| Oxygen Therapy | None (Room air) -MI (r) KJ (t) at 03/07/25 0802 | — |

Interpreter Services

| | |
|-----------------|----------------------|
| Row Name | 03/04/25 0543 |
|-----------------|----------------------|

Interpreter Services

| | |
|---------------------|---------------------------|
| Communication Needs | None -DJ at 03/04/25 0543 |
|---------------------|---------------------------|

IV Assessment

| | | | | | |
|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Row Name | 03/04/25 0430 | 03/04/25 0800 | 03/04/25 1200 | 03/04/25 1600 | 03/04/25 2000 |
|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|

[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm

| | |
|---------------|---|
| IV Properties | Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 |
|---------------|---|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| -SP, 03/07/25 1954 | | | | | |
|---------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Site Assessment | Clean;Dry;Intact -DJ at 03/04/25 0534 | Clean;Dry -II at 03/04/25 0803 | Clean;Dry -II at 03/04/25 1216 | Clean;Dry -II at 03/04/25 1605 | Clean;Dry;Intact -JG at 03/04/25 2215 |
| Dressing Type | Transparent -DJ at 03/04/25 0534 | Transparent -II at 03/04/25 0803 | Transparent -II at 03/04/25 1216 | Transparent -II at 03/04/25 1605 | Transparent -JG at 03/04/25 2215 |
| Line Status | Flushed;Saline locked -DJ at 03/04/25 0534 | — | — | — | Flushed -JG at 03/04/25 2215 |
| Phlebitis Score | 0 -DJ at 03/04/25 0534 | — | — | — | 0 -JG at 03/04/25 2215 |
| Infiltration Score | 0 -DJ at 03/04/25 0534 | — | — | — | 0 -JG at 03/04/25 2215 |
| Dressing Status | Clean;Intact;Dry -DJ at 03/04/25 0534 | Clean;Dry;Intact -II at 03/04/25 0803 | Clean;Dry;Intact -II at 03/04/25 1216 | Clean;Dry;Intact -II at 03/04/25 1605 | Clean;Dry;Intact -JG at 03/04/25 2215 |
| Reason Not Rotated | Not due -DJ at 03/04/25 0534 | — | — | — | — |
| Row Name | 03/05/25 0000 | 03/05/25 0400 | 03/05/25 0800 | 03/05/25 1200 | 03/05/25 1600 |

[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm

| | | | | | |
|--------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| IV Properties | Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954 | | | | |
| Site Assessment | Clean;Dry;Intact -JG at 03/05/25 0313 | Clean;Dry;Intact -JG at 03/05/25 0629 | Clean;Dry -II at 03/05/25 0945 | Clean;Dry -II at 03/05/25 1247 | Clean;Dry -II at 03/05/25 1602 |
| Dressing Type | Transparent -JG at 03/05/25 0313 | Transparent -JG at 03/05/25 0629 | Transparent -II at 03/05/25 0945 | Transparent -II at 03/05/25 1247 | Transparent -II at 03/05/25 1602 |
| Line Status | Flushed -JG at 03/05/25 0313 | Flushed -JG at 03/05/25 0629 | — | — | — |
| Phlebitis Score | 0 -JG at 03/05/25 0313 | 0 -JG at 03/05/25 0629 | — | — | — |
| Infiltration Score | 0 -JG at 03/05/25 0313 | 0 -JG at 03/05/25 0629 | — | — | — |
| Dressing Status | Clean;Dry;Intact -JG at 03/05/25 0313 | Clean;Dry;Intact -JG at 03/05/25 0629 | Clean;Dry;Intact -II at 03/05/25 0945 | Clean;Dry;Intact -II at 03/05/25 1247 | Clean;Dry;Intact -II at 03/05/25 1602 |
| Row Name | 03/05/25 2000 | 03/06/25 0000 | 03/06/25 0400 | 03/06/25 0800 | 03/06/25 1200 |

[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm

| | | | | | |
|--------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| IV Properties | Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954 | | | | |
| Site Assessment | Clean;Dry -AG at 03/05/25 2007 | Clean;Dry -AG at 03/06/25 0007 | Clean;Dry -AG at 03/06/25 0402 | Clean;Dry;Intact -SP at 03/06/25 1205 | Clean;Dry;Intact -SP at 03/06/25 1205 |
| Dressing Type | Transparent -AG at 03/05/25 2007 | Transparent -AG at 03/06/25 0007 | Transparent -AG at 03/06/25 0402 | Transparent -SP at 03/06/25 1205 | Transparent -SP at 03/06/25 1205 |
| Line Status | Saline locked -AG at 03/05/25 2007 | Saline locked -AG at 03/06/25 0007 | Saline locked -AG at 03/06/25 0402 | Saline locked -SP at 03/06/25 1205 | Saline locked -SP at 03/06/25 1205 |
| Phlebitis Score | 0 -AG at 03/05/25 2007 | 0 -AG at 03/06/25 0007 | 0 -AG at 03/06/25 0402 | 0 -SP at 03/06/25 1205 | 0 -SP at 03/06/25 1205 |
| Infiltration Score | 0 -AG at 03/05/25 2007 | 0 -AG at 03/06/25 0007 | 0 -AG at 03/06/25 0402 | 0 -SP at 03/06/25 1205 | 0 -SP at 03/06/25 1205 |
| Dressing Status | Clean;Dry;Intact -AG at 03/05/25 2007 | Clean;Dry;Intact -AG at 03/06/25 0007 | Clean;Dry;Intact -AG at 03/06/25 0402 | Clean;Dry;Intact -SP at 03/06/25 1205 | Clean;Dry;Intact -SP at 03/06/25 1205 |

[REMOVED] LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein

| | |
|-----------------|---|
| Line Properties | Placement Date: 03/06/25 -AB, 03/06/25 1456 Placement Time: 1455 -AB, 03/06/25 1456 Pre-Placement Safety Checks: ID band on and verified; Surgical consent signed; Time out completed -AB, 03/06/25 1456 Hand Hygiene Completed: Yes -AB, 03/06/25 1456 Time Out Completed: Yes -AB, 03/06/25 1456 PICC Lumen Type: Single-lumen -AB, 03/06/25 1456 Size (Fr): 4 -AB, 03/06/25 1456 Length (cm): 36 cm -AB, 03/06/25 1456 Orientation: Right -AB, 03/06/25 1456 Location: Brachial vein -AB, 03/06/25 1456 Site Prep: Chlorhexidine -AB, 03/06/25 1456 All 5 Sterile Barriers Used (Gloves, Gown, Cap, Mask, Large Sterile Drape): Yes -AB, 03/06/25 1456 Local Anesthetic: Injectable -AB, 03/06/25 1456 Initial Extremity Circumference (cm): 36 cm -AB, 03/06/25 1456 Initial Exposed Catheter (cm): 0 cm -AB, 03/06/25 1456 |
|-----------------|---|

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Post-Placement Safety Checks: Sterile field maintained entire procedure; Dressing occlusive and intact -AB, 03/06/25 1456 Placed by: Alberto Benitez RN BSN VA-BC -AB, 03/06/25 1456 Provider Occupation: PICC/Vascular team -AB, 03/06/25 1456 Person Recording Insert Practice Data: Inserter -AB, 03/06/25 1456 Insertion attempts: 2 -AB, First attempt was the LUE, though unable to advance catheter , 03/06/25 1456 Securement Method: Transparent dressing;Other (Comment) -AB, Stat Lock , 03/06/25 1456 Patient Tolerance: Tolerated well -AB, 03/06/25 1456 Placement Verification: Blood return;Ultrasound;X-ray -AB, 03/06/25 1456 Removal Date: 03/07/25 -SP, 03/07/25 1953 Removal Time: 1900 -SP, 03/07/25 1953

| Row Name | 03/06/25 1600 | 03/06/25 2000 | 03/07/25 0000 | 03/07/25 0400 | 03/07/25 0800 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm

| | | | | | |
|--|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| [REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm | | | | | |
| IV Properties | Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954 | | | | |
| Site Assessment | Clean;Dry;Intact -SP at 03/06/25 1754 | Clean;Dry -AG at 03/06/25 2004 | Clean;Dry -AG at 03/07/25 0028 | Clean;Dry -AG at 03/07/25 0415 | Clean;Dry;Intact -SP at 03/07/25 1723 |
| Dressing Type | Transparent -SP at 03/06/25 1754 | Transparent -AG at 03/06/25 2004 | Transparent -AG at 03/07/25 0028 | Transparent -AG at 03/07/25 0415 | Transparent -SP at 03/07/25 1723 |
| Line Status | Saline locked -SP at 03/06/25 1754 | Saline locked -AG at 03/06/25 2003 | Saline locked -AG at 03/07/25 0028 | Saline locked -AG at 03/07/25 0415 | Saline locked -SP at 03/07/25 1723 |
| Phlebitis Score | 0 -SP at 03/06/25 1754 | 0 -AG at 03/06/25 2003 | 0 -AG at 03/07/25 0028 | 0 -AG at 03/07/25 0415 | 0 -SP at 03/07/25 1723 |
| Infiltration Score | 0 -SP at 03/06/25 1754 | 0 -AG at 03/06/25 2003 | 0 -AG at 03/07/25 0028 | 0 -AG at 03/07/25 0415 | 0 -SP at 03/07/25 1723 |
| Dressing Status | Clean;Dry;Intact -SP at 03/06/25 1754 | Clean;Dry;Intact -AG at 03/06/25 2004 | Clean;Dry;Intact -AG at 03/07/25 0028 | Clean;Dry;Intact -AG at 03/07/25 0415 | Clean;Dry;Intact -SP at 03/07/25 1723 |

[REMOVED] LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein

| | | | | | |
|--|--|---|---|---|---|
| [REMOVED] LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein | | | | | |
| Line Properties | Placement Date: 03/06/25 -AB, 03/06/25 1456 Placement Time: 1455 -AB, 03/06/25 1456 Pre-Placement Safety Checks: ID band on and verified;Surgical consent signed;Time out completed -AB, 03/06/25 1456 Hand Hygiene Completed: Yes -AB, 03/06/25 1456 Time Out Completed: Yes -AB, 03/06/25 1456 PICC Lumen Type: Single-lumen -AB, 03/06/25 1456 Size (Fr): 4 -AB, 03/06/25 1456 Length (cm): 36 cm -AB, 03/06/25 1456 Orientation: Right -AB, 03/06/25 1456 Location: Brachial vein -AB, 03/06/25 1456 Site Prep: Chlorhexidine -AB, 03/06/25 1456 All 5 Sterile Barriers Used (Gloves, Gown, Cap, Mask, Large Sterile Drape): Yes -AB, 03/06/25 1456 Local Anesthetic: Injectable -AB, 03/06/25 1456 Initial Extremity Circumference (cm): 36 cm -AB, 03/06/25 1456 Initial Exposed Catheter (cm): 0 cm -AB, 03/06/25 1456 Post-Placement Safety Checks: Sterile field maintained entire procedure;Dressing occlusive and intact -AB, 03/06/25 1456 Placed by: Alberto Benitez RN BSN VA-BC -AB, 03/06/25 1456 Provider Occupation: PICC/Vascular team -AB, 03/06/25 1456 Person Recording Insert Practice Data: Inserter -AB, 03/06/25 1456 Insertion attempts: 2 -AB, First attempt was the LUE, though unable to advance catheter , 03/06/25 1456 Securement Method: Transparent dressing;Other (Comment) -AB, Stat Lock , 03/06/25 1456 Patient Tolerance: Tolerated well -AB, 03/06/25 1456 Placement Verification: Blood return;Ultrasound;X-ray -AB, 03/06/25 1456 Removal Date: 03/07/25 -SP, 03/07/25 1953 Removal Time: 1900 -SP, 03/07/25 1953 | | | | |
| Site Assessment | Clean;Dry;Intact -SP at 03/06/25 1754 | Intact;Dry;Clean -AG at 03/06/25 2004 | Intact;Dry;Clean -AG at 03/07/25 0028 | Intact;Dry;Clean -AG at 03/07/25 0415 | Clean;Dry;Intact -SP at 03/07/25 1723 |
| Site Labeled With Insertion Date | Yes -SP at 03/06/25 1754 | Yes -AG at 03/06/25 2004 | Yes -AG at 03/07/25 0028 | Yes -AG at 03/07/25 0415 | Yes -SP at 03/07/25 1723 |
| Dressing Labeled With D/T | Yes -SP at 03/06/25 1754 | Yes -AG at 03/06/25 2004 | Yes -AG at 03/07/25 0028 | Yes -AG at 03/07/25 0415 | Yes -SP at 03/07/25 1723 |
| Phlebitis Score | 0 -SP at 03/06/25 1754 | 0 -AG at 03/06/25 2004 | 0 -AG at 03/07/25 0028 | 0 -AG at 03/07/25 0415 | 0 -SP at 03/07/25 1723 |
| Infiltration Score | 0 -SP at 03/06/25 1754 | 0 -AG at 03/06/25 2004 | 0 -AG at 03/07/25 0028 | 0 -AG at 03/07/25 0415 | 0 -SP at 03/07/25 1723 |
| Dressing Type | CHG transparent -SP at 03/06/25 1754 | CHG transparent -AG at 03/06/25 2004 | CHG transparent -AG at 03/07/25 0028 | CHG transparent -AG at 03/07/25 0415 | CHG transparent -SP at 03/07/25 1723 |
| Dressing Status | Clean;Dry;Intact -SP at 03/06/25 1754 | Dry;Clean;Intact -AG at 03/06/25 2004 | Dry;Clean;Intact -AG at 03/07/25 0028 | Dry;Clean;Intact -AG at 03/07/25 0415 | Clean;Dry;Intact -SP at 03/07/25 1723 |
| Line Necessity | Yes, meets criteria -SP at 03/06/25 1754 | Yes, meets criteria -AG at 03/06/25 2004 | Yes, meets criteria -AG at 03/07/25 0028 | — | Yes, meets criteria -SP at 03/07/25 1723 |
| Tubing D/T changed per policy | Not due at this time -SP at 03/06/25 1754 | Not due at this time -AG at 03/06/25 2004 | Not due at this time -AG at 03/07/25 0028 | Not due at this time -AG at 03/07/25 0415 | Not due at this time -SP at 03/07/25 1723 |
| Nonvented Cap on Unused | N/A -SP at 03/06/25 1754 | N/A -AG at 03/06/25 2004 | N/A -AG at 03/07/25 0028 | N/A -AG at 03/07/25 0415 | N/A -SP at 03/07/25 1723 |

**03/03/2025 - ED to Hosp Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Lumen

| Row Name | 03/07/25 1200 | 03/07/25 1600 |
|----------|---------------|---------------|
|----------|---------------|---------------|

[REMOVED] Peripheral IV 03/02/25 Anterior;Left Forearm

| | | |
|--------------------|--|---------------------------------------|
| IV Properties | Placement Date: 03/02/25 -MC, 03/02/25 1919 Placement Time: 1918 -MC, 03/02/25 1919 Hand Hygiene Completed: Yes -MC, 03/02/25 1919 Size (Gauge): 20 G -MC, 03/02/25 1919 Orientation: Anterior;Left -MC, 03/02/25 1919 Location: Forearm -MC, 03/02/25 1919 Site Prep: Chlorhexidine -MC, 03/02/25 1919 Local Anesthetic: None -MC, 03/02/25 1919 Placed by: Maria Campos Paramedic -MC, 03/02/25 1919 Insertion attempts: 1 -MC, 03/02/25 1919 Patient Tolerance: Tolerated well -MC, 03/02/25 1919 Difficult Venous Access: Yes -MC, 03/02/25 1919 Removal Date: 03/07/25 -SP, 03/07/25 1954 Removal Time: 1900 -SP, 03/07/25 1954 | |
| Site Assessment | Clean;Dry;Intact -SP at 03/07/25 1723 | Clean;Dry;Intact -SP at 03/07/25 1723 |
| Dressing Type | Transparent -SP at 03/07/25 1723 | Transparent -SP at 03/07/25 1723 |
| Line Status | Saline locked -SP at 03/07/25 1723 | Saline locked -SP at 03/07/25 1723 |
| Phlebitis Score | 0 -SP at 03/07/25 1723 | 0 -SP at 03/07/25 1723 |
| Infiltration Score | 0 -SP at 03/07/25 1723 | 0 -SP at 03/07/25 1723 |
| Dressing Status | Clean;Dry;Intact -SP at 03/07/25 1723 | Clean;Dry;Intact -SP at 03/07/25 1723 |

[REMOVED] LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein

| | | |
|----------------------------------|--|---|
| Line Properties | Placement Date: 03/06/25 -AB, 03/06/25 1456 Placement Time: 1455 -AB, 03/06/25 1456 Pre-Placement Safety Checks: ID band on and verified;Surgical consent signed;Time out completed -AB, 03/06/25 1456 Hand Hygiene Completed: Yes -AB, 03/06/25 1456 Time Out Completed: Yes -AB, 03/06/25 1456 PICC Lumen Type: Single-lumen -AB, 03/06/25 1456 Size (Fr): 4 -AB, 03/06/25 1456 Length (cm): 36 cm -AB, 03/06/25 1456 Orientation: Right -AB, 03/06/25 1456 Location: Brachial vein -AB, 03/06/25 1456 Site Prep: Chlorhexidine -AB, 03/06/25 1456 All 5 Sterile Barriers Used (Gloves, Gown, Cap, Mask, Large Sterile Drape): Yes -AB, 03/06/25 1456 Local Anesthetic: Injectable -AB, 03/06/25 1456 Initial Extremity Circumference (cm): 36 cm -AB, 03/06/25 1456 Initial Exposed Catheter (cm): 0 cm -AB, 03/06/25 1456 Post-Placement Safety Checks: Sterile field maintained entire procedure;Dressing occlusive and intact -AB, 03/06/25 1456 Placed by: Alberto Benitez RN BSN VA-BC -AB, 03/06/25 1456 Provider Occupation: PICC/Vascular team -AB, 03/06/25 1456 Person Recording Insert Practice Data: Inserter -AB, 03/06/25 1456 Insertion attempts: 2 -AB, First attempt was the LUE, though unable to advance catheter , 03/06/25 1456 Securement Method: Transparent dressing;Other (Comment) -AB, Stat Lock , 03/06/25 1456 Patient Tolerance: Tolerated well -AB, 03/06/25 1456 Placement Verification: Blood return;Ultrasound;X-ray -AB, 03/06/25 1456 Removal Date: 03/07/25 -SP, 03/07/25 1953 Removal Time: 1900 -SP, 03/07/25 1953 | |
| Site Assessment | Clean;Dry;Intact -SP at 03/07/25 1723 | Clean;Dry;Intact -SP at 03/07/25 1723 |
| Site Labeled With Insertion Date | Yes -SP at 03/07/25 1723 | Yes -SP at 03/07/25 1723 |
| Dressing Labeled With D/T | Yes -SP at 03/07/25 1723 | Yes -SP at 03/07/25 1723 |
| Phlebitis Score | 0 -SP at 03/07/25 1723 | 0 -SP at 03/07/25 1723 |
| Infiltration Score | 0 -SP at 03/07/25 1723 | 0 -SP at 03/07/25 1723 |
| Dressing Type | CHG transparent -SP at 03/07/25 1723 | CHG transparent -SP at 03/07/25 1723 |
| Dressing Status | Clean;Dry;Intact -SP at 03/07/25 1723 | Clean;Dry;Intact -SP at 03/07/25 1723 |
| Line Necessity | Yes, meets criteria -SP at 03/07/25 1723 | Yes, meets criteria -SP at 03/07/25 1723 |
| Tubing D/T changed per policy | Not due at this time -SP at 03/07/25 1723 | Not due at this time -SP at 03/07/25 1723 |
| Nonvented Cap on Unused Lumen | N/A -SP at 03/07/25 1723 | N/A -SP at 03/07/25 1723 |

Musculoskeletal

| Row Name | 03/03/25 1915 |
|----------|---------------|
|----------|---------------|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Musculoskeletal

| | |
|-----------------------|--|
| Musculoskeletal (WDL) | Exceptions to WDL |
| | generalized pain with movement, back pain ~JM at 03/03/25 2016 |

Neurological

Row Name **03/03/25 0805** **03/03/25 1915**

Neurological

| | | |
|---------------------------|--|---|
| Neuro (WDL) | Within Defined Limits -GS at 03/03/25 0805 | Within Defined Limits -JM at 03/03/25 2014 |
| Neuro Pertinent Negatives | Alert and oriented x 4;Speech clear -GS at 03/03/25 0805 | Alert and oriented x 4 -JM at 03/03/25 2014 |

Glasgow Coma Scale

| | | |
|--------------------------|---------------------------------------|---------------------------------------|
| Best Eye Response | Spontaneous -GS at 03/03/25 0805 | Spontaneous -JM at 03/03/25 2014 |
| Best Verbal Response | Oriented -GS at 03/03/25 0805 | Oriented -JM at 03/03/25 2014 |
| Best Motor Response | Follows commands -GS at 03/03/25 0805 | Follows commands -JM at 03/03/25 2014 |
| Glasgow Coma Scale Score | 15 -GS at 03/03/25 0805 | 15 -JM at 03/03/25 2014 |

Nutrition Screen

Row Name **03/04/25 0544**

Adult Nutrition Screen

| | |
|---|------------------------------|
| Home Diet | Regular -DJ at 03/04/25 0544 |
| Home Tube Feeding or Total Parenteral Nutrition (TPN) | No -DJ at 03/04/25 0544 |
| Recently Lost 10 lbs without trying | No -DJ at 03/04/25 0544 |
| Eaten less than half of meals >3 days | No -DJ at 03/04/25 0544 |
| Patient on insulin pump? | No -DJ at 03/04/25 0544 |

OT Acute Evaluation

Row Name **03/04/25 0915**

OT Last Visit

| | |
|----------------|-------------------------------|
| OT Received On | 03/04/25 -SS at 03/04/25 1248 |
|----------------|-------------------------------|

Time Calculation

| | |
|------------------------|-----------------------------|
| Start Time | 0910 -SS at 03/04/25 1248 |
| Stop Time | 0920 -SS at 03/04/25 1248 |
| Time Calculation (min) | 10 min -SS at 03/04/25 1248 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

General

Family/Caregiver No -SS at 03/04/25 1248
 Present

Precautions

Medical Spinal -SS at 03/04/25
 Precautions 1248

Braces Applied LSO donned upon
 OT arrival -SS at
 03/04/25 1248

Pain Assessment

Pain Assessment 0-10 -SS at 03/04/25
 1248

Pain Score 5 -SS at 03/04/25 1248
 Pain Location Back -SS at 03/04/25
 1248

Cognitive-Linguistic Functioning

Overall Cognitive Within Functional
 Status Limits -SS at 03/04/25
 1248

Orientation Level Oriented X4 -SS at
 03/04/25 1248

Home Living

Type of Home Apartment -SS at
 03/04/25 1248

Lives With Alone -SS at 03/04/25
 1248

Home Adaptive Cane -SS at 03/04/25
 Equipment 1248

Home Living single story flat with
 Comments elevator access -
 states he "rarely
 uses his cane" -SS at
 03/04/25 1248

Home Layout One level -SS at
 03/04/25 1248

Home Access Elevator -SS at
 03/04/25 1248

Bathroom Tub/shower unit -SS
 Shower/Tub at 03/04/25 1248

Prior Function

Level of Household
 Independence ambulation -SS at
 03/04/25 1248

ADL Assistance Independent -SS at
 03/04/25 1248

Bed Mobility

Bed Mobility Yes -SS at 03/04/25
 1248

Bed Mobility 1

Level of Independent -ss at
 Assistance 1 03/04/25 1248

Bed Mobility Supine to sit on
 To/From EOB; Sitting EOB to
 supine -SS at 03/04/25
 1248

Transfers

Transfer Yes -SS at 03/04/25
 1248

Transfer 1

Level of Supervision/touchin

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|-------------------------------------|--|
| Assistance 1 | g assistance -SS at 03/04/25 1248 |
| Trials/Comments 1 | supervision -SS at 03/04/25 1248 |
| Transfer To/From | Sit-to-Stand/Stand-to-Sit -SS at 03/04/25 1248 |
| Toilet Transfers | |
| Level of Assistance | Supervision/touching assistance -SS at 03/04/25 1248 |
| Toilet Transfers Comments | SBA; grab bar -SS at 03/04/25 1248 |
| Functional Mobility | |
| Functional Mobility | Pt ambulate room-distance with SBA, minor LOB, shuffled gait pattern -SS at 03/04/25 1248 |
| Activity Tolerance | |
| Endurance | Tolerates 10 - 20 min exercise with multiple rests -SS at 03/04/25 1248 |
| Vision - Complex Assessment | |
| Vision Comments | WFL -SS at 03/04/25 1248 |
| Sensation | |
| Sensation Comments | WFL - reports occasional numbness in RLE - SS at 03/04/25 1248 |
| Proprioception | |
| Proprioception | RUE Intact;LUE Intact -SS at 03/04/25 1248 |
| Perception | |
| Inattention/Neglect | Appears intact -SS at 03/04/25 1248 |
| Initiation | Appears intact -SS at 03/04/25 1248 |
| Motor Planning | Appears intact -SS at 03/04/25 1248 |
| Perseveration | Not present -SS at 03/04/25 1248 |
| Coordination | |
| Movements are Fluid and Coordinated | Yes -SS at 03/04/25 1248 |
| Finger to Nose | Left intact;Right intact -SS at 03/04/25 1248 |
| Hand Function | |
| Gross Grasp | Functional -SS at 03/04/25 1248 |
| Coordination | Functional -SS at 03/04/25 1248 |
| RUE Assessment | |
| RUE Assessment | Within Functional Limits -SS at 03/04/25 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

1248

LUE Assessment

| | |
|----------------|--|
| LUE Assessment | Within Functional Limits -SS at 03/04/25 |
| | 1248 |

AM-PAC Daily Activity Inpatient

| | |
|---|--------------------------|
| Putting on and taking off regular lower body clothing | A Little -SS at 03/04/25 |
| | 1248 |

| | |
|--|--------------------------|
| Bathing (including washing, rinsing, drying) | A Little -SS at 03/04/25 |
| | 1248 |

| | |
|--|--------------------------|
| Toileting, which includes using toilet, bedpan or urinal | A Little -SS at 03/04/25 |
| | 1248 |

| | |
|---|----------------------|
| Putting on and taking off regular upper body clothing | None -SS at 03/04/25 |
| | 1248 |

| | |
|---|----------------------|
| Taking care of personal grooming such as brushing teeth | None -SS at 03/04/25 |
| | 1248 |

| | |
|--------------|----------------------|
| Eating Meals | None -SS at 03/04/25 |
| | 1248 |

| | |
|---------------------------------|--------------------|
| AM-PAC Daily Activity Raw Score | 21 -ss at 03/04/25 |
| | 1248 |

OT Assessment

| | |
|-----------------------|--|
| OT Assessment Results | Impaired ADL status; Impaired endurance; Impaired functional mobility - SS at 03/04/25 |
| | 1248 |

| | |
|-----------|----------------------|
| Prognosis | Good -SS at 03/04/25 |
| | 1248 |

| | |
|--------------------------------|---|
| Evaluation/Treatment Tolerance | Patient limited by pain -SS at 03/04/25 |
| | 1248 |

| | |
|--------------------------|---------------------|
| Medical Staff Made Aware | Yes -SS at 03/04/25 |
| | 1248 |

| | |
|-----------|--|
| Strengths | Ability to acquire knowledge -SS at 03/04/25 |
| | 1248 |

OT Plan

| | |
|----------------------|---------------------|
| Treatment Plan/Goals | Yes -SS at 03/04/25 |
| | 1248 |

| | |
|------------------------------------|--|
| Established with Patient/Caregiver | |
|------------------------------------|--|

| | |
|-------------------------|--|
| Treatment Interventions | ADL retraining; Endurance training -SS at 03/04/25 |
| | 1248 |

| | |
|---------|----------------------------|
| OT Plan | Skilled OT -SS at 03/04/25 |
| | 1248 |

| | |
|--------------|--|
| OT Frequency | 2-3 times per week until discharge -SS at 03/04/25 |
| | 1248 |

| | |
|--------------|----------------|
| OT Discharge | Home Health OT |
|--------------|----------------|

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | |
|--|--|
| Recommendation s | <input checked="" type="checkbox"/> pending intervention and progress -SS at 03/04/25 1248 |
| Equipment Recommended | Walker-rolling -SS at 03/04/25 1248 |
| OT Duration | Discharge -SS at 03/04/25 1248 |
| OT Evaluation Time Entry | |
| OT Evaluation (Moderate) Time Entry | 5 -SS at 03/04/25 1248 |
| Mobility | |
| Highest Level of Mobility Performed (JH-HLM) | Walked 10 steps or more (i.e. walked to restroom) -SS at 03/04/25 1248 |

OT Acute Treatment

| | | |
|----------|---------------|---------------|
| Row Name | 03/06/25 0919 | 03/06/25 0957 |
|----------|---------------|---------------|

| | |
|---|--|
| OT Last Visit | |
| OT Received On | 03/06/25 -SS at 03/06/25 1403 |
| Time Calculation | |
| Start Time | 0919 -SS at 03/06/25 1403 |
| Stop Time | 0929 -SS at 03/06/25 1403 |
| Time Calculation (min) | 10 min -SS at 03/06/25 1403 |
| General | |
| Family/Caregiver Present | No -SS at 03/06/25 1403 |
| Precautions | |
| Medical Precautions | fall -SS at 03/06/25 1403 |
| Pain Assessment | |
| Pain Assessment | 0-10 -SS at 03/06/25 1403 |
| Pain Rating Scale (DVPRS) | Sometimes distracts me -SS at 03/06/25 1403 |
| Pain Location | Back -SS at 03/06/25 1403 |
| ADL | |
| Self Care/Home Management (ADLs) Time Entry | 10 -SS at 03/06/25 1403 |
| ADL Comments | Pt demo's ADL performance and related t/f/s such as tub t/f -SS at 03/06/25 1403 |
| Bed Mobility | |
| Bed Mobility | Yes -SS at 03/06/25 1403 |
| Bed Mobility 1 | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | |
|--|--|--|
| Level of Assistance 1 | Substantial/Max assistance;Independent -SS at 03/06/25 1403 | — |
| Bed Mobility To/From | Supine to sit on EOB; Sitting EOB to supine -SS at 03/06/25 1403 | — |
| Transfers | | |
| Transfer | Yes -SS at 03/06/25 1403 | — |
| Transfer 1 | | |
| Level of Assistance 1 | Substantial/Max assistance;Independent -SS at 03/06/25 1403 | — |
| Transfer To/From | Sit-to-Stand/Stand-to-Sit -SS at 03/06/25 1403 | — |
| Functional Mobility | | |
| Functional Mobility | Pt requires SBA for mobility, no AD, mild LOB with good self correction -SS at 03/06/25 1403 | — |
| Activity Tolerance | | |
| Endurance | Tolerates 30 min exercise with multiple rests -SS at 03/06/25 1403 | — |
| AM-PAC Daily Activity Inpatient | | |
| Putting on and taking off regular lower body clothing | A Little -SS at 03/06/25 1403 | — |
| Bathing (including washing, rinsing, drying) | A Little -SS at 03/06/25 1403 | — |
| Toileting, which includes using toilet, bedpan or urinal | None -SS at 03/06/25 1403 | — |
| Putting on and taking off regular upper body clothing | None -SS at 03/06/25 1403 | — |
| Taking care of personal grooming such as brushing teeth | None -SS at 03/06/25 1403 | — |
| Eating Meals | None -SS at 03/06/25 1403 | — |
| AM-PAC Daily Activity Raw Score | 22 -ss at 03/06/25 1403 | — |
| OT Plan | | |
| OT Discharge Recommendation S | Home independent -SS at 03/06/25 1403 | — <input checked="" type="checkbox"/> OP PT -SS at 03/06/25 1403 |
| Equipment | Walker- rolling | -ss at — |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)

Flowsheets (continued)

Recommended 03/06/25 1403

Pain

| Row Name | 03/04/25 0500 | 03/04/25 0555 | 03/04/25 0833 | 03/04/25 0933 | 03/04/25 1137 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

Pain Assessment

| | | | | | |
|---------------------------|------------------------------|------------------------------|--|--|---|
| Pain Assessment | DVPRS -DJ at 03/04/25 0556 | DVPRS -DJ at 03/04/25 0556 | DVPRS -II at 03/04/25 1400 | DVPRS -II at 03/04/25 1404 | DVPRS -II at 03/04/25 1405 |
| Pain Score | 0 -DJ at 03/04/25 0556 | 0 -DJ at 03/04/25 0556 | 9 -II at 03/04/25 1401 | — | — |
| Pain Rating Scale (DVPRS) | No pain -DJ at 03/04/25 0556 | No pain -DJ at 03/04/25 0556 | Can't bear the pain unable to do anything -II at 03/04/25 1401 | Distracts me, can do usual activities -II at 03/04/25 1404 | Interrupts some activities -II at 03/04/25 1405 |
| Pain Type | — | — | Chronic pain -II at 03/04/25 1400 | Chronic pain -II at 03/04/25 1404 | Chronic pain -II at 03/04/25 1405 |
| Pain Location | — | — | Back -II at 03/04/25 1400 | Back -II at 03/04/25 1404 | Back -II at 03/04/25 1405 |
| Pain Descriptors | — | — | Aching -II at 03/04/25 1400 | Aching -II at 03/04/25 1404 | Aching -II at 03/04/25 1405 |
| Pain Frequency | — | — | Intermittent -II at 03/04/25 1400 | Intermittent -II at 03/04/25 1404 | Intermittent -II at 03/04/25 1405 |
| Pain Onset | — | — | Gradual -II at 03/04/25 1400 | Gradual -II at 03/04/25 1404 | Gradual -II at 03/04/25 1405 |
| Clinical Progression | — | — | Gradually worsening -II at 03/04/25 1400 | Gradually worsening -II at 03/04/25 1404 | Gradually improving -II at 03/04/25 1405 |
| Pain Interventions | — | — | Medication (See MAR) -II at 03/04/25 1400 | — | Medication (See MAR) -II at 03/04/25 1405 |
| Row Name | 03/04/25 1237 | 03/04/25 1556 | 03/04/25 1656 | 03/05/25 0716 | 03/05/25 0944 |

Pain Assessment

| | | | | | |
|---------------------------|--|---|--|---|---|
| Pain Assessment | DVPRS -II at 03/04/25 1406 | DVPRS -II at 03/04/25 1759 | DVPRS -II at 03/04/25 1757 | DVPRS -II at 03/05/25 1120 | DVPRS -II at 03/05/25 1121 |
| Pain Score | 4 -II at 03/04/25 1406 | 8 -II at 03/04/25 1759 | 4 -II at 03/04/25 1758 | 5 -II at 03/05/25 1120 | 8 -II at 03/05/25 1121 |
| Pain Rating Scale (DVPRS) | Distracts me, can do usual activities -II at 03/04/25 1406 | Awful, hard to do anything -II at 03/04/25 1759 | Distracts me, can do usual activities -II at 03/04/25 1758 | Interrupts some activities -II at 03/05/25 1120 | Awful, hard to do anything -II at 03/05/25 1121 |
| Pain Type | Chronic pain -II at 03/04/25 1406 | Chronic pain -II at 03/04/25 1759 | Chronic pain -II at 03/04/25 1758 | Chronic pain -II at 03/05/25 1120 | Chronic pain -II at 03/05/25 1121 |
| Pain Location | Back -II at 03/04/25 1406 | Back -II at 03/04/25 1759 | Back -II at 03/04/25 1758 | Back -II at 03/05/25 1120 | Back -II at 03/05/25 1121 |
| Pain Descriptors | Aching -II at 03/04/25 1406 | Aching -II at 03/04/25 1759 | Aching -II at 03/04/25 1758 | Aching -II at 03/05/25 1120 | Aching -II at 03/05/25 1121 |
| Pain Frequency | Intermittent -II at 03/04/25 1406 | Intermittent -II at 03/04/25 1759 | Intermittent -II at 03/04/25 1758 | Intermittent -II at 03/05/25 1120 | Intermittent -II at 03/05/25 1121 |
| Pain Onset | Gradual -II at 03/04/25 1406 | Gradual -II at 03/04/25 1759 | Gradual -II at 03/04/25 1758 | Gradual -II at 03/05/25 1120 | Gradual -II at 03/05/25 1121 |
| Clinical Progression | Gradually improving -II at 03/04/25 1406 | Gradually improving -II at 03/04/25 1759 | Gradually improving -II at 03/04/25 1758 | — | Not changed -II at 03/05/25 1121 |
| Pain Interventions | — | Medication (See MAR) -II at 03/04/25 1759 | — | — | Medication (See MAR) -II at 03/05/25 1121 |
| Row Name | 03/05/25 1044 | 03/05/25 1246 | 03/05/25 1346 | 03/05/25 1801 | 03/05/25 1930 |

Pain Assessment

| | | | | | |
|---------------------------|---|---|---|---|----------------------------|
| Pain Assessment | DVPRS -II at 03/05/25 1122 | DVPRS -II at 03/05/25 1524 | DVPRS -II at 03/05/25 1525 | DVPRS -II at 03/05/25 1833 | DVPRS -AG at 03/05/25 1951 |
| Pain Score | 6 -II at 03/05/25 1122 | 8 -II at 03/05/25 1524 | 6 -II at 03/05/25 1525 | 5 -II at 03/05/25 1833 | 0 -AG at 03/05/25 1951 |
| Pain Rating Scale (DVPRS) | Hard to ignore, avoid usual activities -II at 03/05/25 1122 | Awful, hard to do anything -II at 03/05/25 1524 | Hard to ignore, avoid usual activities -II at 03/05/25 1525 | Interrupts some activities -II at 03/05/25 1833 | — |
| Pain Type | Chronic pain -II at 03/05/25 1122 | Chronic pain -II at 03/05/25 1524 | Chronic pain -II at 03/05/25 1525 | Chronic pain -II at 03/05/25 1833 | — |
| Pain Location | Back -II at 03/05/25 | Back -II at 03/05/25 | Back -II at 03/05/25 | Back -II at 03/05/25 | — |

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | 1122 | 1524 | 1525 | 1833 | |
|---------------------------|--------------------------------------|---|--|--------------------------------------|----------------------|
| Pain Descriptors | Aching -II at 03/05/25 1122 | Aching -II at 03/05/25 1524 | Aching -II at 03/05/25 1525 | Aching -II at 03/05/25 1833 | — |
| Pain Frequency | Intermittent -II at 03/05/25 1122 | Intermittent -II at 03/05/25 1524 | Intermittent -II at 03/05/25 1525 | Intermittent -II at 03/05/25 1833 | — |
| Pain Onset | Gradual -II at 03/05/25 1122 | Gradual -II at 03/05/25 1524 | Gradual -II at 03/05/25 1525 | Ongoing -II at 03/05/25 1833 | — |
| Clinical Progression | Not changed -II at 03/05/25 1122 | Not changed -II at 03/05/25 1524 | Not changed -II at 03/05/25 1525 | Not changed -II at 03/05/25 1833 | — |
| Pain Interventions | — | Medication (See MAR) -II at 03/05/25 1524 | — | — | — |
| Response to Interventions | able to rest -II at 03/05/25 1122 | — | patient able to move more -II at 03/05/25 1525 | — | — |
| Row Name | 03/06/25 0252 | 03/06/25 0614 | 03/06/25 1003 | 03/06/25 1411 | 03/06/25 1749 |

| Pain Assessment | | | | | |
|---------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|---------------------------------|
| Pain Assessment | DVPRS -AG at 03/06/25 0302 | DVPRS -AG at 03/06/25 0626 | DVPRS -SP at 03/06/25 1206 | DVPRS -SP at 03/06/25 1447 | DVPRS -SP at 03/06/25 1756 |
| Pain Score | 0 -AG at 03/06/25 0302 | 0 -AG at 03/06/25 0626 | 0 -SP at 03/06/25 1206 | 0 -SP at 03/06/25 1447 | 0 -SP at 03/06/25 1756 |
| Pain Rating Scale (DVPRS) | — | — | — | No pain -SP at 03/06/25 1447 | No pain -SP at 03/06/25 1756 |
| Row Name | 03/06/25 2205 | 03/07/25 0212 | 03/07/25 0936 | | |

| Pain Assessment | | | | | |
|---------------------------|-------------------------------|---------------------------------|-------------------------------|--|--|
| Pain Assessment | DVPRS -AG at 03/06/25 2220 | DVPRS -AG at 03/07/25 0300 | DVPRS -SP at 03/07/25 1728 | | |
| Pain Score | 0 -AG at 03/06/25 2220 | 0 -AG at 03/07/25 0300 | 7 -SP at 03/07/25 1728 | | |
| Pain Rating Scale (DVPRS) | — | No pain -AG at 03/07/25 0300 | — | | |
| Row Name | 03/04/25 0543 | | | | |

| Patient Belongings | | | | | |
|--------------------------------------|---|--|--|--|--|
| Patient Belongings at Bedside | | | | | |
| Belongings at Bedside | Other (Comment); Clothing; Other valuables -DJ at 03/04/25 0544 | | | | |
| Clothing | Pajamas -DJ at 03/04/25 0544 | | | | |
| Other Valuables | Cane; Other (Comment) boots, phone, charger -DJ at 03/04/25 0544 | | | | |

| Patient Choice | | | | | |
|--|-------------------------------|--------------------------------------|--|--|--|
| Row Name | | | | | |
| Row Name | 03/06/25 1029 | 03/06/25 1059 | | | |
| Patient Choice | | | | | |
| Are post-acute services requested/ordered or has service/level of care changed since prior referral? | Yes -JP at 03/06/25 1029 | Yes -JP at 03/06/25 1059 | | | |
| Patient/decision maker was | Patient/decision maker have a | Patient/decision maker declined list | | | |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

offered choice with a list of preferences and options that includes quality data? If the list included a Memorial Hermann owned/affiliated entity, it was disclosed.

preference and declined list Per CM case is no longer Workers Comp. Patient is now using his United Healthcare Plan. Also stated patient is on care with Prana Home Infusion. Submitted referral to Prana. -JP at 03/06/25 1029

Spoke with patient's son and notified him that patient is no longer INN with Prana. Stated he had no preference for a particular HH agency. Will submit HH referral to INN agency. -JP at 03/06/25 1059

Patient Radiology Status

Row Name 03/03/25 0726

Patient Radiology Status

Patient Radiology NO RN -LR at Status 03/03/25 0726

Peripheral Vascular

Row Name 03/03/25 1915

Peripheral Vascular

Peripheral Vascular (WDL) Within Defined Limits -JM at 03/03/25 2015

Peripheral Vascular +2 pulses -JM at 03/03/25 2015

Pertinent Negatives

Post Discharge Call

Row Name 03/10/25 1140 03/10/25 1142

Interpreter Services

| | | | | |
|---------------------|-----------|-----------------------|-----------|------------------|
| Communication Needs | None 1140 | -MPA at 03/10/25 1142 | None 1142 | -MPA at 03/10/25 |
|---------------------|-----------|-----------------------|-----------|------------------|

Phone Call Documentation

| | | | | |
|--------------------|--------------------------|---------|--------------------------|---------|
| Phone call history | First call 03/10/25 1140 | -MPA at | First call 03/10/25 1142 | -MPA at |
|--------------------|--------------------------|---------|--------------------------|---------|

| | | | | |
|-----------------------------------|----------|------------------|----------|------------------|
| Phone call documentation complete | Yes 1140 | -MPA at 03/10/25 | Yes 1142 | -MPA at 03/10/25 |
|-----------------------------------|----------|------------------|----------|------------------|

| | | | | |
|--------------------------------------|----------|------------------|----------|------------------|
| Did you reach the patient/caregiver? | Yes 1140 | -MPA at 03/10/25 | Yes 1142 | -MPA at 03/10/25 |
|--------------------------------------|----------|------------------|----------|------------------|

Presence of Emergent Medical Condition

Row Name 03/02/25 1847

Emergent Medical Condition

| | | |
|---|------------------------|--------|
| Presence of Emergent Medical Condition: | Possible 03/02/25 1847 | -RW at |
|---|------------------------|--------|

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

Primary Assessment

| | | |
|-----------------|----------------------|----------------------|
| Row Name | 03/02/25 1844 | 03/03/25 0804 |
|-----------------|----------------------|----------------------|

Airway

| | | |
|--------------|--|--|
| Airway (WDL) | Within Defined Limits -NH at 03/02/25 1844 | Within Defined Limits -GS at 03/03/25 0805 |
|--------------|--|--|

Breathing

| | | |
|-----------------|--|--|
| Breathing (WDL) | Within Defined Limits -NH at 03/02/25 1844 | Within Defined Limits -GS at 03/03/25 0805 |
|-----------------|--|--|

Circulation

| | | |
|-------------------|--|--|
| Circulation (WDL) | Within Defined Limits -NH at 03/02/25 1844 | Within Defined Limits -GS at 03/03/25 0805 |
|-------------------|--|--|

Disability

| | | |
|--------------------------|--|--|
| Disability (WDL) | Within Defined Limits -NH at 03/02/25 1844 | Within Defined Limits -GS at 03/03/25 0805 |
| Best Eye Response | — | Spontaneous -GS at 03/03/25 0805 |
| Best Verbal Response | — | Oriented -GS at 03/03/25 0805 |
| Best Motor Response | — | Follows commands -GS at 03/03/25 0805 |
| Glasgow Coma Scale Score | — | 15 -GS at 03/03/25 0805 |

Provider Notification

| | | |
|-----------------|----------------------|----------------------|
| Row Name | 03/05/25 2100 | 03/06/25 0500 |
|-----------------|----------------------|----------------------|

Provider Notification

| | | |
|---------------------------------|---|--|
| Priority Level | Routine -AG at 03/05/25 2253 | Routine -AG at 03/06/25 0642 |
| Reason for Communication | Medication concern Hello the pt stated that he usually takes adderall 3mg twice a day and he is not getting it in the hospital. He said he needs something to sleep and that the adderall usually helps him sleep. - AG at 03/05/25 2253 | Medication concern Hello Pt BP is 181/103 and he does not have anything for Blood pressure PRN. HR 61 Oxygen 100 He is in pain. I just gave him the ibuprofen. Do you want me to administer something for the BP? - AG at 03/06/25 0643 |

| | | |
|----------------------|----------------------------------|---------------------------------|
| Provider Name | Burns PA -AG at 03/05/25 2253 | Alza NP -AG at 03/06/25 0643 |
|----------------------|----------------------------------|---------------------------------|

| | | |
|----------------------|---|---|
| Provider Role | Physician assistant -AG at 03/05/25 2253 | Nurse practitioner - AG at 03/06/25 0643 |
|----------------------|---|---|

| | | |
|--------------------------------|-------------------------------------|-------------------------------------|
| Method of Communication | Secure chat -AG at 03/05/25 2253 | Secure chat -AG at 03/06/25 0643 |
|--------------------------------|-------------------------------------|-------------------------------------|

| | | |
|---------------------------|-----------------------------|-----------------------------|
| Provider Notified? | Yes -AG at 03/05/25 2253 | Yes -AG at 03/06/25 0643 |
|---------------------------|-----------------------------|-----------------------------|

| | | |
|-----------------|---|---|
| Response | See orders we do not typically continue that in hospital. he will need to discuss with AM team to see if they want to continue that. In the meantime I ordered melatonin -AG at 03/05/25 2254 | No new orders OK. Since pain is the issue will hold BP meds at this time. Please recheck vitals in 1 hour to see if ibuprofen worked. Thank you -AG at 03/06/25 0643 |
|-----------------|---|---|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Psychosocial Review

Row Name 03/04/25 0544

Able to Complete Psychiatric Screening

Were you able to Yes -DJ at 03/04/25
 complete all the 0545
 behavioral health
 screenings?

Trauma/Abuse Assessment

Physical Abuse Denies -DJ at 03/04/25
 0545

Verbal Abuse Denies -DJ at 03/04/25
 0545

Intimate Partner Violence

Within the last No -DJ at 03/04/25 0545
 year, have you
 been afraid of
 your partner or
 ex-partner?

Within the last No -DJ at 03/04/25 0545
 year, have you
 been humiliated
 or emotionally
 abused in other
 ways by your
 partner or ex-
 partner?

Within the last No -DJ at 03/04/25 0545
 year, have you
 been kicked, hit,
 slapped, or
 otherwise
 physically hurt by
 your partner or
 ex-partner?

Within the last No -DJ at 03/04/25 0545
 year, have you
 been raped or
 forced to have
 any kind of sexual
 activity by your
 partner or ex-
 partner?

Drug Screening

Have you used No -DJ at 03/04/25 0545
 any substances
 (cannabis,
 cocaine, heroin,
 hallucinogens,
 inhalants, etc.) in
 the past 12
 months?

Have you used No -DJ at 03/04/25 0545
 any prescription
 drugs other than
 prescribed in the
 past 12 months?

Is a toxicology No -DJ at 03/04/25 0545
 screen needed?

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Alcohol Use

Q1: How often do you have a drink containing alcohol?

Never -DJ at 03/04/25
 0545

Q2: How many drinks containing alcohol do you have on a typical day when you are drinking?

Patient does not drink -DJ at 03/04/25
 0545

Q3: How often do you have six or more drinks on one occasion?

Never -DJ at 03/04/25
 0545

Chaplaincy Screening Protocol

As you cope with this condition/illness/i njury, is religion or spirituality important to you or your loved ones?

Supportive Medicine Assessment

Do you expect patient to expire within 12 months or before adulthood?

No -DJ at 03/04/25 0545

PT Acute Evaluation

| | |
|-------------------------|--|
| Row Name | 03/04/25 1040 |
| Home Living | |
| Type of Home | Apartment -SW at 03/04/25 1341 |
| Lives With | Alone -SW at 03/04/25 1341 |
| Home Adaptive Equipment | Cane -SW at 03/04/25 1341 |
| Home Layout | One level -SW at 03/04/25 1341 |
| Home Access | Elevator -SW at 03/04/25 1341 |
| Prior Function | |
| Level of Independence | Other (Comment) <input checked="" type="checkbox"/> IND community ambulation -SW at 03/04/25 1341 |
| ADL Assistance | Independent -SW at 03/04/25 1341 |
| Homemaking Assistance | Independent -SW at 03/04/25 1341 |
| Sensation | |
| Light Touch | RLE Intact;LLE Intact -SW at 03/04/25 1341 |
| Sensation | Intermittent RLE |

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|---|---|
| Comments | parasthesia -SW at 03/04/25 1341 |
| Perception | |
| Inattention/Neglect | Appears intact -SW at 03/04/25 1341 |
| Initiation | Appears intact -SW at 03/04/25 1341 |
| Motor Planning | Appears intact -SW at 03/04/25 1341 |
| Perseveration | Not present -SW at 03/04/25 1341 |
| Coordination | |
| Movements are Fluid and Coordinated | Yes -SW at 03/04/25 1341 |
| Postural Control | |
| Postural Control | Within Functional Limits -SW at 03/04/25 1341 |
| Static Sitting Balance | |
| Level of Assistance | Independent -SW at 03/04/25 1341 |
| Static Standing Balance | |
| Static Standing- Level of Assistance | Supervision/touching assistance -SW at 03/04/25 1341 |
| Bed Mobility | |
| Bed Mobility | Yes -SW at 03/04/25 1341 |
| Bed Mobility 1 | |
| Level of Assistance 1 | Independent -SW at 03/04/25 1341 |
| Bed Mobility To/From | Sitting EOB to supine; Supine to sit on EOB -SW at 03/04/25 1341 |
| Transfers | |
| Transfer | Yes -SW at 03/04/25 1341 |
| Transfer 1 | |
| Level of Assistance 1 | Supervision/touching assistance -SW at 03/04/25 1341 |
| Trials/Comments 1 | CGA d/t pain -SW at 03/04/25 1341 |
| Transfer To/From | Sit-to-Stand/Stand-to-Sit -SW at 03/04/25 1341 |
| Assistive Devices And Adaptive Equipments | No device -SW at 03/04/25 1341 |
| Transfers 2 | |
| Level of Assistance 2 | Independent -SW at 03/04/25 1341 |
| Transfer To/From | Sit-to-Stand/Stand-to-Sit -SW at 03/04/25 1341 |
| Assistive Devices And Adaptive | Walker, front-wheeled -SW at |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|--|---|
| Equipments | 03/04/25 1341 |
| Gait Training | |
| Gait Training Activity | Yes -SW at 03/04/25 1341 |
| Gait Training Activity 1 | |
| Distance (enter in feet) | 10' -SW at 03/04/25 1341 |
| Gait Training Activity 1 | Indoor surface -SW at 03/04/25 1341 |
| Assistive Devices And Adaptive Equipments | No device -SW at 03/04/25 1341 |
| Level of Assistance 1 | Partial/Mod assistance -SW at 03/04/25 1341 |
| 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 at 03/04/25 1341 |
| Gait Training Activity 2 | |
| Distance (enter in feet) | 150 -SW at 03/04/25 1341 |
| Gait Training Activity 2 | Indoor surface -SW at 03/04/25 1341 |
| Assistive Devices And Adaptive Equipments | Walker, front- wheeled -SW at 03/04/25 1341 |
| Level of Assistance 2 | Supervision/touchin g assistance -SW at 03/04/25 1341 |
| Gait Training Activity 2 Comment | SPV with RW. -SW at 03/04/25 1341 |
| RLE Assessment | |
| RLE Assessment | Within Functional Limits -SW at 03/04/25 1343 |
| LLE Assessment | |
| LLE Assessment | Within Functional Limits -SW at 03/04/25 1343 |
| AM-PAC Basic Mobility Inpatient | |
| Turning in bed without bedrails | None -SW at 03/04/25 1343 |
| Lying on back to sitting on edge of flat bed | None -SW at 03/04/25 1343 |
| Bed to chair | A Little -SW at 03/04/25 1343 |
| Standing up from chair | None -SW at 03/04/25 1343 |
| Walk in room | A Little -SW at 03/04/25 1343 |
| Climbing 3-5 | A Little -SW at 03/04/25 1343 |

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

stairs

Mobility Inpatient 21 -SW at 03/04/25 1343

Raw Score

JH-HLM Goal 6 -SW at 03/04/25 1343

PT Plan

PT Frequency 2-3 times per week
 until discharge -SW
 at 03/05/25 0901

PT Discharge Recommendation s Outpatient PT -SW at
 03/04/25 1344

Equipment Recommended Walker- rolling -SW
 at 03/04/25 1343

Mobility

Highest Level of Mobility Walked 25 feet or
 more (i.e. walked
 outside of room) -
 SW at 03/04/25 1343

PT Acute Treatment

| Row Name | 03/04/25 1040 | 03/05/25 1020 | 03/07/25 0900 |
|----------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|

PT Last Visit

| | | | |
|----------------|----------------------------------|----------------------------------|----------------------------------|
| PT Received On | 03/04/25 -SW at 03/04/25 1335 | 03/05/25 -SW at 03/05/25 1201 | 03/07/25 -VA at 03/07/25 1140 |
|----------------|----------------------------------|----------------------------------|----------------------------------|

Time Calculation

| | | | |
|------------------------|--------------------------------|--------------------------------|--------------------------------|
| Start Time | 1040 -SW at 03/04/25 1335 | 1020 -SW at 03/05/25 1201 | 0900 -VA at 03/07/25 1140 |
| Stop Time | 1100 -SW at 03/04/25 1335 | 1035 -SW at 03/05/25 1201 | 0926 -VA at 03/07/25 1140 |
| Time Calculation (min) | 20 min -SW at 03/04/25 1335 | 15 min -SW at 03/05/25 1201 | 26 min -VA at 03/07/25 1140 |

General

| | | | |
|--------------------------|---|---|-----------------------------|
| Family/Caregiver Present | — | — | Yes -VA at 03/07/25 1140 |
|--------------------------|---|---|-----------------------------|

Activity Tolerance

| | | | |
|-----------------|--|--|---|
| Endurance | Tolerates 10 - 20 min exercise with multiple rests -SW at 03/04/25 1335 | Tolerates 10 - 20 min exercise with multiple rests -SW at 03/05/25 1201 | — |
| Sitting Balance | Supports self independently with both upper extremities -SW at 03/04/25 1335 | — | — |

Precautions

| | | | |
|---------------------|--|---|---|
| Medical Precautions | — | spinal -SW at 03/05/25 1201 | — |
| Braces Applied | pt wearing LSO -sw at 03/04/25 1335 | LSO on when OOB or HOB >30 deg. - SW at 03/05/25 1201 | — |

Pain Assessment

| | | | |
|---------------------------|---|---|------------------------------|
| Pain Assessment | DVPRS -SW at 03/04/25 1335 | DVPRS -SW at 03/05/25 1201 | 0-10 -VA at 03/07/25 1140 |
| Pain Score | — | — | 0 -VA at 03/07/25 1140 |
| Pain Rating Scale (DVPRS) | Hard to ignore, avoid usual activities -SW at 03/04/25 1335 | Hard to ignore, avoid usual activities -SW at 03/05/25 1201 | — |
| Pain Type | — | Chronic pain -SW at | — |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | |
|---|--|---|---|
| Pain Location | Back -SW at 03/04/25 1335 | Back -SW at 03/05/25 1201 | 03/05/25 1201 |
| Cognitive-Linguistic Functioning | | | |
| Overall Cognitive Status | Within Functional Limits -SW at 03/04/25 1335 | — | Within Functional Limits -VA at 03/07/25 1140 |
| Behavior/Cognition | — | — | Alert;Cooperative; Pleasant mood -VA at 03/07/25 1140 |
| Orientation Level | Oriented X4 -sw at 03/04/25 1335 | Oriented X4 -sw at 03/05/25 1201 | Oriented X4 -VA at 03/07/25 1140 |
| Therapeutic Activity | | | |
| Therapeutic Activity Time Entry | — | — | 13 -VA at 03/07/25 1140 |
| Bed Mobility | | | |
| Bed Mobility | — | Yes -SW at 03/05/25 1201 | Yes -VA at 03/07/25 1140 |
| Bed Mobility 1 | | | |
| Level of Assistance 1 | — | Independent -sw at 03/05/25 1201 | Independent -VA at 03/07/25 1140 |
| Bed Mobility To/From | — | Supine to sit on EOB -SW at 03/05/25 1201 | Roll left/right -VA at 03/07/25 1140 |
| Assistive Devices And Adaptive Equipments | — | No device -SW at 03/05/25 1201 | Bed rail -VA at 03/07/25 1140 |
| Bed Mobility 2 | | | |
| Level of Assistance 2 | — | — | Independent -VA at 03/07/25 1140 |
| Bed Mobility To/From | — | — | Supine to sit on EOB -VA at 03/07/25 1140 |
| Assistive Devices And Adaptive Equipments | — | — | Bed rail -VA at 03/07/25 1140 |
| Bed Mobility 3 | | | |
| Level of Assistance 3 | — | — | Independent -VA at 03/07/25 1140 |
| Bed Mobility To/From | — | — | Sitting EOB to supine -VA at 03/07/25 1140 |
| Assistive Devices And Adaptive Equipments | — | — | Bed rail -VA at 03/07/25 1140 |
| Transfers | | | |
| Transfer | — | Yes -SW at 03/05/25 1201 | Yes -VA at 03/07/25 1140 |
| Transfer 1 | | | |
| Level of Assistance 1 | — | Independent -sw at 03/05/25 1201 | Independent -VA at 03/07/25 1140 |
| Transfer To/From | — | Sit-to-Stand/Stand-to-Sit -SW at 03/05/25 1201 | Sit-to-Stand/Stand-to-Sit -VA at 03/07/25 1140 |
| Assistive Devices And Adaptive Equipments | — | Walker, front-wheeled -SW at 03/05/25 1201 | Walker, front-wheeled -VA at 03/07/25 1140 |
| Gait Training | | | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | |
|--|---|--|--|
| Gait Training | — | — | 10 -VA at 03/07/25 1140 |
| Time Entry | | | |
| Gait Training | | | |
| Gait Training | — | Yes -SW at 03/05/25 1201 | — |
| Activity | | | |
| Gait Training Activity 1 | | | |
| Distance (enter in feet) | — | 200 -SW at 03/05/25 1201 | 250' -VA at 03/07/25 1140 |
| Gait Training Activity 1 | — | Indoor surface -SW at 03/05/25 1201 | Indoor surface -VA at 03/07/25 1140 |
| Assistive Devices And Adaptive Equipments | — | Walker, front-wheeled -SW at 03/05/25 1201 | Walker, front-wheeled -VA at 03/07/25 1140 |
| Level of Assistance 1 | — | Supervision/touching assistance -SW at 03/05/25 1201 | Supervision/touching assistance -VA at 03/07/25 1140 |
| Gait Training Activity 1 | — | . -SW at 03/05/25 1201 | mild instability - no LOBs -VA at 03/07/25 1140 |
| Comment | | | |
| AM-PAC Basic Mobility Inpatient | | | |
| Turning in bed without bedrails | — | None -SW at 03/05/25 1201 | None -VA at 03/07/25 1140 |
| Lying on back to sitting on edge of flat bed | — | None -SW at 03/05/25 1201 | None -VA at 03/07/25 1140 |
| Bed to chair | — | None -SW at 03/05/25 1201 | None -VA at 03/07/25 1140 |
| Standing up from chair | — | None -SW at 03/05/25 1201 | None -VA at 03/07/25 1140 |
| Walk in room | — | None -SW at 03/05/25 1201 | A Little -VA at 03/07/25 1140 |
| Climbing 3-5 stairs | — | A Lot -SW at 03/05/25 1201 | A Little -VA at 03/07/25 1140 |
| Mobility Inpatient Raw Score | — | 22 -SW at 03/05/25 1201 | 22 -VA at 03/07/25 1140 |
| JH-HLM Goal | — | 7 -SW at 03/05/25 1201 | 7 -VA at 03/07/25 1140 |
| PT Assessment | | | |
| PT Assessment | — | — | Pt remains SBA/SPV. PT will cont to follow. -VA at 03/07/25 1140 |
| Medical Staff Made Aware | — | — | Yes -VA at 03/07/25 1140 |
| PT Plan | | | |
| PT Plan | — | — | Skilled PT -VA at 03/07/25 1140 |
| PT Discharge Recommendation s | — | Outpatient PT -sw at 03/05/25 1201 | Outpatient PT -VA at 03/07/25 1140 |
| Equipment Recommended | — | Walker- rolling -SW at 03/05/25 1201 | — |
| Mobility | | | |
| Highest Level of Mobility Performed (JH-HLM) | — | Walked 25 feet or more (i.e. walked outside of room) - SW at 03/05/25 1201 | — |

Rapid Rounds

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| Row Name | 03/04/25 0921 | 03/05/25 0923 | 03/06/25 0920 | 03/07/25 0923 |
|--------------------------------------|--|--|--|--|
| Rapid Rounds | | | | |
| Attendance | Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/04/25 0921 | Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/05/25 0924 | Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/06/25 0920 | Provider;Nurse;Case manager;Physical therapist;Occupational therapist;Clinical leadership;Social worker -DE at 03/07/25 0923 |
| Expected Discharge Disposition | Home Health Services -DE at 03/04/25 0921 | Home Health Services -DE at 03/05/25 0924 | Home Health Services -DE at 03/06/25 0920 | Home Health Services -DE at 03/07/25 0923 |
| Patient expects to be discharged to: | Home w/HH PT/OT/SLP; skilled nursing -DE at 03/04/25 0921 | Home w/HH PT/OT/SLP; skilled nursing -DE at 03/05/25 0924 | Home w/HH PT/OT/SLP; skilled nursing -DE at 03/06/25 0920 | Home w/HH PT/OT/SLP; skilled nursing -DE at 03/07/25 0923 |
| Today we still await: | Diagnostic workup;Clinical stability;Symptomatically controlled -DE at 03/04/25 0921 | Symptomatic control;Clinical stability -DE at 03/05/25 0924 | Procedure (Comment) -DE at 03/06/25 0920 | — |

Respiratory

| Row Name | 03/03/25 0805 | 03/03/25 1915 |
|---------------------------------|--|--|
| Respiratory | | |
| Respiratory (WDL) | Within Defined Limits -GS at 03/03/25 0805 | Within Defined Limits -JM at 03/03/25 2014 |
| Respiratory Pertinent Negatives | Respirations regular/unlabored - GS at 03/03/25 0805 | — |
| Oxygen Therapy | None (Room air) - GS at 03/03/25 0805 | None (Room air) -JM at 03/03/25 2014 |

Sepsis Screening - Adult

| Row Name | 03/02/25 1844 |
|--|--|
| Sepsis Screening | |
| Are there risk factors of infection present/new? | Indwelling catheters/devices; Current infection present/suspected ! -NH at 03/02/25 1844 |
| Sepsis Escalation Criteria | No additional criteria met -NH at 03/02/25 1844 |
| Screen Outcome-Nurse | Sepsis screening negative -NH at 03/02/25 1844 |

TB & Infectious Disease Screening

| Row Name | 03/02/25 1840 |
|-----------------------|-----------------------------|
| TB Screening | |
| TB Screening Symptoms | Assess -NH at 03/02/25 1841 |
| Bloody sputum | No -NH at 03/02/25 1841 |

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | |
|---|---------------------------|
| Persistent cough > 3wks | No -NH at 03/02/25 1841 |
| Immigrant | No -NH at 03/02/25 1841 |
| History of positive chest x-ray for TB | No -NH at 03/02/25 1841 |
| Night sweats | No -NH at 03/02/25 1841 |
| Unexplained weight loss | No -NH at 03/02/25 1841 |
| History of or Recent exposure to TB (last 3 months) | No -NH at 03/02/25 1841 |
| History of positive TB skin test | No -NH at 03/02/25 1841 |
| TB Screening Score | 0 -NH at 03/02/25 1841 |
| Infectious Disease Screening | |
| Infectious Disease Screen | None -NH at 03/02/25 1841 |

Triage Process

Row Name **03/05/25 1516**

Acute Triage

Triage Priority 3 -SS at 03/05/25 1516

Violence Risk

Row Name **03/04/25 0800 03/05/25 0800**

Violence Assessment Tool Risk Indicators

| | | |
|--|-----------------------------------|-----------------------------------|
| Assessment Type | Reassessment -II at 03/04/25 0804 | Reassessment -II at 03/05/25 1101 |
| History of Violence | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Confused | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Irritable | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Boisterous | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Verbal Threats | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Physical Threats | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Attacking Objects | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Agitated/Impulsive | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Paranoid/Suspicious | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Substance Intoxication/Withdrawal | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Socially Inappropriate/Disruptive Behavior | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |
| Body Language | No -II at 03/04/25 0804 | No -II at 03/05/25 1101 |

Vital Signs

Row Name **03/02/25 1841**

Oxygen Therapy

**03/03/2025 ED to Hosp-Admission (Discharged) In Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Oxygen Therapy None (Room air) -
 NH at 03/02/25 1841

Height and Weight

Height 1.753 m (5' 9") -NH
 at 03/02/25 1841

Height Method Estimated -NH at
 03/02/25 1841

Weight 74.8 kg (165 lb) -NH
 at 03/02/25 1841

Weight Method Estimated -NH at
 03/02/25 1841

Pain Assessment

Pain Assessment 0-10 -NH at 03/02/25
 1841

Pain Score 10 -NH at 03/02/25 1841

Vital Signs

| Row Name | 03/03/25 0800 | 03/03/25 0810 | 03/03/25 0900 | 03/03/25 1000 | 03/03/25 1500 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

Vital Signs

| | | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Restart Vitals Timer | Yes -GS at 03/03/25 0913 | Yes -GS at 03/03/25 0913 | Yes -GS at 03/03/25 0914 | Yes -GS at 03/03/25 1150 | Yes -GS at 03/03/25 1546 |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

| Row Name | 03/03/25 1700 | 03/03/25 1805 | 03/04/25 0532 | 03/07/25 1300 | 03/07/25 1703 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

Vital Signs

| | | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Restart Vitals Timer | Yes -GS at 03/03/25 1810 | Yes -GS at 03/03/25 1810 | Yes -DJ at 03/04/25 0532 | Yes -KJ at 03/07/25 1407 | Yes -KJ at 03/07/25 1706 |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Vitals

| Row Name | 03/02/25 2044 | 03/02/25 2357 |
|----------|---------------|---------------|
|----------|---------------|---------------|

Vitals Timer

| | | |
|----------------------|---|--------------------------|
| Restart Vitals Timer | — | Yes -ME at 03/02/25 2357 |
|----------------------|---|--------------------------|

| | | |
|------------------------------|------------------------------|------------------------------|
| Update Vitals Alert Interval | 4 hours -ME at 03/02/25 2045 | 4 hours -ME at 03/02/25 2357 |
|------------------------------|------------------------------|------------------------------|

Vitals

| Row Name | 03/03/25 0639 | 03/03/25 1930 | 03/03/25 2100 | 03/03/25 2200 | 03/03/25 2300 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

Vital Signs

| | | | | | |
|-------|-------------------------|-------------------------|-------------------------|---|-------------------------|
| Pulse | 56 -MN at 03/03/25 0640 | 62 -JM at 03/03/25 1958 | 68 -JM at 03/03/25 2252 | — | 71 -JM at 03/04/25 0050 |
|-------|-------------------------|-------------------------|-------------------------|---|-------------------------|

| | | | | | |
|----|-------------------------------|-------------------------------|-------------------------------|---|-----------------------------|
| BP | 172/93 ! -MN at 03/03/25 0640 | 185/99 ! -JM at 03/03/25 1958 | 161/81 ! -JM at 03/03/25 2252 | — | 155/89 -JM at 03/04/25 0050 |
|----|-------------------------------|-------------------------------|-------------------------------|---|-----------------------------|

| | | | | | |
|------------|---|----------------------------|----------------------------|---|----------------------------|
| MAP (mmHg) | — | 127 ! -JM at 03/03/25 1959 | 112 ! -JM at 03/03/25 2252 | — | 115 ! -JM at 03/04/25 0050 |
|------------|---|----------------------------|----------------------------|---|----------------------------|

Oxygen Therapy

| | | | | | |
|------|----------------------------|----------------------------|---------------------------|---|----------------------------|
| SpO2 | 100 % -MN at 03/03/25 0640 | 100 % -JM at 03/03/25 1958 | 95 % -JM at 03/03/25 2252 | — | 100 % -JM at 03/04/25 0050 |
|------|----------------------------|----------------------------|---------------------------|---|----------------------------|

| | | | | | |
|----------------|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Oxygen Therapy | — | None (Room air) -JM at 03/03/25 1958 | None (Room air) -JM at 03/03/25 2252 | None (Room air) -JM at 03/03/25 2253 | None (Room air) -JM at 03/04/25 0050 |
|----------------|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|

| Row Name | 03/04/25 0130 | 03/04/25 0430 | 03/04/25 0532 | 03/04/25 0800 | 03/04/25 2024 |
|----------|---------------|---------------|---------------|---------------|---------------|
|----------|---------------|---------------|---------------|---------------|---------------|

Vital Signs

| | | | | | |
|------|---|---|--------------------------------------|---|---|
| Temp | — | — | 37 °C (98.6 °F) -DJ at 03/04/25 0532 | — | — |
|------|---|---|--------------------------------------|---|---|

| | | | | | |
|----------|---|---|-------------------------------|---|---|
| Temp src | — | — | Axillary -DJ at 03/04/25 0532 | — | — |
|----------|---|---|-------------------------------|---|---|

| | | | | | |
|-------|---|---|-------------------------|---|---|
| Pulse | — | — | 59 -DJ at 03/04/25 0532 | — | — |
|-------|---|---|-------------------------|---|---|

| | | | | | |
|------|---|---|-------------------------|---|---|
| Resp | — | — | 19 -DJ at 03/04/25 0532 | — | — |
|------|---|---|-------------------------|---|---|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | | | | | |
|----------------------------|--------------------------------------|---|--------------------------------------|--|--|
| BP | — | — | 145/85 -DJ at 03/04/25 0532 | — | — |
| BP Location | — | — | Right arm -DJ at 03/04/25 0532 | — | — |
| Patient Position | — | — | Lying -DJ at 03/04/25 0532 | — | — |
| Oxygen Therapy | | | | | |
| SpO2 | — | — | 99 % -DJ at 03/04/25 0532 | — | — |
| Oxygen Therapy | None (Room air) -JM at 03/04/25 0134 | — | None (Room air) -DJ at 03/04/25 0532 | — | — |
| Pain Assessment | | | | | |
| Pain Assessment | — | DVPRS -DJ at 03/04/25 0534 | — | DVPRS -II at 03/04/25 0809 | DVPRS -JG at 03/04/25 2210 |
| Pain Score | — | 8 -DJ at 03/04/25 0534 | — | 9 -II at 03/04/25 0809 | 9 -JG at 03/04/25 2210 |
| Pain Rating Scale (DVPRS) | — | Awful, hard to do anything -DJ at 03/04/25 0534 | — | Can't bear the pain unable to do anything -II at 03/04/25 0809 | — |
| Pain Type | — | Chronic pain -DJ at 03/04/25 0534 | — | — | Chronic pain -JG at 03/04/25 2210 |
| Pain Location | — | Back -DJ at 03/04/25 0534 | — | — | Back -JG at 03/04/25 2210 |
| Pain Orientation | — | Posterior -DJ at 03/04/25 0534 | — | — | — |
| Pain Descriptors | — | Aching -DJ at 03/04/25 0534 | — | — | Aching -JG at 03/04/25 2210 |
| Pain Frequency | — | Intermittent -DJ at 03/04/25 0534 | — | — | Intermittent -JG at 03/04/25 2210 |
| Pain Onset | — | Gradual -DJ at 03/04/25 0534 | — | — | Gradual -JG at 03/04/25 2210 |
| Clinical Progression | — | Gradually worsening -DJ at 03/04/25 0534 | — | Gradually worsening -II at 03/04/25 0809 | — |
| Patient's Stated Pain Goal | — | 8 -DJ at 03/04/25 0534 | — | — | — |
| Pain Interventions | — | Medication (See MAR) -DJ at 03/04/25 0534 | — | — | — |
| Row Name | 03/04/25 2124 | 03/05/25 0114 | 03/05/25 0214 | 03/05/25 0616 | 03/05/25 2000 |
| Pain Assessment | | | | | |
| Pain Assessment | DVPRS -JG at 03/04/25 2210 | DVPRS -JG at 03/05/25 0312 | DVPRS -JG at 03/05/25 0312 | DVPRS -JG at 03/05/25 0628 | DVPRS -AG at 03/05/25 2006 |
| Pain Score | 0 -JG at 03/04/25 2210 | 9 -JG at 03/05/25 0312 | 0 -JG at 03/05/25 0312 | 8 -JG at 03/05/25 0628 | 0 -AG at 03/05/25 2006 |
| Pain Rating Scale (DVPRS) | — | — | — | — | No pain -AG at 03/05/25 2006 |
| Pain Type | — | Chronic pain -JG at 03/05/25 0312 | — | Chronic pain -JG at 03/05/25 0628 | — |
| Pain Location | — | Back -JG at 03/05/25 0312 | — | Back -JG at 03/05/25 0628 | — |
| Pain Descriptors | — | Aching -JG at 03/05/25 0312 | — | Aching -JG at 03/05/25 0628 | — |
| Pain Frequency | — | Intermittent -JG at 03/05/25 0312 | — | Intermittent -JG at 03/05/25 0628 | — |
| Pain Onset | — | Gradual -JG at 03/05/25 0312 | — | Gradual -JG at 03/05/25 0628 | — |
| Row Name | 03/06/25 0000 | 03/06/25 0400 | 03/06/25 0800 | 03/06/25 1200 | 03/06/25 1600 |
| Pain Assessment | | | | | |
| Pain Assessment | DVPRS -AG at 03/06/25 0007 | DVPRS -AG at 03/06/25 0401 | DVPRS -SP at 03/06/25 1203 | DVPRS -SP at 03/06/25 1203 | DVPRS -SP at 03/06/25 1753 |
| Pain Score | 0 -AG at 03/06/25 0007 | 0 -AG at 03/06/25 0401 | 9 -SP at 03/06/25 1203 | 0 -SP at 03/06/25 1203 | 7 -SP at 03/06/25 1753 |
| Pain Rating Scale (DVPRS) | No pain -AG at 03/06/25 0007 | No pain -AG at 03/06/25 0401 | Can't bear the pain unable to do | No pain -SP at 03/06/25 1203 | Focus of attention, prevents doing daily |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| | | | | |
|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Pain Type | — | — | anything -SP at 03/06/25 1203 | activities -SP at 03/06/25 1753 |
| Row Name | 03/06/25 2000 | 03/07/25 0000 | Chronic pain -SP at 03/06/25 1203 | — |
| | | | 03/07/25 0400 | 03/07/25 0800 |
| | | | 03/07/25 1200 | 03/07/25 1200 |
| Pain Assessment | | | | |
| Pain Assessment | DVPRS -AG at 03/06/25 2003 | DVPRS -AG at 03/07/25 0027 | DVPRS -AG at 03/07/25 0415 | DVPRS -SP at 03/07/25 1710 |
| Pain Score | 0 -AG at 03/06/25 2003 | 0 -AG at 03/07/25 0027 | 0 -AG at 03/07/25 0415 | 7 -SP at 03/07/25 1710 |
| Pain Rating Scale (DVPRS) | No pain -AG at 03/06/25 2003 | No pain -AG at 03/07/25 0027 | No pain -AG at 03/07/25 0415 | — |
| Row Name | 03/07/25 1600 | | | |
| Pain Assessment | | | | |
| Pain Assessment | DVPRS -SP at 03/07/25 1710 | | | |
| Pain Score | 0 -SP at 03/07/25 1710 | | | |
| Pain Rating Scale (DVPRS) | No pain -SP at 03/07/25 1710 | | | |
| Vitals Reassessment | | | | |
| Row Name | 03/02/25 18:36:15 | 03/03/25 0800 | 03/03/25 0810 | 03/03/25 0900 |
| | | | 03/03/25 1000 | |
| Vitals Timer | | | | |
| Restart Vitals Timer | Yes -MI (r) VB (t) at 03/02/25 1836 | Yes -GS at 03/03/25 0913 | Yes -GS at 03/03/25 0913 | Yes -GS at 03/03/25 0914 |
| Row Name | 03/03/25 1500 | 03/03/25 1700 | 03/03/25 1805 | 03/04/25 04:39:27 |
| | | | 03/04/25 0532 | |
| Vitals Timer | | | | |
| Restart Vitals Timer | Yes -GS at 03/03/25 1546 | Yes -GS at 03/03/25 1810 | Yes -GS at 03/03/25 1810 | Yes -MI (r) IK (t) at 03/04/25 0439 |
| Row Name | 03/04/25 07:52:36 | 03/04/25 12:01:45 | 03/04/25 16:03:27 | 03/04/25 19:29:32 |
| | | | 03/04/25 23:53:56 | |
| Vitals Timer | | | | |
| Restart Vitals Timer | Yes -MI (r) SR (t) at 03/04/25 0752 | Yes -MI (r) SR (t) at 03/04/25 1201 | Yes -MI at 03/04/25 1603 | Yes -MI (r) MP (t) at 03/04/25 1929 |
| Row Name | 03/05/25 04:13:25 | 03/05/25 07:44:45 | 03/05/25 11:40:33 | 03/05/25 15:38:03 |
| | | | 03/05/25 20:09:26 | |
| Vitals Timer | | | | |
| Restart Vitals Timer | Yes -MI (r) MP (t) at 03/05/25 0413 | Yes -MI (r) MR (t) at 03/05/25 0744 | Yes -MI (r) MR (t) at 03/05/25 1140 | Yes -MI (r) MR (t) at 03/05/25 1538 |
| Row Name | 03/05/25 23:40:49 | 03/06/25 04:29:59 | 03/06/25 08:03:09 | 03/06/25 11:40:46 |
| | | | 03/06/25 16:08:05 | |
| Vitals Timer | | | | |
| Restart Vitals Timer | Yes -MI at 03/05/25 2340 | Yes -MI (r) KP (t) at 03/06/25 0430 | Yes -MI at 03/06/25 0803 | Yes -MI (r) RF (t) at 03/06/25 1140 |
| Row Name | 03/06/25 20:58:52 | 03/07/25 00:17:43 | 03/07/25 04:38:04 | 03/07/25 08:02:45 |
| | | | 03/07/25 1300 | |
| Vitals Timer | | | | |
| Restart Vitals Timer | Yes -MI (r) KP (t) at 03/06/25 2058 | Yes -MI (r) KP (t) at 03/07/25 0017 | Yes -MI (r) KP (t) at 03/07/25 0438 | Yes -KJ at 03/07/25 0847 |
| Row Name | 03/07/25 1703 | | | Yes -KJ at 03/07/25 1407 |
| Vitals Timer | | | | |
| Restart Vitals Timer | Yes -KJ at 03/07/25 1706 | | | |
| Vitals, I/O | | | | |
| Row Name | 03/04/25 07:52:13 | 03/04/25 07:52:36 | 03/04/25 12:01:34 | 03/04/25 19:29:32 |
| | | | 03/05/25 07:43:12 | |
| Vital Signs | | | | |
| Temp | 36.4 °C (97.6 °F) - | — | 36.6 °C (97.9 °F) - | 36.7 °C (98.1 °F) - |

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| | SR at 03/04/25 0843 | SR at 03/04/25 1228 | MP at 03/04/25 2021 | | |
|-----------------------------|--|---|---|---|--------------------------|
| Temp src | — | Oral -SR at 03/04/25 0843 | — | | |
| BP | 190/106 ! RN Sheriace notified of elevated BP, hr -SR at 03/04/25 0843 | 156/91 ! RN Sheriace aware of current BP -SR at 03/04/25 1228 | — | | |
| Intake | | | | | |
| Percent Meals Eaten (%) | — | — | 50 -KP at 03/06/25 0706 — | | |
| Unmeasured Output | | | | | |
| Unmeasured Urine Occurrence | — | — | 1 -MR at 03/05/25 1400 | | |
| Row Name | 03/05/25 07:44:45 | 03/05/25 0800 | 03/05/25 1100 | 03/05/25 1545 | 03/05/25 20:09:26 |
| Vital Signs | | | | | |
| BP | — NOTIFIED RN SHERIACE -MR at 03/05/25 1357 | — | — | — | — |
| Intake | | | | | |
| P.O. | — | 240 mL -MR at 03/05/25 1357 | 240 mL -MR at 03/05/25 1357 | — | — |
| Percent Meals Eaten (%) | — | 100 -MR at 03/05/25 1357 | 100 -MR at 03/05/25 1357 | — | 100 -KP at 03/06/25 0249 |
| Unmeasured Output | | | | | |
| Unmeasured Urine Occurrence | — | — | — | 1 -MR at 03/05/25 1803 | — |
| Row Name | 03/06/25 0100 | 03/06/25 11:40:35 | 03/06/25 16:07:57 | 03/06/25 20:57:54 | 03/07/25 08:02:45 |
| Vital Signs | | | | | |
| Resp | — | — | — | — | 17 -KJ at 03/07/25 0847 |
| BP | — notified rn -RF at 03/06/25 1755 | 177/108 ! notified rn -RF at 03/06/25 1755 | 147/101 ! notified rn -RF at 03/06/25 1755 | 136/94 ! Notified RN Anna Maria -KJ at 03/06/25 2126 | — |
| MAP (mmHg) | — | — | — | — notified Rn anna Marie -KP at 03/06/25 2126 | — |
| Unmeasured Output | | | | | |
| Unmeasured Urine Occurrence | 1 -KP at 03/06/25 0249 | — | — | — | — |
| Row Name | 03/07/25 1300 | 03/07/25 1703 | | | |
| Vital Signs | | | | | |
| Temp | 36 °C (96.8 °F) ! - KJ at 03/07/25 1407 | 36 °C (96.8 °F) ! - KJ at 03/07/25 1706 | | | |
| Temp src | Oral -KJ at 03/07/25 1407 | Oral -KJ at 03/07/25 1706 | | | |
| Pulse | 64 -KJ at 03/07/25 1407 | 62 -KJ at 03/07/25 1706 | | | |
| Resp | 18 -KJ at 03/07/25 1407 | 17 -KJ at 03/07/25 1706 | | | |
| BP | 145/83 -KJ at 03/07/25 1407 | 147/85 -KJ at 03/07/25 1706 | | | |
| MAP (mmHg) | 100 -KJ at 03/07/25 1407 | 104 ! -KJ at 03/07/25 1706 | | | |
| BP Location | Left arm -KJ at 03/07/25 1407 | Left arm -KJ at 03/07/25 1706 | | | |
| Patient Position | Lying -KJ at 03/07/25 1407 | Lying -KJ at 03/07/25 1706 | | | |
| Oxygen Therapy | | | | | |
| SpO2 | 100 % -KJ at 03/07/25 1407 | 100 % -KJ at 03/07/25 1706 | | | |
| Oxygen Therapy | None (Room air) -KJ at 03/07/25 1407 | None (Room air) -KJ at 03/07/25 1706 | | | |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

| User Key | | (r) = Recorded By, (t) = Taken By, (c) = Cosigned By | | |
|-----------------|--|--|-------------------|---|
| Initials | Name | Provider Type | Discipline | Dates Documented |
| SW | Sarah Williams, PT | Physical Therapist | PT | 03/04/2025, 03/05/2025 |
| DS | Dianne Summerlin, RN | Case Manager | Case Manager | 03/06/2025, 03/07/2025 |
| AG | Annmaria George, RN | Registered Nurse | Nurse | 03/05/2025, 03/06/2025 |
| AG | Annmaria George, RN | Registered Nurse | Nurse | 03/06/2025, 03/07/2025 |
| MC | Maria Campos Neri, PMD | Licensed Paramedic | ED TECH | 03/04/2025 |
| JP | Joseph Percy | Case Manager | Case Manager | 03/06/2025, 03/07/2025 |
| VA | Victoria Arend, PTA | Physical Therapy Assistant | PT | 03/07/2025 |
| VB | Veronica Barrutia, LVN | Licensed Vocation Nurse | Nurse | 03/02/2025 |
| AB | Alberto Benitez, RN | Registered Nurse | Nurse | 03/06/2025 |
| JB | Jaycob Bodine | Case Manager | Case Manager | 03/06/2025 |
| CC | Charlicie Cagle, RN | Registered Nurse | Nurse | 03/04/2025 |
| HC | Hang Cortes, RT | Technologist | — | 03/04/2025 |
| ME | McKenzie Ermis, EMT | Technician | ED TECH | 03/02/2025 |
| DE | Donna Escueta, RN | Registered Nurse | Nurse | 03/04/2025, 03/05/2025, 03/06/2025 |
| DE | Donna Escueta, RN | Registered Nurse | Nurse | 03/07/2025 |
| RF | Rosange Francois | Technician | Patient Care | 03/06/2025 |
| JG | Joseph Gitahi, RN | Registered Nurse | Nurse | 03/04/2025, 03/05/2025 |
| TG | Tiffany Gumbao | Case Manager | Case Manager | 03/04/2025 |
| NH | Nicolai Harcrow, RN | Registered Nurse | Nurse | 03/02/2025 |
| II | Isoken Iyamu, RN | Registered Nurse | Nurse | 03/04/2025, 03/05/2025 |
| KJ | Kimberly Jaquez | Technician | Patient Care | 03/07/2025 |
| DJ | Daine Joseph, RN | Registered Nurse | Nurse | 03/04/2025 |
| IK | Isatu Kamara | Technician | Patient Care | 03/04/2025 |
| MK | Madeline Kotarski, RN | Registered Nurse | Nurse | 03/03/2025 |
| EM | Elena Martinez | Case Manager | Case Manager | 03/06/2025 |
| BM | Benjamin D Mouser, MD | Physician | Physician | 03/04/2025 |
| MNA | Margarita Nadal | — | — | 03/02/2025 |
| MN | Madisyn Nall, RN | Registered Nurse | Nurse | 03/03/2025 |
| MPA | Monica Peavy | Coordinator | UNIT COORDINATOR | 03/10/2025 |
| MP | Maria I Perez | Technician | Patient Care | 03/04/2025, 03/05/2025 |
| SP | Shaniya Polk, RN | Registered Nurse | Nurse | 03/04/2025, 03/06/2025 |
| SP | Shaniya Polk, RN | Registered Nurse | Nurse | 03/06/2025, 03/07/2025 |
| LR | Lauren Ray, RN | Registered Nurse | Nurse | 03/03/2025 |
| MR | Margalie Raymond | Technician | Patient Care | 03/05/2025 |
| SR | Sydney Reliford | Technician | Patient Care | 03/04/2025 |
| GS | Gerardo Salazar, RN | Registered Nurse | Nurse | 03/03/2025 |
| SS | Shannon Sudria, OT | Occupational Therapist | OT | 03/04/2025, 03/05/2025, 03/06/2025 |
| SS | Shannon Sudria, OT | Occupational Therapist | OT | 03/06/2025 |
| JV | Juan Valenzuela | Technologist | — | 03/03/2025 |
| RW | Ryan Drey Walsh, MD | Physician | Physician | 03/02/2025 |
| SWA | Shabri Worthey, LMSW | Social Worker | Social Work | 03/04/2025 |
| JM | Julian Malone, RN | Registered Nurse | Nurse | 03/03/2025, 03/04/2025 |
| KP | Kesha Patterson | Technician | Patient Care | 03/04/2025, 03/05/2025, 03/06/2025 |
| KP | Kesha Patterson | Technician | Patient Care | 03/06/2025, 03/07/2025 |
| BI | Interface, Bamboo Doc Flowsheet In Bamboo | — | — | 03/02/2025, 03/03/2025, 03/05/2025, 03/06/2025, 03/07/2025 |
| CI | Interface, Careport Discharge Doc Flowsheet In | — | — | 03/02/2025 |
| MI | Interface, Masimo Doc | — | — | 03/02/2025, 03/04/2025, |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Flowsheet In

03/05/2025, 03/06/2025, 03/07/2025

Flowsheet Notes

[N1]

| Author | Author Type | Service | Note Type | Status | Filed Time |
|--------------------------------------|---------------|---------|----------------|--------|---------------|
| Shabri Worthey, LMSW Note Text | Social Worker | — | Progress Notes | Signed | 03/04/25 1154 |

| | |
|---|--|
| | 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> |

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

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

[N2]

| Author | Author Type | Service | Note Type | Status | Filed Time |
|-------------------------|--------------|---------|----------------|----------|---------------|
| Dianne Summerlin, RN | Case Manager | — | Progress Notes | Addendum | 03/06/25 1714 |

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

Note Text

| | | 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

Per Financial counselor; billing will be done through pt's commercial insurance plan and not through Workers Comp.

Barriers to Discharge: Pending PICC line placement, Home Health and IV ABX arrangements

DISCHARGE PLAN A: Home w/HH Nurse for PICC line and IV ABX management

DISCHARGE PLAN B: Home w/HH, IV ABX

DME REC: RW; delivered to bedside.

EDD: 3.6.25

IV ABX plan from 3.5.25 ID note:

ID Diagnosis: MRSA Discitis and Phlegmon

Please continue the following through 3/16/25:

Daptomycin 8mg/kg Q24

Outpatient Lab Monitoring While on OPAT:

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Flowsheets (continued)

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).

[N3]

| Author | Author Type | Service | Note Type | Status | Filed Time |
|--------------------------------------|--------------|---------|----------------|--------|---------------|
| Dianne Summerlin, RN Note Text | Case Manager | — | Progress Notes | Signed | 03/07/25 1904 |

| | |
|-----------------------------|---|
| | 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 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Flowsheets (continued)

| |
|--|
| 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

Care Plan

Resolved

Problem: Altered Nutrient Intake

| | | |
|--------------|-----------------|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Nutrition | |

Goal: Nutrient intake appropriate for improving, restoring or maintaining nutritional needs (Resolved)

| | | |
|--------------|-----------------|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Nutrition | |

Outcomes

| Date/Time | User | Outcome |
|---------------|-----------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |

Problem: Chronic Conditions and Co-morbidities

| | | |
|--------------|-------------------|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Interdisciplinary | |

Goal: Patient's chronic conditions and co-morbidity symptoms are monitored and maintained or improved (Resolved)

| | | |
|--------------|-------------------|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Interdisciplinary | |

Outcomes

| Date/Time | User | Outcome |
|---------------|-----------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |

Problem: Discharge Planning

| | | |
|--------------|---|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Nurse, Interdisciplinary, RT, Social Work | |

Goal: Discharge to home or other facility with appropriate resources (Resolved)

| | | |
|--------------|---|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Nurse, Interdisciplinary, RT, Social Work | |

Outcomes

| Date/Time | User | Outcome |
|---------------|-----------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |

Problem: Gait goals

| | | |
|--------|-----------------|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
|--------|-----------------|--------------------|

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Care Plan (continued)

Disciplines: PT

Goal: Patient will progress to ambulate on even surface using RW 300 ft modi. (Resolved)

| | | | |
|--------------|-----------------|------------------------|--------------------|
| Dates: | Start: 03/04/25 | Expected End: 03/28/25 | Resolved: 03/07/25 |
| Disciplines: | PT | | |

Outcomes

| Date/Time | User | Outcome |
|---------------|-----------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |

Problem: OT Problem

| | | |
|--------------|-----------------|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | OT | |

Goal: Patient will perform bADL tasks SBA by DC to promote functional independence. (Resolved)

| | | | |
|--------------|-----------------|------------------------|--------------------|
| Dates: | Start: 03/04/25 | Expected End: 03/21/25 | Resolved: 03/07/25 |
| Disciplines: | OT | | |

Outcomes

| Date/Time | User | Outcome |
|---------------|--------------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |
| 03/06/25 1352 | Shannon Sudrla, OT | Progressing |

Goal: Patient will perform functional mobility SBA with RW as needed with no overt LOB (Resolved)

| | | | |
|--------------|-----------------|------------------------|--------------------|
| Dates: | Start: 03/04/25 | Expected End: 03/21/25 | Resolved: 03/07/25 |
| Disciplines: | OT | | |

Outcomes

| Date/Time | User | Outcome |
|---------------|--------------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |
| 03/06/25 1352 | Shannon Sudrla, OT | Progressing |

Goal: Patient will tolerate >20 min of therapeutic activity to maximize activity tolerance for I/ADL performance (Resolved)

| | | | |
|--------------|-----------------|------------------------|--------------------|
| Dates: | Start: 03/04/25 | Expected End: 03/21/25 | Resolved: 03/07/25 |
| Disciplines: | OT | | |

Outcomes

| Date/Time | User | Outcome |
|---------------|--------------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |
| 03/06/25 1352 | Shannon Sudrla, OT | Progressing |

Problem: Pain - Adult

| | | |
|--------------|---|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Nurse, Interdisciplinary, PT, RT, Social Work | |

Goal: Verbalizes/displays adequate comfort level or baseline comfort level (Resolved)

| | | |
|--------------|---|--------------------|
| Dates: | Start: 03/04/25 | Resolved: 03/07/25 |
| Disciplines: | Nurse, Interdisciplinary, RT, Social Work | |

Outcomes

| Date/Time | User | Outcome |
|---------------|------------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |
| 03/05/25 1112 | Isoken Iyamu, RN | Progressing |
| 03/04/25 0806 | Isoken Iyamu, RN | Progressing |
| 03/04/25 0538 | Daine Joseph, RN | Progressing |

03/03/2025 - ED to Hosp Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Care Plan (continued)

Problem: SP/Stand Step Transfers

Dates: Start: 03/04/25 Resolved: 03/07/25
 Disciplines: PT

Goal: Patient will progress level surface transfers using stand step transfer IND (Resolved)

Dates: Start: 03/04/25 Expected End: 03/28/25 Resolved: 03/07/25
 Disciplines: PT

Outcomes

| Date/Time | User | Outcome |
|---------------|-----------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |

Problem: Safety - Adult

Dates: Start: 03/04/25 Resolved: 03/07/25
 Disciplines: Nurse, Interdisciplinary, RT, Social Work

Goal: Free from fall injury (Resolved)

Dates: Start: 03/04/25 Resolved: 03/07/25
 Disciplines: Nurse, Interdisciplinary, RT, Social Work

Outcomes

| Date/Time | User | Outcome |
|---------------|------------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |
| 03/04/25 0538 | Daine Joseph, RN | Progressing |

Problem: Standing balance activities

Dates: Start: 03/04/25 Resolved: 03/07/25
 Disciplines: PT

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

Dates: Start: 03/04/25 Expected End: 03/28/25 Resolved: 03/07/25
 Disciplines: PT

Outcomes

| Date/Time | User | Outcome |
|---------------|-----------------|------------------------|
| 03/07/25 2004 | Nurse Inpatient | Adequate for Discharge |

Patient Education

Title: PT OT SLP Therapies ()

Topic: Occupational Therapy (Done)

Point: Occupational Therapy Plan of Care (Done)

Learning Progress Summary

Patient Acceptance, Explanation, Verbalizes Understanding by SS at 3/4/2025 1254

Title: General Patient Education ()

Topic: Psycho/Social/Spiritual Support (Done)

Point: Coping Mechanisms (Done)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**Patient Education (continued)****Description:**

Help patient identify healthy coping mechanisms. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Patient Friendly Description: Being in the hospital can be stressful. You might be worried about things at home, your loved ones, or how you'll get back to "normal" again. It's okay to be worried, but you need to deal with your worry in a way that is healthy. We have counselors who know what you're going through. If you'd like, someone can visit you while you're in the hospital to help you work through the things that are worrying you. You don't need to be perfect. Talk to your nurse or doctor to learn more.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Support Systems (Done)**Description:**

Help patient identify available support systems. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Patient Friendly Description: Spend some time thinking about what kind of support you will need when you leave the hospital, and who can help provide that. You might need emotional support, or you might need someone to help you cook, clean, or drive around. Make a list of your needs and we can help you fill in the list of services that can help. We have people in the hospital who can work with you to make these decisions.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Spiritual/Emotional Needs (Done)**Description:**

Offer resources to meet spiritual/emotional needs. Refer to Spiritual Care, if needed.

Patient Friendly Description:

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Postpartum Depression (Done)**Description:**

Explain to mothers that it is common to feel some blues postpartum. Encourage them to reach out to their support systems and their obstetric provider if they feel depressed.

Patient Friendly Description: We will be discussing with you that it is common to feel some blues postpartum. We will also discuss how to cope with the blues by reaching out to your support system or doctor.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)**Point: Anxiety Reduction (Done)****Description:**

Explain the definition of anxiety, signs and symptoms, and examples of ways to reduce anxiety. Inform patient that Spiritual Care and Social Services are available.

Patient Friendly Description: Anxiety refers to the fear, worry, and concern that you or your family might have about your stay in the hospital. Anxiety is completely normal, but it can be very uncomfortable. You may be unable to sleep or to relax, or you might breathe too quickly or feel like your heart is racing. Sometimes, taking slow, deep breaths can help reduce the symptoms of anxiety. In other cases, you might want to talk to someone who is there to listen. Our spiritual care and social services departments are there to help. They can compassionately listen to your concerns and bring you some peace. This is available to everyone, regardless of faith.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Skin to Skin (Done)**Description:**

Explain to patient/partner the importance of Skin to Skin after birth for bonding with baby, providing infant optimal physiologic stability and warmth, and for first feedings opportunities. Instruct on Skin to Skin contact during feeding (for a normal newborn).

Patient Friendly Description: We will be discussing the importance of Skin to Skin after birth for bonding with your baby, providing infant optimal physiologic stability and warmth, and for first feedings opportunities.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Topic: Prevention / Discharge (Done)**Point: Community Resources (Done)****Description:**

Give written information on available community resources. Refer to Social Services or Case Management, if needed.

Patient Friendly Description: We will give you information on community resources and other services that could benefit you. Talk to your nurse or doctor for more information.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Follow-up Appointments (Done)**Description:**

Give the patient/family written information on when to make follow-up appointments. Reinforce importance of making and keeping the appointments. If appointments were made during the visit, give the patient a written reminder of the time and location.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Patient Friendly Description: When you leave the hospital, we will want to check to make sure you continue to get better. In some cases, we will schedule follow up appointments for you. In other cases, you might have to schedule them yourself. We will review what you need to do before you leave. It's very important that you keep these visits, even if you feel like everything is fine.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by IL at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: When to Call the Doctor (Done)

Description:

Educate patient/family/caregiver on when to call the doctor after discharge.

Patient Friendly Description: Use your After Visit Summary to review specific signs, symptoms, or reasons to contact your doctor after discharge

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by IL at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Review Discharge Plan (Done)

Description:

Review the discharge plan with patient and primary care giver including: diet, activity, medications, and special precautions. Refer to Case Management, if needed.

Patient Friendly Description: Your providers will help you create a plan for when you will leave the hospital. This will include things like your diet, the amount of activity you should do, any medications you will be taking and other resources that would benefit you. Talk to your nurse or doctor for more information.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by IL at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Topic: Pain Management (Done)

Point: Pain Medication Actions & Side Effects (Done)

Description:

Provide medication specific handouts when available.

Patient Friendly Description: We will give you information specific to the pain medications you may be taking. Find out more about pain meds here:

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
 Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Discuss Significance of VAS Scores (Done)

Description:

Refer to rating score of 0-10.

Patient Friendly Description: In order to make sure you're getting the right amount and kind of medicine, we'll be asking you about your pain regularly. We use a scale to track how you're feeling. A "0" means that you aren't in any pain at all, and a "10" is the worst pain you can possibly imagine. Decide how much pain you can bear, and we'll check regularly to make sure your pain stays below that number.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Discuss the Use of Pain Control Measures Before Pain Becomes Severe (Done)

Description:

Take time to reiterate to patient that he/she should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time before pain becomes severe.

Patient Friendly Description: We want to keep you comfortable, and that means that we work with you to help BEFORE your pain gets too hard to manage. If you're having difficulty breathing, if you hurt, or if you are uncomfortable, let us know right away. Don't worry - even if you think it isn't a problem, we still want to know.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Non-Pharmacological Comfort Measures (Done)

Description:

Explain there are other ways of controlling pain than medication. The following are suggestions: position change, aromatherapy, deep slow breathing, distraction, quiet environment, imagery, heat therapy and/or cold therapy, laughter, massage, music, physical therapy, and touch therapy.

Patient Friendly Description: There are ways to avoid pain without medicine. You could try changing how you are laying or sitting, aromatherapy, deep slow breathing, quiet environment, imagery, adding a heating pad or adding ice, laughter, massage, music, physical therapy, and touch therapy.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Patient Controlled Analgesia (Done)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Description:

Give the patient written information on Patient Controlled Analgesia. Explain how the pump works. Demonstrate pushing the button to give pain medicine to the patient. Caution the patient and other family/visitors that only the patient should press the PCA button for pain relief to decrease the chance of getting too much pain medicine.

Patient Friendly Description: We are giving you a medicine to take away some of your pain. You are in control of how much medicine you get. We will show you how to use the button on the pump to increase the amount of medicine you get. It's very important that only you, the patient, press this button, and only when you need more medicine. Your friends and family don't know how much you're hurting, so they shouldn't push it for you. This will make sure you get just the right amount of medicine you need.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Epidural Information (Done)

Description:

Give the patient written information on Epidural Analgesia. Explain why an epidural is used, how the epidural is placed and how the medication is given. If the epidural is PCA, demonstrate pushing the button to give pain medicine to the patient. Caution the patient and other family/visitors that only the patient should press the button for pain relief to decrease the chance of getting too much pain medicine.

Patient Friendly Description: You are on a painkiller called an epidural. An epidural is used to relieve pain by temporarily blocking your nerves from sending messages to your brain. The medicine is delivered into a space in your spine through a tube. In some cases, you might be in control of how much medicine you get. It's very important that only you, the patient, press this button, and only when you need more medicine. Your friends and family don't know how much you're hurting, so they shouldn't push it for you. This will make

sure you get just the right amount of medicine you need.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Topic: Self Care (Done)

Point: General Self Care (Done)

Description:

Instruct patient on self care needs. These may include: hygiene, how to take a blood pressure, how to change a dressing, etc.

Patient Friendly Description: We will give you guidance on how you can care for yourself. Let us know if you have questions.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811
Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537

Point: Demonstrate Handwashing (Done)

Description:

Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

Patient Friendly Description: Hand washing is important! It's the single most important step in preventing the spread of germs. The best way to wash your hands is to

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds.
4. Rinse your hands well under running water.
5. Dry your hands using a clean towel or air dry them.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Topic: Core Nursing (Done)

Point: Orientation to Unit (Done)

Description:

Instruct learner(s) on how to use call light, equipment in room (bed controls, lights, TV etc), unit routines, and a la carte ordering procedure.

Patient Friendly Description: Welcome to your room!

- Call light: Use this right away if you need help with anything. Press the orange button, and we'll be here as soon as we can.
- If you have a question or need something simple, tap "I would like" to let us know what you need.
- You can control the bed using the buttons on the bed wall by your arm.
- You can use the Bedside tablet to control your TV. Tap "TV" to get started.
- We will ask you what you would like to eat every morning.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)**Point: Fall Precautions (Done)****Description:**

Instruct learner(s) on the following safety measures as appropriate: Call for assistance before getting up, change positions slowly, dangle before standing, wear non-skid footwear, use handrails, and proper use of hospital equipment.

FOR PEDIATRIC PATIENTS: Instruct on keeping crib side rails up when toddler/infant/baby unattended or not within arm's reach.

Patient Friendly Description: It's easy to accidentally get hurt by falling in the hospital. Even if you don't usually feel off-balance, your medications and your condition can make you more likely to fall. To prevent a fall, you should:

- Use your call light if you want to get up, and wait until somebody comes before you try.
- Move very slowly, slower than you think you need to.
- Before you stand up, sit on the side of your bed for a while.
- Wear shoes or socks that won't slip easily.
- Use the handrail.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by IL at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Pain Management (Done)**Description:**

Instruct learner(s) on how to use pain intensity rating scale, importance of reporting pain, the effectiveness of medications and treatments, and possible side effects to report.

Encourage learner(s) to notify staff early when pain levels are beginning to rise.

Patient Friendly Description: Being in pain can make it hard for you to get better, so we want to keep your pain under control.

We will ask you about your pain often. We'll ask you to give your pain a number: 0 is no pain, and 10 is the most terrible pain you've ever felt.

Sometimes medication can make pain feel less strong, so we'll also keep track of whether you feel less pain after medications.

However, if you feel your pain getting worse, let us know right away, even if you think it's not too bad. Some pain medicines take longer to work, so don't wait until the pain gets so bad you can't take it any more.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by IL at 3/5/2025 1102 |
| | Acceptance, Explanation, Needs Reinforcement by IL at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Infection Control (Done)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Description:

Instruct learner(s) on how they can reduce the risk of infections. Educate learner(s) to avoid touching wounds, dressings or tubes. Ask care providers about their hand hygiene.

Instruct on the importance of washing hands and how to sanitize hands frequently with the hand sanitizer gel. Instruct learner(s) to screen their potential visitors for illness.

If applicable, inform learner(s) that MRSA testing will be done on each admission or transfers to all ICUs.

Patient Friendly Description: When you're sick or recovering, your body isn't as strong as it usually is. Therefore, avoiding infection is very important. Don't touch any wound, dressing on your body, or any of your tubes.

Everyone who comes into your room should wash their hands, and that means us as well! If you see somebody who forgets, it's okay to remind them.

If any of your visitors look sick, even if it's just a little cold, it's okay to ask them to come back later or to wear a mask when they come to visit you.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Medications (Done)

Description:

Instruct learner(s) on name and purpose of medication(s) and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Patient Friendly Description: When you go home, you might need to take new medications. We will tell you these things about each new medication:

- The name
- Why you are taking it
- Any side effects
- If there are foods you should avoid
- How to tell it is working
- When to call your doctor

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Nutrition/Diet (Done)

Description:

Instruct learner(s) on importance of nutrition in the recovery process, information and purpose of specific diets and/or restrictions, and availability of dietary counseling.

Patient Friendly Description: What you eat can help you recover more quickly. When you leave the hospital, you might have to cut back on some foods. We can help you learn the right things to eat if you're not sure how to stick to your new diet.

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Patient Education (continued)

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Equipment (Done)

Description:

Instruct learner(s) on what equipment is used for, how to use equipment (if appropriate), and any safety measures required.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Vascular Access Device (Done)

Description:

Instruct learner(s) on the purpose for and specific type of vascular device the patient has, signs and symptoms to report, and any safety measures to follow.

Patient Friendly Description: A port is also called a "venous access device." It's a way to deliver medicine or draw blood without the need for needles.

If you have chest pain, redness or pain around the device, trouble breathing, or if you are suddenly confused or dizzy, call your doctor right away.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

Point: Isolation Precautions (Done)

Description:

Educate learner(s) on type of isolation precautions and reason isolation is required. Instruct them on requirements for staff, patient, and visitors for the specific isolation type ordered. Instruct on the importance of hand hygiene by visitors when leaving the room. Provide verbal instruction and handout specific to isolation type.

Learning Progress Summary

| | |
|---------|--|
| Patient | Acceptance, Explanation, Verbalizes Understanding by SP at 3/7/2025 0800 |
| | Acceptance, Explanation, Verbalizes Understanding by SP at 3/6/2025 0800 |
| | Acceptance, Explanation, Needs Reinforcement by II at 3/4/2025 0811 |
| | Eager, Explanation, Verbalizes Understanding by DJ at 3/4/2025 0537 |

User Key

| Initials | Effective Dates | Name | Provider Type | Discipline |
|----------|---------------------|------------------|------------------|------------|
| II | 12/04/24 - 03/05/25 | Isoken Iyamu, RN | Registered Nurse | Nurse |



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)

Patient Education (continued)

| | | | | |
|----|------------------------|--------------------|------------------------|-------|
| DJ | 12/04/24 - 03/05/25 | Daine Joseph, RN | Registered Nurse | Nurse |
| SP | 03/06/25 - | Shaniya Polk, RN | Registered Nurse | Nurse |
| SS | 10/17/24 - 03/05/25 | Shannon Sudrla, OT | Occupational Therapist | OT |

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents

Hospital Consent for Treatment - Electronic signature on 3/2/2025 7:15 PM (effective from 3/2/2025) - E-signed

Clinical date/time: 3/2/2025 1915

Description: —

Status: Received

Effective date/time: 3/2/2025 1915

PATIENT REGISTRATION

CONSENT FOR MEDICAL TREATMENT

Knowing that I have a condition requiring hospital care, I hereby voluntarily consent to such hospital care including inpatient, outpatient, and telehealth/telemedicine services, diagnostic procedures and medical treatment by my physician, his/her assistants or his/her designee as may be necessary in his/her judgment. I understand that testing for infectious conditions, such as Human Immunodeficiency Virus (HIV) may be included. I acknowledge that no guarantees have been made as to the result of treatments or examinations in the hospital.

CARE

The patient is under the care and supervision of the patient's attending physician and consultants selected by this physician. It is the responsibility of the Hospital and its staff to carry out the instructions of the physicians. All physicians furnishing services to the patient, including the radiologist, pathologist, anesthesiologist, and emergency center physicians, or other physicians, are independent contractors for the patient and are not employees or agents of the Hospital and may bill directly for their services.

The Hospital provides only general duty nursing care unless the physician orders that the patient be provided more intensive nursing care. The attending physician must order a private duty nurse or sitter if the patient's condition requires this service. When protective side rails are placed on the patient's bed and raised for patient protection or when protective restraints are ordered, the patient assumes all risk of injury or damage if the patient refuses to permit raised side rails or restraints.

PERSONAL VALUABLES

The Hospital maintains a Hospital safe for the protection of money and valuables. The Hospital is not responsible for the loss of, damage to, any money, jewelry, documents, garments, dentures, prosthetic devices, or other articles of personal property unless deposited in the Hospital safe. It is the responsibility of the patient/legal representative/personal representative to deposit personal valuables in the hospital safe. Items secured in the Hospital safe may be retrieved only during normal office hours.

PATIENT'S RIGHTS: I acknowledge receipt of a statement of the "Patients' Rights."

MEDICARE/MEDICARE HMO PATIENTS: I acknowledge that I have been provided a copy of the notice entitled "An Important Message from Medicare" or "An Important Message to Medicare HMO Beneficiaries" detailing my rights as a Medicare or Medicare HMO hospital patient and the procedure for requesting a review by the Peer Review Organization in this area.

CHAMPUS/CHAMPVA PATIENTS: I acknowledge that I have been provided a copy of the notice entitled "An Important Message from Tricare."

This form has been fully explained to me and I certify that I understand its contents.

I hereby consent on the patient's behalf and in the patient's stead on: _____

Relationship to Patient

Self Parent Guardian
 Other

If "Other", please specify

Type hereType here

If signing for the patient, please print your name

Type hereType here



Patient / Patient Representative Signature

PATIENT'S RIGHTS

Our Facility cares for all patients regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

As a patient in our Facility, you have the right to be treated with dignity and respect, to participate in the development and implementation of your plan of care, and to make informed decisions regarding your care.

You have the right to have your pain appropriately assessed and managed, and to have your care and treatment provided in a setting that is safe, which affords privacy, and which is free of all forms of abuse or harassment.

You have the right to have a family member or representative of your choice, and your physician, notified promptly of your admission to our Facility.

You have the right to effective communication. Interpreter services are available, free of cost, to assist you with communication barriers to ensure the communication of information in a manner that is understandable to you.

You (or your legally authorized representative) will be asked by your physician to give voluntary and informed consent before any medical procedure. You

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (ccntinued)****Documents (continued)**

have the right to know who will perform the procedure, and what its risks, benefits, and alternatives are. If you are asked to voluntarily participate in clinical research, that research can begin only after appropriate informed consent has been given.

You have the right, subject to your consent, to receive the visitors whom you designate regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. You have the right to withdraw or deny such consent at any time.

You should expect all persons involved in your care to identify themselves by name and title. They should explain to you the nature and purpose of the procedures to be performed. You have the right to communicate with all who are involved in your care; reasonable effort will be made to overcome language barriers. You have the right to refuse treatment or observation by any medical student or physician-in-training. You have the right to be free from the use of any form of restraints, including physical restraints and drugs that are not medically necessary.

You have the right to have protective services offered to you, for example, guardianship, or child or adult protective services through county agencies.

You have the right to prepare advance directives (medical decision-making tools that assist you to communicate your wishes regarding medical treatment in the event you cannot communicate with your physician). In Texas, you can complete four kinds of advance directives: 1) a directive to your physician which allows you to decline or request aggressive medical treatment when you have a terminal or irreversible condition; 2) a Medical Power of Attorney which allows you to appoint an individual to make medical decisions for you if you are incapable of doing so; 3) a directive which allows you to decline cardiopulmonary resuscitation (CPR) and other treatment by emergency medical personnel and other health care providers outside of the Hospital and in the Hospital emergency room and outpatient departments; and 4) a directive that describes the types of mental health treatment you would or would not like to receive at a time when you cannot communicate your wishes.

Our Facility is committed to providing quality health care to our patients in accordance with the prevailing standards of medical care and State and Federal laws. We maintain written policies on the advance directives listed above. These policies do not require a physician to provide or perform procedures which are not in accordance with prevailing standards of medical care, or which the physician deems inappropriate in a particular clinical setting (medically futile). Although medically futile treatment is not provided, our patients continue to receive care to provide comfort and pain relief. (In accordance with Texas law, if brain death is pronounced, artificial life support is removed.)

We will provide advance directive forms to you at your request. Our Facility also offers our patients, their families, and surrogate decision makers an opportunity to meet with our ethics committee to discuss difficult questions regarding end-of-life care and other complex medical issues. Please contact your nurse if you need advance directive forms, or if you would like to speak with someone from the ethics committee.

You have the right to confidentiality of your clinical record, and to obtaining information contained in your record within a reasonable time frame.

You have the right to expect reasonable continuity of care and to be informed by your physician of continuing health care needs following discharge.

If your physician decides that you should be transferred to another facility, you will be moved only after you have received a complete explanation of the need for transfer, the alternatives of transfer, and you have agreed to transfer. The receiving facility must agree to the transfer before it occurs.

You have the right to receive an itemized bill unless you have voluntarily waived the right under a special billing agreement.

For patients who have not yet reached the age of majority, these rights are exercised by the patient's parent or legal guardian.

You have the right to register complaints about care or treatment and receive a response to those complaints by informing your direct care giver, management, or by contacting the Hospital's Patient Relations Department.

Outside agencies that may be contacted to register complaints are listed below.

Texas Dept. of State Health Services
1100 West 49th Street
Austin, Texas 78756
1-888-973-0022 (Ext. 2150)

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
1-800-994-6610 Email: patientsafetyreport@jointcommission.org

**Consent For Medical Treatment**

6443B (5/24) Page 1 of 1



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)

Documents (continued)

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

Hospital Financial Notice of Responsibility - Electronic signature on 3/2/2025 7:16 PM (effective from 3/2/2025) - E-signed

Clinical date/time: 3/2/2025 1916

Description: —

Status: Received

Effective date/time: 3/2/2025 1916

PATIENT REGISTRATION

FINANCIAL RESPONSIBILITIES

In consideration of the services to be rendered to the patient, the patient and/or other legally responsible person signing this document assumes full financial responsibility for the payment of the patient's account. If the account is referred to an attorney or collection agency, the same person authorizes credit investigation and agrees to pay actual attorney's fees and collection expenses. All delinquent accounts may bear interest at the legal rate. If the patient may be eligible for free or discounted hospital services, patient agrees to comply with the eligibility requirements of the hospital's financial assistance policy which requires submission of an application and determination that the patient qualifies for financial assistance.

IRREVOCABLE ASSIGNMENT OF INSURANCE BENEFITS

In consideration of services rendered, I hereby irrevocably assign and transfer to the hospital and to all independent physicians, practitioners and providers furnishing care to me at the hospital for myself and my dependents all rights, title, and interest in the benefits payable for services rendered by the hospital or any third party practitioners provided in any insurance policy(ies) under which I or any of my dependents are insured. Said irrevocable assignment and transfer shall be for the purpose of granting the hospital and third party practitioners an independent right of recovery in any policy(ies) of insurance, to which benefits may be payable for this hospitalization or outpatient treatment or professional services, but shall not be construed to be an obligation of the hospital or any third party practitioners to pursue any such rights or recovery.

I hereby authorize and direct all insurance company(ies) under which I am insured to pay directly to the hospital or any third party practitioners, all benefits due under said policy(ies) by reason of services rendered therein. I will pay the hospital and third party practitioners for all charges incurred, or alternately, for all charges in excess of the sums actually paid by said policy(ies).

I also irrevocably assign to the hospital and third party practitioners, as applicable all rights, title, and interest in benefits payable out of any third party action against any other person, entity, or insurance company, or out of recovery under the uninsured motorist provisions or the medical payment provisions of any automobile insurance policy(ies) or any other insurance policy(ies) under which I may be entitled to recover.

I also irrevocably authorize payment directly to the anesthesiologist, pathologist, and radiologist and other treating physicians rendering professional services. Each person signing the Admission Consent is financially responsible for charges not collected by this assignment.

USE AND DISCLOSURE OF HEALTH INFORMATION TREATMENT: I (the patient or the patient's legal representative/personal representative) understand(s) that the hospital may use and disclose my (the patient's) medical information to physicians or other health care providers in order to provide treatment to me (the patient). As part of my treatment plan and for my safety, I understand the hospital may use artificial intelligence, camera, video, streaming or other technology.

PAYMENT: To the extent necessary to determine liability for payment and to obtain reimbursement, I (the patient or the patient's legal representative/personal representative) authorize(s) the hospital and the patient's physicians to disclose my (the patient's) health care information, including demographic information, to any person, Social Security Administration, insurance or benefit payor, health benefit plan, or employer or worker's compensation carrier which is, or may be, liable for all or a portion of the hospital's or treating physician's charges, and to complete claim forms on behalf of the patient.

HEALTH CARE OPERATIONS: I (the patient or the patient's legal representative/personal representative) understand(s) that the hospital may use and disclose my health information in connection with provider operations of the hospital. Examples of health care operation uses and disclosures are: quality assessment and improvement activities, accreditation and certification, licensing, medical reviews, legal services, debt collection and auditing, business planning and general business management and litigation, including subpoenas and court orders.

I (the patient or the patient's legal representative/personal representative) also understand that my (the patient's) health care information will be used and disclosed according to Memorial Hermann's Joint Notice of Privacy Practices. I (the patient or the patient's legal representative/ personal representative) also understand that a written authorization from me (the patient) will be required for all other uses and disclosures.

I (the patient or the patient's legal representative/personal representative) understand that a special written authorization from me (the patient) will be requested by the hospital prior to releasing health care information if I (the patient) am (is) receiving mental health services or care in an alcohol or drug abuse treatment program or facility. Memorial Hermann prioritizes the safety and security of its patients, employees, affiliated providers and visitors. Body worn cameras and/or other technology may be used by Memorial Hermann to record events for safety and security purposes.

AUTHORIZATION FOR HOME/CELL TELEPHONE COMMUNICATION (BILLING): I acknowledge that I have the option to provide authorization to Memorial Hermann for providers and practitioners who provide care and/or interpret my tests, along with their billing services and/or collection agent and/or attorney(s) who work on their behalf, to contact me for the purposes of payment for services by home or cell phone, use of prerecorded messages, artificial voice message, automated dialing services or other computer assisted technology.

By signing this form, I acknowledge that my preferences may be managed in MyMemorialHermann, at the time of my visit, or by calling 713-222-CARE (2273).

AUTHORIZATION FOR ELECTRONIC HEALTHCARE COMMUNICATIONS: Memorial Hermann sends helpful health information by regular (unencrypted) text messaging and/or email communication (such as appointment reminders). There is some risk that the information in regular text messages or email could be read by someone other than you. You have the option to manage your communication preferences by opting out of certain types of communications.

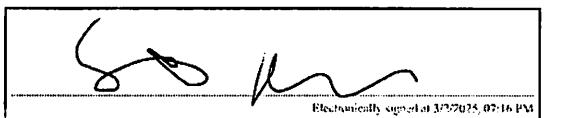
By signing this form, I acknowledge that my preferences may be managed in MyMemorialHermann, at the time of my visit, or by calling 713-222-CARE (2273)

DECLARATION: I have read and understand the above information, agreements, authorizations, and irrevocable assignments. The terms and consequences of this document have been fully explained to me and I have signed it freely and without inducement other than the rendition of services. All questions have been fully answered. I understand that physicians are independent contractors and are not employees of the Hospital.

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Documents (continued)****Relationship to Patient** Self Parent Guardian Other

If "Other", please specify

If signing for the patient, please print your name



Patient / Patient Representative Signature

PATIENT RESPONSIBILITIES

In order to receive proper care, patients must accept certain responsibilities.

You are responsible for providing accurate and complete information about matters relating to your health and for reporting changes in your condition.

You are responsible for following the treatment plan recommended for you and reporting any side effects to your doctor and/or nurse.

If you refuse treatment or fail to follow the directions of your doctor or of authorized Hospital personnel, you are responsible for your own actions, and the consequences of those actions.

You are responsible for your financial obligation.

You and your visitors are responsible for following the Hospital's guidelines and for being considerate of the rights of others while you are in the Hospital (for example, assisting in the control of noise, smoking in designated areas and in limiting the number of visitors).

PATIENT CONCERNS

Our entire staff strives to provide excellent care and service, and we hold ourselves to high personal and professional standards. If we fail to meet your expectations in any way, please do not hesitate to let us know as soon as possible.

Rest assured that voicing a concern will never adversely affect the care and service we provide. If there is a problem, we sincerely want to correct it. Usually, a word to your nurse or nurse manager is all that is needed, but if you prefer, call Patient Relations to speak confidentially with a patient representative. Your question or concern will be promptly addressed. We appreciate the opportunity to assist you and to make your visit as pleasant as possible. You also have the right to register a complaint with the Texas Department of Health, 1100W. 49th St., Austin, TX 78756-3199, 1-888-963-7111, and/or the Centers for Medicare/Medicaid Services (CMS), Region VI, 1301 Young St. #714, Dallas, TX 75202, 1-214-767-6301.

EXPLANATION OF HOSPITAL PROFESSIONAL FEES AND BILLING

If your physician orders diagnostic examinations such as x-rays or nuclear medicine studies, the charges for these services will be in two parts, a hospital portion and a physician portion.

The hospital bill for the examination covers the hospital's cost of providing the technologists, equipment, and supplies involved in performance of the service. If you have any questions regarding hospital charges or your bill, or if you would like an itemized statement of your bill, please feel free to contact Memorial Hermann Patient Business Services at 713-338-5502 or 1-800-526-2121.

The physician's fee is for the physician's supervision and interpretation of the exam, as well as consultation with your personal physician. Questions relating to physician charges should be directed to the physician.

PHYSICIAN SERVICES

Physicians are independent practitioners and are not employees of the hospital. Texas Law does not permit hospitals to employ physicians for the practice of medicine.

Memorial Hermann Hospitals and other Houston hospitals serve as teaching facilities for Medical Schools. Resident physicians and medical students may be involved in your care under the supervision of your attending physician. You have the right to refuse treatment or observation by any medical student or physician in any educational program.

MEDICAL SUPPLIES AND DEVICES

The cost of many supplies and devices is included in the charge for the test and/or procedure. Some items will be charged separately. Our hospital participates in the Vanguard AdvantageSM program to ensure the sterility and technical performance of reprocessed surgical instruments and medical items.



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)

Documents (continued)

Notice of Financial Responsibility Waivers/

Insurance Assignments

6443A (10/24) Page 1 of 1

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**Documents (continued)****Consent to Facility Directory - Electronic signature on 3/2/2025 7:16 PM (effective from 3/2/2025) - E-signed**

Clinical date/time: 3/2/2025 1916

Description: —

Status: Received

Effective date/time: 3/2/2025 1916

**Memorial Hermann Health System
Consent to Facility Directory Listing**

**Prior to disclosing your Protected Health Information in our facility directory,
Memorial Hermann is required under federal law to obtain your permission.**

Please review this consent carefully.

Permitted uses for facility directories:

- Your Name
- Your location in the facility
- Your condition described in general terms that does not communicate specific medical information about you (good, fair, poor, stable, critical).

Permitted disclosures to callers include:

- Your location in the facility
- Your condition described in general terms that does not communicate specific medical information about you (good, fair, poor, stable, critical).

Permitted disclosures to congregational clergy/ministers, if requested, include:

- All the above information, plus
- Your religious affiliation

You have the right to restrict some or all of the directory disclosures.

I wish to be listed in the facility directory

I do not wish to be listed in the facility directory

I wish to be listed in the facility directory, but request my information not be given to community clergy.

Relationship to Patient Self Parent Guardian Other

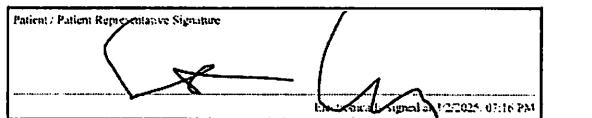
If "Other", please specify

Type here

If signing for the patient, please
print your name

Type here

Patient / Patient Representative Signature



The signature is handwritten in black ink on a white rectangular background. It appears to be a cursive script of a name, possibly 'Steve Kaminczak'. Below the signature, there is very small, illegible printed text that likely includes the date and time of signing.

Patient / Patient Representative Signature



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)

Documents (continued)



Consent to Facility
Directory Listing

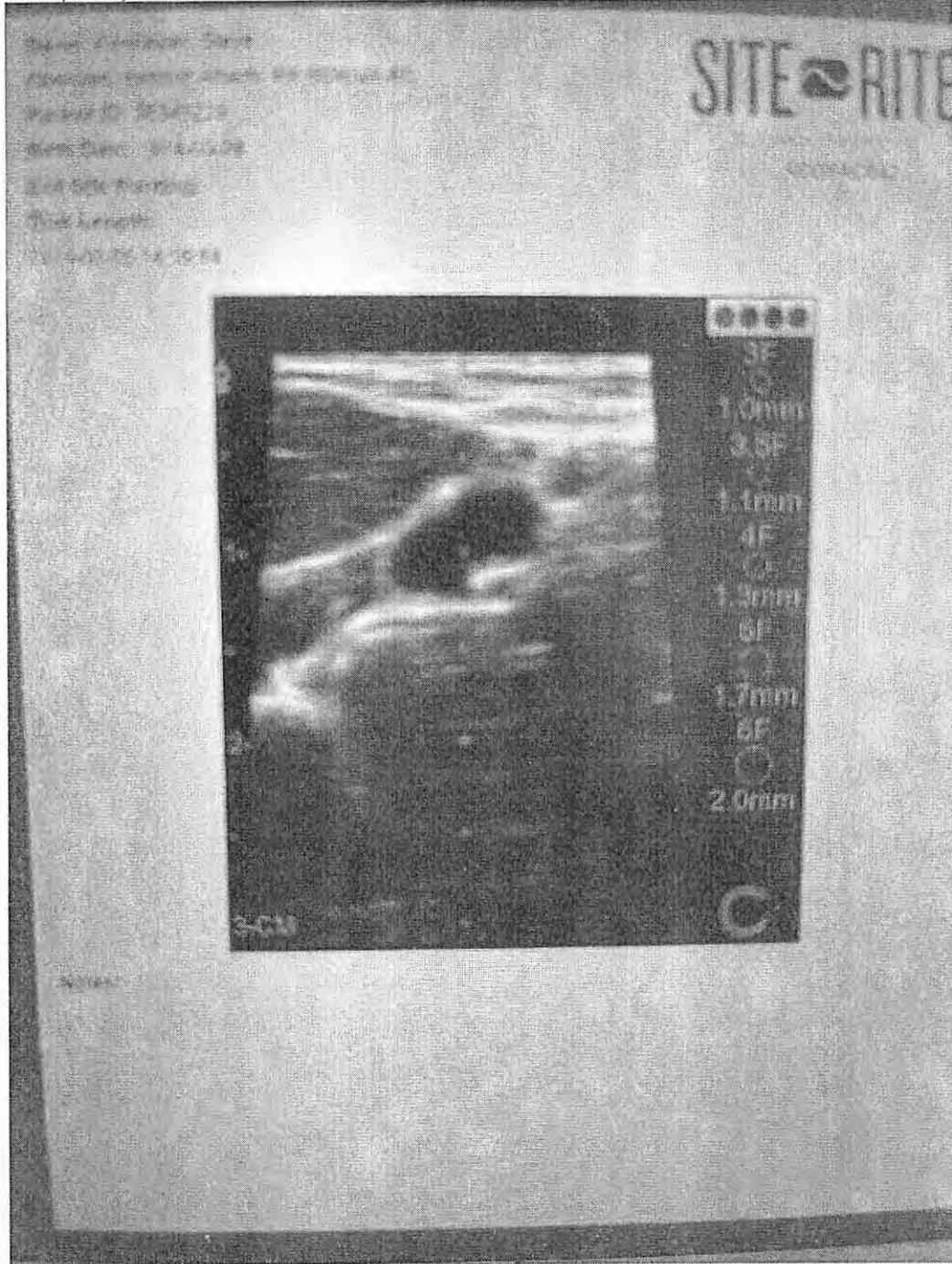
12778 (3/23) Page 1 of 1

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Documents (continued)****Clinical Image - Scan on 3/6/2025 5:10 PM**

Clinical date/time: 3/6/2025 1710
Description: US LUE PICC placement
Service date/time: 3/6/2025 1710

User: Alberto Benitez, RN
Status: —

Scan (below)





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)

Documents (continued)

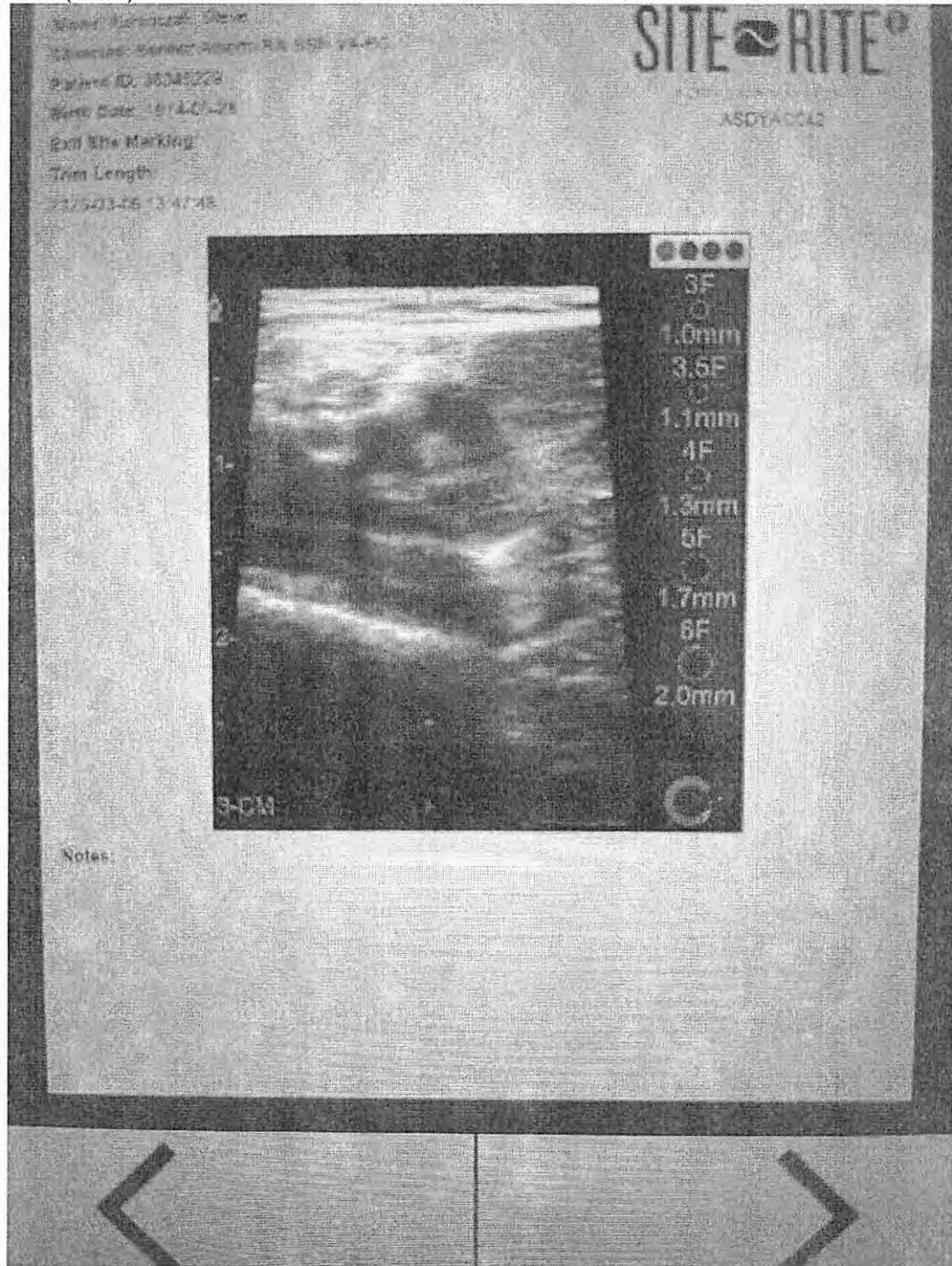
03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

Clinical Image - Scan on 3/6/2025 5:11 PM

Clinical date/time: 3/6/2025 1711
Description: US RUE PICC placement
Service date/time: 3/6/2025 1711User: Alberto Benitez, RN
Status: —

Scan (below)





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)

Documents (continued)

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)****Documents (continued)****AMA (Against Medical Advice) Form - Scan on 3/9/2025 8:04 AM**

Clinical date/time: 3/3/2025 0000

Description: - DC Instructions - -

Status: Received

Service date/time: 3/3/2025 0000

Scan (below)

Leaving Against Medical Advice

I, the undersigned, am

- leaving against medical advice: _____
 refusing transport to: _____
 other: am being lied about

at my own risk and hereby release Memorial Hermann Medical Group,
Memorial Hermann Health System, the Hospital, its respective boards,
officers, directors, employees, agents and providers from all possible causes
of action or liability.

Steve Kaminczak

Patient / Guardian Signature

Steve Kaminczak

Print Name

self3/7/25
Relationship to patient DateShaniqua Polk

Witness Signature

Print Name

3/7/25

Date

1903

Time

A photocopy or faxed copy of these authorizations shall be deemed as valid as the original.

**MEMORIAL
HERMANN**MHMG Against
Medical Advice

16133 (3/19)



Kaminczak, Steve
Prefers Steve
DOB: 5/28/1974 (50 yrs)
MRN: 38345229
HAR: 10000616989
Enc Date: 3/3/2025



CSN:
10146808331
TMC

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Documents (continued)

Consent Form - Scan on 3/9/2025 9:05 AM

Clinical date/time: 3/3/2025 0000

Description: - Consents - -

Status: Received

Service date/time: 3/3/2025 0000

Scan (below)

TO THE PATIENT: You have the right to be informed about 1) your condition, 2) the recommended medical care or surgical procedure, and 3) the risks related to this care/procedure. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive this care/procedure. Please ask your physician/healthcare provider any remaining questions you have before signing this form.

Description of Medical Care and Surgical Procedure(s)

I voluntarily request my physician, resident and such associates [name/credentials] Abdel Aaf. Ahmed Kamel, MD,

and technical assistants and other healthcare providers, to treat my condition which is: Venous Access

I understand that the following care/procedure(s) are planned for me: (PICC) Peripherally Inserted Central Catheter

Potential for Additional Necessary Care/Procedure(s)

I understand that during my care/procedure(s) my physician, resident and such associates, technical assistants and other healthcare providers may discover other conditions which require additional or different care/procedure(s) than originally planned.

I authorize my physician, resident and such associates, technical assistants and other healthcare providers to use their professional judgment to perform the additional or different care/procedure(s) they believe are needed.

Use of Blood Please Initial "Yes" or "No":

Yes No I consent to the use of blood and blood products as necessary for my health during the care/procedure(s).

The risks that may occur with the use of blood and blood products are:

1. Serious infection including but not limited to Hepatitis and HIV which can lead to organ damage and permanent impairment.
2. Transfusion related injury resulting in impairment of lungs, heart, liver, kidneys, and immune system.
3. Severe allergic reaction, potentially fatal.

Risks Related to this Care/Procedure(s)

Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me. The risks, side effects potential benefits and reasonable alternatives have been discussed with me (us), including risks, benefits and side effects related to alternatives. I have had the opportunity to ask questions regarding the proposed treatment(s), alternatives, risks of non-treatment, and steps that will occur during my treatment/procedure.

I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in veins, lungs or other organs, hemorrhage (severe bleeding), allergic reactions, poor wound healing, and death.

The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

Risks of this care/procedure(s) include, but are not limited to (include List A risks here and additional risks if any): Infection, Thrombocytopenia, Bleeding, Pain, Nerve Damage, Malposition

**Procedures Requiring Full Disclosure of Specific Risks and Hazards are on the following pages.
 PLEASE COMPLETE AND SIGN PAGE 16.**

**MEMORIAL
HERMANN**
Disclosure and Consent
 MEDICAL AND SURGICAL PROCEDURES

MEMORIAL HERMANN HOSPITAL • TMC

3411 FANNIN ST

HOUSTON, TX 77030



Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025

10146808331
 CSN:
 TMC

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Documents (continued)

**MEMORIAL HERMANN HEALTH SYSTEM
DISCLOSURE AND CONSENT MEDICAL AND SURGICAL PROCEDURES**
This form is designed to comply with the requirements promulgated by The Texas Medical Disclosure Panel
Medical Treatment and Surgical Procedures Established by the Texas Medical Disclosure Panel

LIST A

Procedures requiring written disclosure. The following treatments and procedures require written disclosure of risks or hazards by the physician, resident and such associates, technical assistants and other health care providers to the patient or person authorized to consent for the patient.

1. Anesthesia.

- See Disclosure & Consent Anesthesia (and/or)
Perioperative Pain Management (Analgesia)
(Form No. 66125).

PATIENT OR
LEGAL GUARDIAN
INITIALS
↓

F. Subtotal colectomy.

- 1. Anastomotic leaks.
- 2. Temporary colostomy.
- 3. Infection.
- 4. Second surgery.
- 5. Injury to organs.

INITIALS

2. Hematologic and lymphatic system.

- A. Transfusion of blood and blood components.

- 1. Serious infection including but not limited to Hepatitis and HIV which can lead to organ damage and permanent impairment.
- 2. Transfusion related injury resulting in impairment of the lungs, heart, liver, kidneys, and immune system.
- 3. Severe allergic reaction, potentially fatal.

INITIALS

B. Splenectomy.

- 1. Susceptibility to infections and increased severity of infections.
- 2. Increased immunization requirements.

INITIALS

3. Digestive system treatments and procedures.

A. Cholecystectomy with or without common bile duct exploration.

- 1. Pancreatitis.
- 2. Injury to the tube between the liver and the bowel.
- 3. Retained stones in the tube between the liver and the bowel.
- 4. Narrowing or obstruction of the tube between the liver and the bowel.
- 5. Injury to the bowel and/or intestinal obstruction.

INITIALS

B. Bariatric laparoscopic surgery.

- 1. Conversion to open procedure.
- 2. Injury to organs.
- 3. Failure of device requiring additional surgical procedure.
- 4. Obstructive symptoms requiring additional surgical procedure.
- 5. Development of gallstones (Roux-En-Y).
- 6. Development of metabolic and vitamin disorders (Roux-En-Y).
- 7. Suture line leak with abscess or fistula formation.

INITIALS

C. Bariatric open surgery.

- 1. Failure of wound to heal or wound dehiscence (separation of wound).
- 2. Injury to organs.
- 3. Failure of device requiring additional surgical procedure.
- 4. Obstructive symptoms requiring additional surgical procedure.
- 5. Development of gallstones (Roux-En-Y).
- 6. Development of metabolic and vitamin disorders (Roux-En-Y).

INITIALS

D. Pancreatectomy (subtotal or total).

- 1. Pancreatitis (subtotal).
- 2. Diabetes (total).
- 3. Lifelong requirement of enzyme and digestive medication.
- 4. Anastomotic leaks.

INITIALS

E. Total colectomy.

- 1. Permanent ileostomy.
- 2. Injury to organs.
- 3. Infection.

INITIALS

F. Subtotal colectomy.

- 1. Anastomotic leaks.
- 2. Temporary colostomy.
- 3. Infection.
- 4. Second surgery.
- 5. Injury to organs.

INITIALS

G. Hepatobiliary drainage/intervention including percutaneous transhepatic cholangiography, percutaneous biliary drainage, percutaneous cholecystostomy, biliary stent placement (temporary or permanent), biliary stent removal/therapy.

- 1. Leakage of bile at the skin site or into the abdomen with possible peritonitis (inflammation of the abdominal lining and pain or if severe can be life threatening).
- 2. Pancreatitis (inflammation of the pancreas).
- 3. Hemobilia (bleeding into the bile ducts).
- 4. Cholangitis, cholecystitis, sepsis (inflammation/infection of the bile ducts, gallbladder or blood).
- 5. Pneumothorax (collapsed lung) or other pleural complications (complication involving chest cavity).

INITIALS

H. Gastrointestinal tract stenting.

- 1. Stent migration (stent moves from location in which it was placed).
- 2. Esophageal/bowel perforation (creation of a hole or tear in the tube from the throat to the stomach or in the intestines).
- 3. Tumor ingrowth or other obstruction of stent.
- 4. For stent placement in the esophagus (tube from the throat to the stomach).
 - i. Tracheal compression (narrowing of windpipe) with resulting or worsening of shortness of breath.
 - ii. Reflux (stomach contents passing up into esophagus or higher).
 - iii. Aspiration pneumonia (pneumonia from fluid getting in lungs)
 - iv. Foreign body sensation (feeling like there is something in throat)
- 5. Ringing in the ear (for stent placement in the upper esophagus).

INITIALS

4. Ear treatments and procedures.

A. Stepadectomy

- 1. Diminished or bad taste.
- 2. Total or partial loss of hearing in the operated ear.
- 3. Brief or long-standing dizziness.
- 4. Eardrum hole requiring more surgery.
- 5. Ringing in the ear.

INITIALS

B. Reconstruction of auricle of ear for congenital deformity or trauma.

- 1. Less satisfactory appearance compared to possible alternative artificial ear.
- 2. Exposure of implanted material.

INITIALS

C. Tympanoplasty with mastoidectomy.

- 1. Facial nerve paralysis.
- 2. Altered or loss of taste.
- 3. Recurrence of original disease process.
- 4. Total loss of hearing in operated ear.
- 5. Dizziness.
- 6. Ringing in the ear.

INITIALS

**MEMORIAL[®]
HERMANN**

**Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES**



Kaminczak, Steve
Prefers: Steve
DOB: 5/28/1974 (50 yrs)
MRN: 38345229
HAR: 10000816989
Enc Date: 3/3/2025



CSN:
10146808331
TMC

**03/03/2025- ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Documents (continued)

5. Endocrine system treatments and procedures.

A. Thyroidectomy.

- 1. Acute airway obstruction requiring temporary tracheostomy.
- 2. Injury to nerves resulting in hoarseness or impairment of speech.
- 3. Injury to parathyroid glands resulting in low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness and muscle irritability.
- 4. Lifelong requirement of thyroid medication.

INITIALS

B. Parathyroidectomy.

- 1. Acute airway obstruction requiring temporary tracheostomy.
- 2. Injury to nerves resulting in hoarseness or impairment of speech.
- 3. Low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness, and muscle irritability.

INITIALS

C. Adrenalectomy.

- 1. Loss of endocrine functions.
- 2. Lifelong requirement for hormone replacement therapy and steroid medication.
- 3. Damage to kidneys.

INITIALS

D. Other procedures.

E. See also Pancreatectomy under subsection (3)(D) of this section (relating to digestive system treatments and procedures).

6. Eye treatments and procedures.

A. Eye muscle surgery.

- 1. Additional treatment and/or surgery.
- 2. Double vision.
- 3. Partial or total blindness.

INITIALS

B. Surgery for cataract with or without implantation of intraocular lens.

- 1. Complications requiring additional treatment and/or surgery.
- 2. Need for glasses or contact lenses.
- 3. Complications requiring the removal of implanted lens.
- 4. Partial or total blindness.

INITIALS

C. Retinal or vitreous surgery.

- 1. Complications requiring additional treatment and/or surgery.
- 2. Recurrence or spread of disease.
- 3. Partial or total blindness.

INITIALS

D. Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess, or trauma.

- 1. Blindness.
- 2. Nerve damage with loss of use and/or feeling to eye or other area of face.
- 3. Painful or unattractive scarring.
- 4. Worsening or unsatisfactory appearance.
- 5. Dry eye.

INITIALS

E. Photocoagulation and/or cryotherapy.

- 1. Complications requiring additional treatment and/or surgery.
- 2. Pain.
- 3. Partial or total blindness.

INITIALS

F. Corneal surgery, such as corneal transplant, refractive surgery and ptterygium.

- 1. Complications requiring additional treatment and/or surgery.
- 2. Pain.
- 3. Need for glasses or contact lenses.
- 4. Partial or total blindness.

INITIALS

G. Glaucoma surgery by any method.

- 1. Complications requiring additional treatment and/or surgery.
- 2. Worsening of the glaucoma.
- 3. Pain.
- 4. Partial or total blindness.

INITIALS

H. Removal of the eye or its contents (enucleation or evisceration).

- 1. Complications requiring additional treatment and/or surgery.
- 2. Worsening or unsatisfactory appearance.
- 3. Recurrence or spread of disease.

INITIALS

I. Surgery for penetrating ocular injury, including intraocular foreign body.

- 1. Complications requiring additional treatment and/or surgery.
- 2. Possible removal of eye.
- 3. Pain.
- 4. Partial or total blindness.

INITIALS

7. Female Genital System Treatments and Procedures.

A. Hysterectomy (abdominal and vaginal).

- 1. Complete Disclosure and Consent for Hysterectomy (Form 3298).
- 2. If performing an abdominal hysterectomy in conjunction with any of the procedures listed in Section 7(B) below, complete both Section 7(B) of this Form (7000) and the Disclosure and Consent for Hysterectomy (Form 3298).

- i. Uncontrollable leakage of urine.
- ii. Injury to bladder.
- iii. Injury to the tube (ureter) between the kidney and the bladder.
- iv. Injury to the bowel and/or intestinal obstruction.
- v. Need to convert to abdominal incision.
- vi. If laparoscopic surgery is utilized, include the following risks:

 - a. Damage during introduction of trocar to adjacent intra-abdominal structures and organs (e.g., bowel, bladder, blood vessels, or nerves) and potential need for additional surgery.
 - b. Trocar site complications (e.g., hematoma, bleeding, leakage of fluid, or hernia formation).
 - c. Air embolus (bubble causing heart failure or stroke).
 - d. Change during the procedure to an open procedure.
 - e. If cancer is present, may increase the risk of the spread of cancer.

- 7. All fallopian tube and ovarian surgery with or without hysterectomy, including removal and lysis of adhesions.

- 1. If performing an abdominal hysterectomy in conjunction with any of the procedures listed in Section 7(B) below, complete both Section 7(B) of this Form (7000) and the Disclosure and Consent for Hysterectomy (Form 3298).

- i. Injury to the bowel and/or bladder.
- ii. Sterility.
- iii. Failure to obtain fertility (if applicable).
- iv. Failure to obtain sterility (if applicable).
- v. Loss of ovarian functions or hormone production from ovary(ies).

- vi. If performed with hysterectomy, all associated risks under subsection (d) of this section.

- vii. For fallopian tube occlusion (for sterilization with or without hysterectomy), see subsection (n) of this section.

INITIALS

**MEMORIAL
HERMANN**

**Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES**



03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

C. Removing fibroids (uterine myomectomy).

- 1. Injury to bladder.
- 2. Sterility.
- 3. Injury to the tube (ureter) between the kidney and the bladder.
- 4. Injury to the bowel and/or intestinal obstruction.
- 5. May need to convert to hysterectomy.
- 6. If laparoscopic surgery is utilized, include the following risks:
 - i. Damage during introduction of trocar to adjacent intra-abdominal structures and organs (e.g., bowel, bladder, blood vessels, or nerves) and potential need for additional surgery.
 - ii. Trocar site complications (e.g., hematoma, bleeding, leakage of fluid, or hernia formation).
 - iii. Air embolus (bubble causing heart failure or stroke).
 - iv. Change during the procedure to an open procedure.
 - v. If cancer is present, may increase the risk of the spread of cancer.

INITIALS

D. Uterine suspension.

- 1. Uncontrollable leakage of urine.
- 2. Injury to bladder.
- 3. Injury to the tube (ureter) between the kidney and the bladder.
- 4. Injury to the bowel and/or intestinal obstruction.

INITIALS

E. Removal of the nerves to the uterus (presacral neurectomy).

- 1. Uncontrollable leakage of urine.
- 2. Injury to bladder.
- 3. Injury to the tube (ureter) between the kidney and the bladder.
- 4. Injury to the bowel and/or intestinal obstruction.
- 5. Hemorrhage (severe bleeding).

INITIALS

F. Removal of the cervix.

- 1. Uncontrollable leakage of urine.
- 2. Injury to bladder.
- 3. Sterility.
- 4. Injury to the tube (ureter) between the kidney and the bladder.
- 5. Injury to the bowel and/or intestinal obstruction.
- 6. Need to convert to abdominal incision.

INITIALS

G. Repair of vaginal hernia (anterior and/or posterior colporrhaphy and/or enterocele repair).

- 1. Uncontrollable leakage of urine.
- 2. Injury to bladder.
- 3. Sterility.
- 4. Injury to the tube (ureter) between the kidney and the bladder.
- 5. Injury to the bowel and/or intestinal obstruction.
- 6. Mesh erosion (with damage to vagina and adjacent tissue).

INITIALS

H. Abdominal suspension of the bladder (retropubic urethropexy).

- 1. Uncontrollable leakage of urine.
- 2. Injury to bladder.
- 3. Injury to the tube (ureter) between the kidney and the bladder.
- 4. Injury to the bowel and/or intestinal obstruction.

INITIALS

I. Conization of cervix.

- 1. Hemorrhage (severe bleeding) which may result in hysterectomy.
- 2. Sterility.
- 3. Injury to bladder.
- 4. Injury to rectum.

INITIALS

J. Dilation and curettage of uterus (diagnostic/therapeutic).

- 1. Possible hysterectomy.
- 2. Perforation (hole) created in the uterus.
- 3. Sterility.
- 4. Injury to bowel and/or bladder.
- 5. Abdominal incision and operation to correct injury.

INITIALS

K. Surgical abortion/dilation and curettage/dilation and evacuation.

- 1. Possible hysterectomy.
- 2. Perforation (hole) created in the uterus.
- 3. Sterility.
- 4. Injury to the bowel and/or bladder.
- 5. Abdominal incision and operation to correct injury.
- 6. Failure to remove all products of conception.

INITIALS

L. Medical abortion/non-surgical.

- 1. Hemorrhage with possible need for surgical intervention.
- 2. Failure to remove all products of conception.
- 3. Sterility.

INITIALS

M. Selective salpingography and tubal reconstruction.

- 1. Perforation (hole) created in the uterus or Fallopian tube.
- 2. Future ectopic pregnancy (pregnancy outside of the uterus).
- 3. Pelvic infection.

INITIALS

N. Fallopian tube occlusion (for sterilization with or without hysterectomy).

- 1. Perforation (hole) created in the uterus or Fallopian tube.
- 2. Future ectopic pregnancy (pregnancy outside of the uterus).
- 3. Pelvic infection.
- 4. Failure to obtain sterility.

INITIALS

O. Hysteroscopy.

- 1. Perforation (hole) created in the uterus.
- 2. Fluid overload/electrolyte imbalance.
- 3. Possible hysterectomy.
- 4. Abdominal incision to correct injury.

INITIALS

8. Breast surgery (non-cosmetic).

A. Radical or modified radical mastectomy.

- 1. Limitation of movement of shoulder and arm.
- 2. Permanent swelling of the arm.
- 3. Loss of skin of the chest requiring skin graft.
- 4. Recurrence of malignancy, if present.
- 5. Decreased sensation or numbness of the inner aspect of the arm and chest wall.

INITIALS

B. Simple mastectomy.

- 1. Loss of skin of the chest requiring skin graft.
- 2. Recurrence of malignancy, if present.
- 3. Decreased sensation or numbness of the nipple.

INITIALS

C. Lumpectomy.

- 1. Loss of skin of the chest requiring skin graft.
- 2. Recurrence of malignancy, if present.
- 3. Decreased sensation or numbness of the nipple.

INITIALS

D. Open biopsy.

- 1. Loss of skin of the chest requiring skin graft.
- 2. Recurrence of malignancy, if present.
- 3. Decreased sensation or numbness of the nipple.

INITIALS

**MEMORIAL
HERMANN**

Disclosure and Consent
 MEDICAL AND SURGICAL PROCEDURES



7000 (7/24) Page 4 of 18

Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000516989
 Enc Date: 3/3/2025

CSN:
 10146808331
 TMC

**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Documents (continued)

9. Plastic surgery and surgery of the integumentary system.

A. Augmentation mammoplasty (breast enlargement with implant).

- 1. Bleeding around implant.
- 2. Sensory changes or loss of nipple sensitivity.
- 3. Failure, deflation, or leaking of implant requiring replacement.
- 4. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape). INITIALS
- 5. Problems with or the inability to breastfeed.
- 6. Capsule contracture (hardening of breast).

B. Bilateral breast reduction.

- 1. Skin flap or fat necrosis (injury or death of skin and fat).
- 2. Loss of nipple or areola.
- 3. Sensory changes or loss of nipple sensitivity.
- 4. Problems with or the inability to breastfeed. INITIALS
- 5. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape or not desired size).

C. Rhinoplasty or nasal reconstruction with or without septoplasty (repairing the middle wall of the nose).

- 1. Development of new problems, such as perforation of the nasal septum (hole in wall between the right and left halves of the nose) or breathing difficulty. INITIALS
- 2. Spinal fluid leak.
- 3. Worsening or unsatisfactory appearance.

D. Reconstruction and/or plastic surgery operations of the face and neck.

- 1. Impairment of regional organs, such as eye or lip function. INITIALS
- 2. Recurrence of the original condition.
- 3. Worsening or unsatisfactory appearance. INITIALS

E. Liposuction (removal of fat by suction).

- 1. Shock.
- 2. Pulmonary fat embolism (fat escaping with possible damage to vital organs).
- 3. Damage to skin with possible skin loss. INITIALS
- 4. Loos skin.
- 5. Worsening or unsatisfactory appearance.

F. Breast reconstruction with other flaps and/or implants.

- 1. Bleeding around implant.
- 2. Sensory changes or loss of nipple sensitivity.
- 3. Failure, deflation, or leaking of implant requiring replacement. INITIALS
- 4. Damage to internal organs.
- 5. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape).

G. Nipple Areolar Reconstruction.

- 1. Loss of graft. INITIALS
- 2. Unsatisfactory appearance.

H. Panniculectomy (removal of skin and fat).

- 1. Persistent swelling in the legs. INITIALS
- 2. Nerve damage.
- 3. Worsening or unsatisfactory appearance.

I. Tendonitis, tendon release, and trigger releases.

- 1. Recurrence of symptoms. INITIALS
- 2. Damage to blood vessels, nerves, tendons, or muscles.
- 3. Worsening function.

J. Breast reconstruction with flaps.

- 1. Damage to blood vessels, nerves, or muscles.
- 2. Loss of flap possibly requiring additional surgery.
- 3. Damage to internal organs.
- 4. Increased risk of abdominal wall complications with pregnancy. INITIALS
- 5. Abdominal hernias with abdominal flaps.
- 6. Chronic abdominal pain with abdominal flaps.
- 7. Worsening or unsatisfactory appearance including asymmetry (unequal size or shape).

K. Flap or graft surgery.

- 1. Damage to blood vessels, nerves, or muscles. INITIALS
- 2. Deep vein thrombosis (blood clot in legs or arms).
- 3. Loss of flap possibly requiring additional surgery.
- 4. Worsening or unsatisfactory appearance.

L. Tendons, nerves, or blood vessel repair.

- 1. Damage to nerves. INITIALS
- 2. Deep vein thrombosis (blood clot in legs or arms).
- 3. Rupture of repair.
- 4. Worsening of function.

M. Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess, or trauma. (See subsection 6 (A-I) (relating to eye treatments and procedures)).

10. Laparoscopic/Thoracoscopic surgery (including robotic surgery).

A. Laparoscopic/Thoracoscopic risks. The following shall be in addition to risks and hazards of the same surgery when done as an open procedure.

- 1. Damage to adjacent structures.
- 2. Abscess and infectious complications.
- 3. Trocar site complications (e.g., hematoma/bleeding, leakage of fluid, or hernia formation). INITIALS
- 4. Cardiac dysfunction.
- 5. Postoperative pneumothorax.
- 6. Subcutaneous emphysema.
- 7. Conversion of the procedure to an open procedure.

B. Use of a power morcellator in laparoscopic surgery.

- 1. If cancer is present, may increase the risk of the spread of cancer. INITIALS
- 2. Increased risk of damage to adjacent structures.

11. Male genital system.

A. Orchidopexy (reposition of testis(es)).

- 1. Removal of testicle.
- 2. Atrophy (shriveling) of the testicle with loss of function. INITIALS

B. Orchiectomy (removal of the testis(es)).

- 1. Decreased sexual desire.
- 2. Difficulties with penile erection.
- 3. Permanent sterility (inability to father children) if both testes are removed. INITIALS

C. Vasectomy.

- 1. Loss of testicle.
- 2. Failure to produce permanent sterility (inability to father children). INITIALS

D. Circumcision

- 1. Injury to penis. INITIALS
- 2. Need for further surgery.

**MEMORIAL
HERMANN**

Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES

7000 (7/24) Page 5 of 16



Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616988
 Enc Date: 3/3/2025

CSN:
 10146508331
 TMC



**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Documents (continued)

12. Maternity and related cases.

A. Delivery (vaginal).

- 1. Injury to the bladder and/or rectum, including a fistula (hole between bladder and vagina and/or rectum and vagina).
- 2. Hemorrhage (severe bleeding) possibly requiring blood administration and/or hysterectomy (removal of uterus) and/or artery ligation (tying off) to control.
- 3. Sterility (inability to get pregnant).
- 4. Brain damage, injury or even death occurring to the fetus before or during labor and/or vaginal delivery whether or not the cause is known.

INITIALS

B. Delivery (cesarean section).

- 1. Injury to bowel and/or bladder.
- 2. Sterility (inability to get pregnant).
- 3. Injury to uterus (tube between kidney and bladder).
- 4. Brain damage, injury or even death occurring to the fetus before or during labor and/or cesarean delivery whether or not the cause is known.
- 5. Uterine disease or injury requiring hysterectomy (removal of uterus).

INITIALS

C. Cervix.

- 1. Premature labor.
- 2. Injury to bowel and/or bladder.
- 3. Rupture to membranes and possible infection.

INITIALS

13. Musculoskeletal system.

A. Arthroplasty of any joints with mechanical device.

- 1. Impaired function such as stiffness, limp, or change in limb length.
- 2. Blood vessel or nerve injury.
- 3. Pain.
- 4. Blood clot in limb or lung.
- 5. Failure of bone to heal.
- 6. Infection.
- 7. Removal or replacement of any implanted device or material.
- 8. Dislocation or loosening requiring additional surgery.
- 9. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

INITIALS

B. Arthroscopy of any joint.

- 1. Blood vessel or nerve injury.
- 2. Continued pain.
- 3. Stiffness of joint.
- 4. Blood clot in limb or lung.
- 5. Joint infection.
- 6. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

INITIALS

C. Open reduction with internal fixation.

- 1. Impaired function such as stiffness, limp, or change in limb length.
- 2. Blood vessel or nerve injury.
- 3. Pain.
- 4. Blood clot in limb or lung.
- 5. Failure of bone to heal.
- 6. Infection.
- 7. Removal or replacement of any implanted device or material.
- 8. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

INITIALS

D. Osteotomy.

- 1. Impaired function such as stiffness, limp, or change in limb length.
- 2. Blood vessel or nerve injury.
- 3. Pain.
- 4. Blood clot in limb or lung.
- 5. Failure of bone to heal.
- 6. Infection.
- 7. Removal or replacement of any implanted device or material.
- 8. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

INITIALS

E. Ligamentous reconstruction of joints.

- 1. Continued instability of the joint.
- 2. Arthritis.
- 3. Continued pain.
- 4. Stiffness of joint.
- 5. Blood vessel or nerve injury.
- 6. Impaired function and/or scarring.
- 7. Blood clot in limb or lung.
- 8. If performed on a child age 12 or under, include the following additional risks: problems with appearance, use, or growth requiring additional surgery.

INITIALS

F. Vertebroplasty/kyphoplasty.

- 1. Nerve/spinal cord injury.
- 2. Need for emergency surgery.
- 3. Embolization of cement (cement passes into blood vessels and possibly all the way to the lungs).
- 4. Collapse of adjacent vertebrae (bones in spine).
- 5. Leak of cerebrospinal fluid (fluid around the brain and spinal cord).
- 6. Pneumothorax (collapsed lung).
- 7. Failure to relieve pain.
- 8. Rib Fracture.

INITIALS

G. If the following procedures are performed on a child age 12 or under, problems with appearance, use, or growth requiring additional surgery should be disclosed.

- 1. Arthrotomy (opening of joint).
- 2. Closed reduction with or without pin or external fixation.
- 3. Surgical management of open wound.
- 4. Partial excision or removal of bone.
- 5. Removal of external fixation device.
- 6. Traction or casting with or without manipulation for reduction.

INITIALS

H. Amputation of limb.

- 1. Pain and/or phantom sensation in removed limb.
- 2. Need for further surgery.
- 3. Infection.
- 4. Hemorrhage (severe bleeding).
- 5. Difficulty with prosthesis fitting.

INITIALS

**MEMORIAL
HERMANN**

Disclosure and Consent
 MEDICAL AND SURGICAL PROCEDURES



7000 (7/24) Page 6 of 16

Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025

CSN:
 10146808331
 TMC

03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

14. Nervous system treatments and procedures.

A. Craniotomy, craniectomy or cranoplasty.

1. Loss of brain function such as memory and/or ability to speak.
2. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
3. Stroke (damage to brain resulting in loss of one or more functions).
4. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
5. Weakness, paralysis, loss of coordination.
6. Cerebrospinal fluid leak with potential for severe headaches.
7. Meningitis (infection of coverings of brain and spinal cord).
8. Brain abscess.
9. Persistent vegetative state (not able to communicate or interact with others).
10. Hydrocephalus (abnormal fluid buildup causing pressure in the brain).
11. Seizures (uncontrolled nerve activity).
12. Need for permanent breathing tube and/or permanent feeding tube.

INITIALS

B. Cranial nerve operations.

1. Weakness, numbness, impaired muscle function or paralysis.
2. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
3. Seizures (uncontrolled nerve activity).
4. New or different pain.
5. Stroke (damage to brain resulting in loss of one or more functions).
6. Persistent vegetative state (not able to communicate or interact with others).
7. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
8. Cerebrospinal fluid leak with potential for severe headaches.
9. Meningitis (infection of coverings of brain and spinal cord).
10. Need for prolonged nursing care.
11. Need for permanent breathing tube and/or permanent feeding tube.

INITIALS

C. Spine operation, Including laminectomy, decompression, fusion, internal fixation or procedures for nerve root or spinal cord compression; diagnosis; pain; deformity; mechanical instability; injury; removal of tumor, abscess or hematoma (excluding coccygeal operations).

1. Weakness, pain, numbness or clumsiness.
2. Impaired muscle function or paralysis.
3. Incontinence, impotence or impaired bowel function (loss of bowel/bladder control and/or sexual function).
4. Migration of implants (movement of implanted devices).
5. Failure of implants (breaking of implanted devices).
6. Adjacent level degeneration (breakdown of spine above and/or below the level treated).
7. Cerebrospinal fluid leak with potential for severe headaches.
8. Meningitis (infection of coverings of brain and spinal cord).
9. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
10. Unstable spine (abnormal movement between bones and/or soft tissues of the spine).

INITIALS

D. Peripheral nerve operation; nerve grafts, decompression, transposition or tumor removal; neurolymph, neurectomy or neurolysis.

1. Numbness.
2. Impaired muscle function.
3. Recurrence, continuation or worsening of the condition that required the operation (no improvement or symptoms made worse).
4. Continued, increased or different pain.
5. Weakness.

INITIALS

E. Transphenoidal hypophysectomy or other pituitary gland operation.

1. Cerebrospinal fluid leak with potential for severe headaches.
2. Necessity for hormone replacement.
3. Recurrence or continuation of the condition that required this operation.
4. Deformity or perforation of nasal septum (hole in wall between the right and left halves of the nose).
5. Facial nerve injury resulting in disfigurement (loss of nerve function controlling muscles in face).
6. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
7. Stroke (damage to brain resulting in loss of one or more functions).
8. Persistent vegetative state (not able to communicate or interact with others).
9. Headaches.

INITIALS

F. Cerebrospinal fluid shunting procedure or revision.

1. Shunt obstruction (blockage of shunt/tubing causing it to stop draining adequately).
2. Malposition or migration of shunt/tubing (improper positioning or later movement of shunt/tubing causing it to stop draining adequately).
3. Seizures (uncontrolled nerve activity).
4. Recurrence or continuation of brain dysfunction.
5. Injury to internal organs of the chest or abdomen.
6. Brain injury.
7. Stroke (damage to brain resulting in loss of one or more functions).
8. Persistent vegetative state (not able to communicate or interact with others).
9. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
10. Cerebrospinal fluid leak with potential for severe headaches.
11. Meningitis (infection of coverings of brain and spinal cord).
12. Need for prolonged nursing care.
13. Need for permanent breathing tube and/or permanent feeding tube.

INITIALS

G. Elevation of depressed skull fracture.

1. Loss of brain function such as memory and/or ability to speak.
2. Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
3. Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
4. Weakness, paralysis, loss of coordination.
5. Cerebrospinal fluid leak with potential for severe headaches.
6. Meningitis (infection of coverings of brain and spinal cord).
7. Brain abscess.
8. Persistent vegetative state (not able to communicate or interact with others).
9. Seizures (uncontrolled nerve activity).
10. Need for permanent breathing tube and/or permanent feeding tube.

INITIALS

MEMORIAL[®]
HERMANN

Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES



7000 (7/24) Page 7 of 18

Kaminczak, Steve
Prefers: Steve
DOB: 5/28/1974 (50 yrs)
MRN: 38345229
HAR: 10000616989
Enc Date: 3/3/2025



CSN:
1014680831
TMC

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Documents (continued)

15. Radiology.

Angiography (inclusive of aortography, arteriography, venography)
- injection of contrast material into blood vessels. Refer to
Cardiovascular System (21) (II) (B) (1-9).
A. Splenopertigraphy (needle injection of contrast media into the spleen).

- 1. All associated risks as listed under subsection (21) (II) (B) (1-9) of this section.
- 2. Injury to the spleen requiring blood transfusion and/or removal of the spleen. INITIALS

B. Chemoembolization.

- 1. All associated risks as listed under subsection (21) (II) (B) (1-9) of this section.
- 2. Tumor lysis syndrome (rapid death of tumor cells, releasing their contents which can be harmful).
- 3. Injury to or failure of liver (or other organ in which tumor is located).
- 4. Risks of the chemotherapeutic agent(s) utilized.
- 5. Cholecystitis (inflammation of the gallbladder) (for liver or other upper GI embolizations).
- 6. Abscess (infected fluid collection) in the liver or other embolized organ requiring further intervention.
- 7. Biloma (collection of bile in or near the liver requiring drainage) (for liver embolizations).

C. Radioembolization.

- 1. All associated risks as listed under subsection (21) (II) (B) (1-9) of this section.
- 2. Tumor lysis syndrome (rapid death of tumor cells, releasing their contents which can be harmful).
- 3. Injury to or failure of liver (or other organ in which tumor is located).
- 4. Radiation complications: pneumonitis (inflammation of lung) which is potentially fatal; inflammation of stomach, intestines, gallbladder, pancreas; stomach or intestinal ulcer; scarring of liver. INITIALS

D. Thermal and other ablative techniques for treatment of tumors (for curative intent or palliation) including radio frequency ablation, cryoablation, microwave ablation, and high intensity focused ultrasound (HIFU).

- 1. Injury to tumor-containing organ or adjacent organs/structures.
- 2. Injury to nearby nerves potentially resulting in temporary or chronic (continuing) pain and/or loss of use and/or feeling. INITIALS
- 3. Failure to completely treat tumor.

E. TIPS (Transjugular Intrahepatic Portosystemic Shunt) and its variants such as DIPS (Direct Intrahepatic Portacaval Shunt).

- 1. All associated risks as listed under subsection (21) (II) (B)-(D) of this section.
- 2. Hepatic encephopathy (confusion/decreased ability to think).
- 3. Liver failure or injury.
- 4. Gallbladder injury.
- 5. Hemorrhage (severe bleeding).
- 6. Recurrent ascites (fluid building up in abdomen) and/or bleeding.
- 7. Kidney failure.
- 8. Heart failure.
- 9. Death.

F. Myelography.

- 1. Chronic (continuing) pain.
- 2. Nerve injury with loss of use and/or feeling.
- 3. Transient (temporary) headache, nausea, and/or vomiting.
- 4. Numbness.
- 5. Seizure.

G. Percutaneous abscess/fluid collection drainage (percutaneous abscess/ seroma/lymphocoele drainage and/or sclerosis (inclusive of percutaneous, transgutial, transrectal and transvaginal routes)).

- 1. Sepsis (infection in the blood stream), possibly resulting in shock (severe decrease in blood pressure).
- 2. Injury to nearby organs.
- 3. Hemorrhage (severe bleeding).
- 4. Infection of collection which was not previously infected, or additional infection of abscess. INITIALS

H. Procedures utilizing prolonged fluoroscopy.

- 1. Skin injury (such as epilation (hair loss), burns, or ulcers).
- 2. Cataracts (for procedures in the region of the head). INITIALS

16. Respiratory System Treatments and Procedures.

A. Biopsy and/or excision (removal) of lesion of larynx, vocal cords, trachea.

- 1. Loss or change of voice.
- 2. Swallowing or breathing difficulties.
- 3. Perforation (hole) or fistula (connection) in esophagus (tube from throat to stomach). INITIALS

B. Rhinoplasty (surgery to change the shape of the nose) or nasal reconstruction with or without nasal septoplasty (surgical procedure to remove blockage in or straighten the bone and cartilage dividing the space between the two nostrils).

- 1. Deformity of skin, bone or cartilage.
- 2. Creation of new problems, such as perforation of the nasal septum (hole in wall between the right and left halves of the nose) or breathing difficulty. INITIALS

C. Submucous resection of nasal septum or nasal septoplasty (surgery to remove blockage in or straighten the bone and cartilage dividing the space between the two nostrils).

- 1. Persistence, recurrence or worsening of the obstruction.
- 2. Perforation of nasal septum (hole in the bone and/or cartilage dividing the space between the right and left halves of the nose) with dryness and crusting. INITIALS
- 3. External deformity of the nose.

D. Sinus surgery/endoscopic sinus surgery.

- 1. Spinal fluid leak.
- 2. Visual loss or other eye injury.
- 3. Numbness in front teeth and palate (top of mouth).
- 4. Loss or reduction in sense of taste or smell.
- 5. Recurrence of disease.
- 6. Empty Nose Syndrome (sensation of nasal congestion, sensation of not being able to take in adequate air through nose).
- 7. Injury to tear duct causing drainage of tears down the cheek.
- 8. Brain injury and/or infection.
- 9. Injury to nasal septum (the bone and cartilage dividing the space between the two nostrils).
- 10. Nasal obstruction. INITIALS

E. Lung biopsy (removal of small piece of tissue from inside of lung).

- 1. Air leak with pneumothorax (leak of air from lung to inside of chest causing the lung to collapse) with need for insertion of chest tube or repeat surgery.
- 2. Hemothorax (blood in the chest around the lung) possibly requiring additional procedures.
- 3. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen). INITIALS

MEMORIAL[®]
HERMANN

Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES



7000 (7/24) Page 8 of 16

Kaminczak, Steve
Prefers Steve
DOB: 5/28/1974 (50 yrs)
MRN: 38345229
HAR: 10000616989
Enc Date: 3/3/2025

CSN:
10146808331
TMC



**03/03/2025 ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Documents (continued)

F. Segmental resection of lung (removal of a portion of a lung).

- 1. Hemothorax (blood in the chest around the lung).
- 2. Abscess (infected fluid collection) in chest.
- 3. Air leak with pneumothorax (leak of air from lung inside of chest causing the lung to collapse) with need for insertion of chest drainage tube into space between lung and chest wall or repeat surgery. INITIALS
- 4. Need for additional surgery.

G. Thoracotomy (surgery to reach the inside of the chest).

- 1. Hemothorax (blood in the chest around the lung).
- 2. Abscess (infected fluid collection) in chest.
- 3. Air leak with pneumothorax (leak of air from lung inside of chest causing the lung to collapse) with need for insertion of chest drainage tube into space between lung and chest wall or repeat surgery. INITIALS
- 4. Need for additional surgery.

H. VATS - video-assisted thoracoscopic surgery (camera-assisted surgery to reach the inside of the chest through small incisions).

- 1. Hemothorax (blood in the chest around the lung).
- 2. Abscess (infected fluid collection) in chest.
- 3. Air leak with pneumothorax (leak of air from lung inside of chest causing the lung to collapse) with need for insertion of chest drainage tube into space between lung and chest wall or repeat surgery. INITIALS
- 4. Need for additional surgery.
- 5. Need to convert to open surgery.

I. Percutaneous (puncture through the skin instead of incision) or Open (surgical incision) tracheostomy.

- 1. Loss of voice.
- 2. Breathing difficulties.
- 3. Pneumothorax (collapsed lung) with need for insertion of chest tube.
- 4. Hemothorax (blood in the chest around the lung).
- 5. Scarring in trachea (windpipe).
- 6. Fistula (connection) between trachea into esophagus (tube from throat to stomach) or great vessels.
- 7. Bronchospasm (constriction of the airways leading to trouble breathing).
- 8. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen). INITIALS

J. Bronchoscopy (insertion of a camera into the airways of the neck and chest).

- 1. Mucosal injury (damage to lining of airways) including perforation (hole in the airway).
- 2. Pneumothorax (collapsed lung) with need for insertion of chest tube.
- 3. Pneumomediastinum (air enters the space around the airways including the space around the heart).
- 4. Injury to vocal cords, laryngospasm (irritation/spasm of the vocal cords) or laryngeal edema (swelling of the vocal cords). INITIALS
- 5. Bronchospasm (constriction of the airways leading to trouble breathing).
- 6. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen).

K. Endobronchial valve placement (device inserted into airways in the lung that controls air movement into and out of abnormal portions of a lung).

- 1. Mucosal injury (damage to lining of airways) including perforation (hole in the airway).
- 2. Pneumothorax (collapsed lung) with need for insertion of chest tube.
- 3. Pneumomediastinum (air enters the space around the airways including the space around the heart).
- 4. Injury to vocal cords, laryngospasm (irritation/spasm of the vocal cords) or laryngeal edema (swelling of the vocal cords).
- 5. Migration (movement) of the stent from its original position.
- 6. Airway blockage, potentially life threatening.
- 7. Stent blockage.
- 8. Worsening of chronic obstructive pulmonary disease (worsening of emphysema). INITIALS
- 9. Respiratory failure (need for breathing tube placement with ventilator support).
- 10. Bronchospasm (constriction of the airways leading to trouble breathing).
- 11. Hemoptysis (coughing up blood which can result in trouble breathing and the need to be placed on a ventilator or breathing machine and oxygen).
- 12. Recurrent infections.

L. Endobronchial balloon dilatation with or without stent placement (placement of tube to keep airway open).

- 1. Bronchial rupture (tearing of the airway) with need for additional surgery.
- 2. Pneumothorax (collapsed lung) with need for insertion of chest tube.
- 3. Pneumomediastinum (air enters the space around the airways including the space around the heart).
- 4. Injury to vocal cords, laryngospasm (irritation/spasm of the vocal cords) or laryngeal edema (swelling of the vocal cords).
- 5. Migration (movement) of the stent from its original position. INITIALS
- 6. Airway blockage, potentially life threatening.
- 7. Stent blockage.
- 8. Stent fracture (broken stent).
- 9. Recurrent infections.
- 10. Stent erosion into adjacent structures (stent wears a hole through the airway and injures nearby tissues).
- 11. Hemoptysis (coughing up blood which can result in respiratory distress and the need to be placed on a ventilator or breathing machine and oxygen).

M. Mediastinoscopy (insertion of a camera into the space behind the breastbone and between the lungs) with or without biopsy (removal of tissue).

- 1. Hemorrhage (severe bleeding) requiring open surgery.
- 2. Nerve injury causing vocal cord paralysis or poor function.
- 3. Pneumothorax (collapsed lung). INITIALS
- 4. Tracheal injury (damage to the airway/windpipe).

N. Pleurodesis (procedure to prevent fluid build-up in space between the lung and chest wall).

- 1. Respiratory failure (need for breathing tube placement).
- 2. Empyema (infection/pus in the space around the lung). INITIALS

17. Urinary system.

A. Partial nephrectomy (removal of part of the kidney).

- 1. Incomplete removal of stone(s) or tumor, if present.
- 2. Blockage of urine.
- 3. Leakage of urine at surgical site.
- 4. Injury to or loss of the kidney.
- 5. Damage to organs next to kidney. INITIALS

**MEMORIAL
HERMANN**

**Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES**

7000 (7/24) Page 9 of 16



Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025

CSN:
 10146808331
 TMC

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Documents (continued)

| | |
|---|---|
| B. Radical nephrectomy (removal of kidney and adrenal gland for cancer). | L. Prostatectomy (partial or total removal of prostate). |
| <p>1. Loss of the adrenal gland (gland on top of kidney that makes certain hormones/chemicals the body needs). <input type="checkbox"/></p> <p>2. Incomplete removal of tumor. <input type="checkbox"/></p> <p>3. Damage to organs next to kidney. <input type="checkbox"/> INITIALS</p> | <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Blockage of urine. <input type="checkbox"/></p> <p>3. Incontinence (difficulty with control of urine flow). <input type="checkbox"/></p> <p>4. Semen passing backward into bladder. <input type="checkbox"/></p> <p>5. Difficulty with penile erection (possible with partial and probable with total prostatectomy). <input type="checkbox"/> INITIALS</p> |
| C. Nephrectomy (removal of kidney). | M. Total cystectomy (removal of bladder). |
| <p>1. Incomplete removal of tumor if present. <input type="checkbox"/></p> <p>2. Damage to organs next to kidney. <input type="checkbox"/></p> <p>3. Injury to or loss of the kidney. <input type="checkbox"/> INITIALS</p> | <p>1. Probable loss of penile erection and ejaculation in the male. <input type="checkbox"/></p> <p>2. Damage to organs next to bladder. <input type="checkbox"/></p> <p>3. This procedure will require an alternate method of urinary drainage. <input type="checkbox"/> INITIALS</p> |
| D. Nephrolithotomy and pyelolithotomy (removal of kidney stone(s)). | N. Radical cystectomy. |
| <p>1. Incomplete removal of stone(s). <input type="checkbox"/></p> <p>2. Blockage of urine. <input type="checkbox"/></p> <p>3. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>4. Injury to or loss of the kidney. <input type="checkbox"/> INITIALS</p> <p>5. Damage to organs next to kidney. <input type="checkbox"/></p> | <p>1. Probable loss of penile erection and ejaculation in the male. <input type="checkbox"/></p> <p>2. Damage to organs next to bladder. <input type="checkbox"/></p> <p>3. This procedure will require an alternate method of urinary drainage. <input type="checkbox"/></p> <p>4. Chronic (continuing) swelling of thighs, legs and feet. <input type="checkbox"/> INITIALS</p> <p>5. Recurrence or spread of cancer if present. <input type="checkbox"/></p> |
| E. Pyeloureteroplasty (pyeloplasty or reconstruction of the kidney drainage system). | O. Partial cystectomy (partial removal of bladder). |
| <p>1. Blockage of urine. <input type="checkbox"/></p> <p>2. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>3. Injury to or loss of the kidney. <input type="checkbox"/></p> <p>4. Damage to organs next to kidney. <input type="checkbox"/> INITIALS</p> | <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Incontinence (difficulty with control of urine flow). <input type="checkbox"/></p> <p>3. Backward flow of urine from bladder into ureter (tube between kidney and bladder). <input type="checkbox"/> INITIALS</p> <p>4. Blockage of urine. <input type="checkbox"/></p> <p>5. Damage to organs next to bladder. <input type="checkbox"/></p> |
| F. Exploration of kidney or perinephric mass. | P. Urinary diversion (ileal conduit, colon conduit). |
| <p>1. Incomplete removal of stone(s) or tumor, if present. <input type="checkbox"/></p> <p>2. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>3. Injury to or loss of the kidney. <input type="checkbox"/></p> <p>4. Damage to organs next to kidney. <input type="checkbox"/> INITIALS</p> | <p>1. Blood chemistry abnormalities requiring medication. <input type="checkbox"/></p> <p>2. Development of stones, strictures or infection in the kidneys, ureter or bowel (intestine). <input type="checkbox"/> INITIALS</p> <p>3. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>4. This procedure will require an alternate method of urinary drainage. <input type="checkbox"/></p> |
| G. Ureteroplasty (reconstruction of ureter (tube between kidney and bladder)). | Q. Uroterosigmoidostomy (placement of kidney drainage tubes into the large bowel (intestine)). |
| <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Incomplete removal of the stone or tumor (when applicable). <input type="checkbox"/></p> <p>3. Blockage of urine. <input type="checkbox"/> INITIALS</p> <p>4. Damage to organs next to ureter. <input type="checkbox"/></p> <p>5. Damage to or loss of the ureter. <input type="checkbox"/></p> | <p>1. Blood chemistry abnormalities requiring medication. <input type="checkbox"/></p> <p>2. Development of stones, strictures or infection in the kidneys, ureter or bowel (intestine). <input type="checkbox"/> INITIALS</p> <p>3. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>4. Difficulty in holding urine in the rectum. <input type="checkbox"/></p> |
| H. Ureterolithotomy (surgical removal of stone(s) from ureter (tube between kidney and bladder)). | R. Urethroplasty (construction/reconstruction of drainage tube from bladder). |
| <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Incomplete removal of stone. <input type="checkbox"/> INITIALS</p> <p>3. Blockage of urine. <input type="checkbox"/></p> <p>4. Damage to organs next to ureter. <input type="checkbox"/></p> <p>5. Damage to or loss of ureter. <input type="checkbox"/></p> | <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Stricture formation (narrowing of urethra (tube from bladder to outside)). <input type="checkbox"/> INITIALS</p> <p>3. Need for additional surgery. <input type="checkbox"/></p> |
| I. Ureterectomy (partial/complete removal of ureter (tube between kidney and bladder)). | S. Percutaneous nephrostomy/stenting/tube removal. |
| <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Incomplete removal of stone. <input type="checkbox"/> INITIALS</p> <p>3. Blockage of urine. <input type="checkbox"/></p> <p>4. Damage to organs next to ureter. <input type="checkbox"/></p> | <p>1. Pneumothorax or other pleural complications (collapsed lung or filling of the chest cavity on the same side with fluid). <input type="checkbox"/></p> <p>2. Septic shock/bacteremia (infection of the blood stream with possible shock/severe lowering of blood pressure) when pyonephrosis (infected urine in the kidney) is present. <input type="checkbox"/> INITIALS</p> <p>3. Bowel (intestinal) injury. <input type="checkbox"/></p> <p>4. Blood vessel injury with or without significant bleeding. <input type="checkbox"/></p> |
| J. Ureterolysis (partial/complete removal of ureter (tube between kidney and bladder from adjacent tissue)). | T. Dialysis (technique to replace functions of kidney and clean blood of toxins). Hemodialysis. |
| <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Blockage of urine. <input type="checkbox"/> INITIALS</p> <p>3. Damage to organs next to ureter. <input type="checkbox"/></p> <p>4. Damage to or loss of ureter. <input type="checkbox"/></p> | <p>1. *See Dialysis Consent (Form No. 66226). <input type="checkbox"/> INITIALS</p> |
| K. Ureteral reimplantation (reinserting ureter (tube between kidney and bladder) into the bladder). | |
| <p>1. Leakage of urine at surgical site. <input type="checkbox"/></p> <p>2. Blockage of urine. <input type="checkbox"/> INITIALS</p> <p>3. Damage to or loss of the ureter. <input type="checkbox"/></p> <p>4. Backward flow of urine from bladder into ureter. <input type="checkbox"/></p> <p>5. Damage to organs next to ureter. <input type="checkbox"/></p> | |

**MEMORIAL
HERMANN**
Disclosure and Consent
 MEDICAL AND SURGICAL PROCEDURES

7000 (7/24) Page 10 of 16



Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025



CSN:
 10146808331
 TMC

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Documents (continued)

U. Dialysis (technique to replace functions of kidney and clean blood of toxins). Peritoneal Dialysis.

1. *See Dialysis Consent (Form No. 66226).

INITIALS

18. Psychiatric procedures.

- A. Electroconvulsive therapy with modification by intravenous muscle relaxants and sedatives.
 **Electroconvulsive Therapy is NOT an approved treatment at any MHS facility.

19. Radiation therapy.

- ** See Disclosure and Consent for Radiation Therapy
 (consents are specific to body part and location being treated).

INITIALS

20. Pain management procedures.

- A. Neuroaxial procedures (injections into or around spine).

1. Failure to reduce pain or worsening of pain.
 2. Nerve damage including paralysis (inability to move).

INITIALS

3. Epidural hematoma (bleeding in or around spinal canal).
 4. Infection.
 5. Seizure.

6. Persistent leak of spinal fluid which may require surgery.
 7. Breathing and/or heart problems including cardiac arrest (heart stops beating).
 8. Loss of vision.
 9. Stroke.

B. Peripheral and visceral nerve blocks and/or ablations.

1. Failure to reduce pain or worsening of pain.
 2. Bleeding.

INITIALS

3. Nerve damage including paralysis (inability to move).
 4. Infection.
 5. Damage to nearby organ or structure.

6. Seizure.

C. Implantation of pain control devices.

1. Failure to reduce pain or worsening of pain.
 2. Nerve damage including paralysis (inability to move).
 3. Epidural hematoma (bleeding in or around spinal canal).
 4. Infection.

INITIALS

5. Persistent leak of spinal fluid which may require surgery.

21. Cardiovascular System Treatments and Procedures.

I. Cardiac.

A. Coronary artery bypass.

1. Acute myocardial infarction (heart attack).

INITIALS

2. Hemorrhage (severe bleeding).
 3. Kidney failure.
 4. Stroke.
 5. Sudden death.

6. Infection of chest wall/chest cavity.

B. Heart valve replacement by open surgery, structural heart surgery.

1. Acute myocardial infarction (heart attack).

INITIALS

2. Hemorrhage (severe bleeding).
 3. Kidney failure.
 4. Stroke.
 5. Sudden death.

6. Infection of chest wall/chest cavity.

7. Valve related delayed onset infection.

INITIALS

8. Malfunction of new valve.

9. Persistence of problem for which surgery was performed, including need for repeat surgery.

C. Heart transplant.

1. Infection.
 2. Rejection.
 3. Death.

INITIALS

D. Coronary angiography (injection of contrast material into arteries of the heart), coronary angioplasty (opening narrowing in heart vessel), and coronary stent insertion (placement of permanent tube into heart blood vessel to open it).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.

INITIALS

E. Percutaneous (through the skin) or minimally invasive heart valve insertion/replacement.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Malfunction of new valve.
 11. Need for permanent pacemaker implantation.

INITIALS

F. Left atrial appendage closure (closing of small pouch on left side of heart) - percutaneous (through the skin) or minimally invasive.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Device embolization (device moves from intended location).
 11. Pericardial effusion (development of fluid in the sack around the heart) and cardiac tamponade (fluid around heart causing too much pressure for heart to pump properly).

INITIALS

MEMORIAL
HERMANN

Disclosure and Consent
 MEDICAL AND SURGICAL PROCEDURES



7000 (7/24) Page 11 of 16

Kaminczak, Steve
 Professor Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025

CSN:
 10146808331
 TMC

**03/03/2025 - ED to Hosp-Amission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)**

Documents (continued)

G. Patent foramen ovale/atrial septal defect/ventricular septal defect closure by percutaneous (through the skin) or minimally invasive procedure (closing of abnormal hole between the chambers of the heart).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Atrial fibrillation (irregular heart rhythm).
 11. Pulmonary embolus (development of blood clot that travels to blood vessels in lungs).
 12. Device embolization (device moves from where it is placed).
 13. Cardiac perforation (creation of hole in wall of heart).
- INITIALS

H. Electrophysiology studies (exam of heart rhythm), arrhythmia ablation (procedure to control or stop abnormal heart rhythms).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Rupture of myocardium/cardiac perforation (hole in wall of heart).
 11. Cause or worsening of arrhythmia (damage to heart electrical system causing abnormal heart rhythm), possibly requiring permanent pacemaker implantation, possibly life threatening.
 12. Pulmonary vein stenosis (narrowing of blood vessel going from lung to heart).
- INITIALS

I. Pacemaker insertion, AICD insertion (implanted device to shock the heart out of an abnormal rhythm).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Rupture of myocardium/cardiac perforation (hole in wall of heart).
 11. Cause or worsening of arrhythmia (damage to heart electrical system causing abnormal heart rhythm), possibly requiring permanent pacemaker implantation, possibly life threatening.
 12. Device related delayed onset infection (infection related to the device that happens at some time after surgery).
- INITIALS

J. Electrical cardioversion (shocking the heart out of an abnormal rhythm).

1. Heart arrhythmias (abnormal heart rhythm), possibly life threatening.
 2. Skin burns on chest.
- INITIALS

K. Stress testing.

1. Acute myocardial infarction (heart attack).
 2. Heart arrhythmias (abnormal heart rhythm), possibly life threatening.
- INITIALS

L. Transesophageal echocardiography (ultrasound exam of the heart from inside the throat).

1. Sore throat.
 2. Vocal cord damage.
 3. Esophageal perforation (hole or tear in tube from mouth to stomach).
- INITIALS

M. Circulatory assist devices (devices to help heart pump blood).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy or other kidney injury (kidney damage due to the contrast agent used during the procedure or procedure itself).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Hemorrhage (severe bleeding) possibly leading to sudden death.
 11. Hemolysis (blood cells get broken apart).
 12. Right heart failure (poor functioning of the side of heart not assisted by device).
 13. Acquired von Willebrand syndrome (platelets do not work).
 14. Arrhythmia (irregular or abnormal heart rhythm).
 15. Cardiac or vascular injury or perforation (hole in heart or blood vessel).
 16. Limb ischemia (lack of blood flow or oxygen to limb that device placed through).
 17. Device migration or malfunction.
 18. Exposure of device/wound break down with need for surgery to cover/replace.
- INITIALS

N. Extracorporeal Membrane Oxygenation (ECMO)

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention including emergency open heart surgery.
 2. Arrhythmia (abnormal heart rhythm), possibly life threatening.
 3. Hemorrhage (severe bleeding).
 4. Myocardial infarction (heart attack).
 5. Worsening of the condition for which the procedure is being done.
 6. Sudden death.
 7. Stroke.
 8. Contrast nephropathy or other kidney injury (kidney damage due to the contrast agent used during the procedure or procedure itself).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Thrombocytopenia (low platelets) or other coagulopathy (blood thinning).
 11. Vascular or cardiac perforation (hole in blood vessel or heart).
 12. Seizure.
 13. Device migration or malfunction.
 14. Ischemia to limb (lack of blood flow or oxygen to limb that device placed through).
 15. Thromboembolism (blood clots in blood vessels or heart and possibly traveling to blood vessels in lungs).
- INITIALS

Kaminczak, Steve

Prefore: Steve

DOB: 5/28/1974 (50 yrs)

MRN: 38345229

HAR: 10000616989

Enc Date: 3/3/2025

DOB: 5/28/1974

MRN: 38345229

CSN: 10146808331

TMC

MEMORIAL
HERMANN

Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES



7000 (7/24) Page 12 of 16

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
Neuroscience Acute Care) (continued)**

Documents (continued)

II. Vascular.

A. Open surgical repair of aortic, subclavian, iliac, or other artery aneurysms or occlusions, arterial or venous bypass or other vascular surgery.

1. Hemorrhage (severe bleeding).
2. Paraplegia (unable to move limbs) (for surgery involving the aorta or other blood vessels to the spine).
3. Damage to parts of the body supplied or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke (for surgery involving blood vessels supplying the neck or head).
6. Kidney damage.
7. Myocardial infarction (heart attack).
8. Infection of graft (material used to repair blood vessel).

INITIALS

B. Angiography (inclusive of angiography, arteriography, venography) - injection of contrast material into blood vessels.

1. Injury to or occlusion (blocking) of artery which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.

INITIALS

C. Angioplasty (intravascular dilatation technique).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Failure of procedure or injury to blood vessel requiring stent (small, permanent tube placed in blood vessel to keep it open) placement or open surgery

INITIALS

D. Endovascular stenting (placement of permanent tube into blood vessel to open it) of any portion of the aorta, iliac or carotid artery or other (peripheral) arteries or veins.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
10. Failure of procedure or injury to blood vessel requiring stent (small, permanent tube placed in blood vessel to keep it open) placement or open surgery.
11. Change in procedure to open surgical procedure.
12. Failure to place stent/endoluminal graft (stent with fabric covering it).
13. Stent migration (stent moves from location in which it was placed).
14. Impotence (difficulty with or inability to obtain penile erection) (for abdominal aorta and iliac artery procedures).

INITIALS

E. Vascular thrombolysis (removal or dissolving of blood clots) - percutaneous (through the skin) (mechanical or chemical).

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied by the artery or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
6. Contrast-related, temporary blindness or memory loss (for studies of the blood vessels of the brain).
7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
9. Kidney injury or failure which may be temporary or permanent (for procedures using certain mechanical thrombectomy devices).
10. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
11. Increased risk of bleeding at or away from site of treatment (when using medications to dissolve clots).
12. For arterial procedures: distal embolus (fragments of blood clot may travel and block other blood vessels with possible injury to the supplied tissue).
13. For venous procedures: pulmonary embolus (fragments of blood clot may travel to the blood vessels in the lungs and cause breathing problems or if severe could be life threatening).
14. Need for emergency surgery.

INITIALS

**MEMORIAL
HERMANN**

**Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES**

7000 (7/24) Page 13 of 18



Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025

Photo:
 CSN:
 10146808331
 TMC

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

F. Angiography with occlusion techniques (including embolization and sclerotherapy) - therapeutic.

1. For all embolizations/sclerotherapy:
 - i. Injury to or occlusion (blocking) of blood vessel other than the one intended which may require immediate surgery or other intervention.
 - ii. Hemorrhage (severe bleeding).
 - iii. Damage to parts of the body supplied or drained by the vessel with resulting loss of use or amputation (removal of body part).
 - iv. Worsening of the condition for which the procedure is being done.
 - v. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
 - vi. Unintended thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 - vii. Loss or injury to body parts with potential need for surgery, including death of overlying skin for sclerotherapy/treatment of superficial lesions/vessels and nerve injury with associated pain, numbness or tingling or paralysis (inability to move).
 - viii. Infection in the form of abscess (infected fluid collection) or septicemia (infection of blood stream).
 - ix. Nontarget embolization (blocking of blood vessels other than those intended) which can result in injury to tissue supplied by those vessels.
2. For procedures involving the thoracic aorta and/or vessels supplying the brain, spinal cord, head, neck or arms, these risks in addition to those under subparagraph (F-1) of this paragraph:
 - i. Stroke.
 - ii. Seizure.
 - iii. Paralysis (inability to move).
 - iv. Inflammation or other injury of nerves (for procedures involving blood vessels supplying the spine).
 - v. For studies of the blood vessels of the brain: contrast-related, temporary blindness or memory loss.
3. For female pelvic arterial embolizations including uterine fibroid embolization, these risks in addition to those under subparagraph (F-1) of this paragraph:
 - i. Premature menopause with resulting sterility.
 - ii. Injury to or infection involving the uterus which might necessitate hysterectomy (removal of the uterus) with resulting sterility.
 - iii. After fibroid embolization: prolonged vaginal discharge.
 - iv. After fibroid embolization: expulsion/delayed expulsion of fibroid tissue possibly requiring a procedure to deliver/remove the tissue.
4. For male pelvic arterial embolizations, in addition to the risks under subparagraph (F-1) of this paragraph: impotence (difficulty with or inability to obtain penile erection).
5. For embolizations of pulmonary arteriovenous fistulae/ malformations, these risks in addition to those under subparagraph (F-1) of this paragraph:
 - i. New or worsening pulmonary hypertension (high blood pressure in the lung blood vessels).
 - ii. Paradoxical embolization (passage of air or an occluding device beyond the fistula/malformation and into the arterial circulation) causing blockage of blood flow to tissues supplied by the receiving artery and damage to tissues served (for example the blood vessels supplying the heart (which could cause chest pain and/or heart attack) or brain (which could cause stroke, paralysis (inability to move) or other neurological injury)).
6. For varicocèle embolization, these risks in addition to those under subparagraph (A) of this paragraph:
 - i. Phlebitis/inflammation of veins draining the testicles leading to decreased size and possibly decreased function of affected testes and sterility (if both sides performed).
 - ii. Nerve injury (thigh numbness or tingling).
7. For ovarian vein embolization/pelvic congestion syndrome embolization: general angiography and embolization risks as listed in subparagraph (F-1) of this paragraph.
8. For cases utilizing ethanol (alcohol) injection, in addition to the risks under subparagraph (F-1) of this paragraph: shock or severe lowering of blood pressure (when more than small volumes are utilized).
9. For varicose vein treatments (with angiography) see Section 21-II L of this subsection.

G. Mesenteric angiography with infusional therapy (Vasopressin) for gastrointestinal bleeding.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
6. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
7. Ischemia/infarction of supplied or distant vascular beds (reduction in blood flow causing lack of oxygen with injury or death of tissues supplied by the treated vessel or tissues supplied by blood vessels away from the treated site including heart, brain, bowel, extremities).
8. Antidiuretic hormone side effects of vasopressin (reduced urine output with disturbance of fluid balance in the body, rarely leading to swelling of the brain).

INITIALS

H. Inferior vena caval filter insertion and removal.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Worsening of the condition for which the procedure is being done.
4. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
5. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere including caval thrombosis (clotting of main vein in abdomen and episodes of swelling of legs).
6. Injury to the inferior vena cava (main vein in abdomen).
7. Filter migration or fracture (filter could break and/or move from where it was placed).
8. Risk of recurrent pulmonary embolus (continued risk of blood clots going to blood vessels in lungs despite filter).
9. Inability to remove filter (for "optional"/retrievable filters).

INITIALS

I. Pulmonary angiography.

1. Injury to or occlusion (blocking) of blood vessel which may require immediate surgery or other intervention.
2. Hemorrhage (severe bleeding).
3. Damage to parts of the body supplied or drained by the vessel with resulting loss of use or amputation (removal of body part).
4. Worsening of the condition for which the procedure is being done.
5. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
6. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
7. Cardiac arrhythmia (irregular heart rhythm) or cardiac arrest (heart stops beating).
8. Cardiac injury/perforation (heart injury).
9. Death.

INITIALS

J. Percutaneous treatment of pseudoaneurysm (percutaneous thrombin injection through the skin versus compression).

1. Thrombosis (clotting) of supplying vessel or branches in its territory.
2. Allergic reaction to thrombin (agent used for direct injection).

INITIALS

K. Vascular access - nontunneled catheters, tunneled catheters, implanted access.

1. Pneumothorax (collapsed lung).
2. Injury to blood vessel.
3. Hemothorax/hemomediastinum (bleeding into the chest around the lungs or around the heart).
4. Air embolism (passage of air into blood vessel and possibly to the heart and/or blood vessels entering the lungs).
5. Vessel thrombosis (clotting of blood vessel).

INITIALS

MEMORIAL
HERMANN
Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES

7000 (7/24) Page 14 of 16



Kaminczak, Steve
 Prefers Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025

510000000000000000
 CSN:
 10146808331
 TMC

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5
 Neuroscience Acute Care) (continued)

Documents (continued)

- L. Varicose vein treatment (percutaneous (through the skin), via laser, radiofrequency ablation (RFA), chemical or other method) without angiography
1. Burns.
 2. Deep vein thrombosis (blood clots in deep veins).
 3. Hyperpigmentation (darkening of skin).
 4. Skin wound (ulcer).
 5. Telangiectatic matting (appearance of tiny blood vessels in treated area).
 6. Paresthesia and dysesthesia (numbness or tingling in the area or limb treated).
 7. Injury to blood vessel requiring additional procedure to treat.

22. Dental Surgery Procedures.

I. Oral surgery.

A. Extraction (removing teeth).

1. Dry socket (inflammation in the socket of a tooth).
2. Permanent or temporary numbness or altered sensation.
3. Sinus communication (opening from tooth socket into the sinus cavity).
4. Fracture of alveolus and/or mandible (upper and/or lower jaw).

INITIALS

B. Surgical exposure of teeth in order to facilitate orthodontics.

1. Injury to tooth or to adjacent teeth and structures.
2. Failure to get proper attachment to tooth requiring additional procedure.

INITIALS

II. Endodontics (deals with diseases of the dental pulp).

A. Apicoectomy (surgical removal of root tip or end of the tooth, with or without sealing it).

1. Shrinkage of the gums and crown margin exposure.
2. Sinus communication (opening from tooth socket into the sinus cavity).
3. Displacement of tooth or foreign bodies into nearby tissues, spaces, and cavities.

INITIALS

B. Root amputation (surgical removal of portion of one root of a multi-rooted tooth).

1. Shrinkage of the gums and crown margin exposure.
2. Sinus communication (opening from tooth socket into the sinus cavity).
3. Displacement of tooth or foreign bodies into nearby tissues, spaces, and cavities.

INITIALS

C. Root canal therapy (from an occlusal access in order to clean and fill the canal system).

1. Instrument separation (tiny files which break within the tooth canal system).
2. Penetration (penetration of walls of tooth into adjacent tissue).
3. Failure to find and/or adequately fill all canals.
4. Expression of irrigants or filling material past the apex of the tooth (chemicals used to clean or materials used to fill a root may go out the end of the root and cause pain or swelling).
5. Damage to adjacent tissues from irrigants or clamps.
6. Fracture or loss of tooth.

INITIALS

III. Periodontal surgery (surgery of the gums).

A. Gingivectomy and gingivoplasty (involves the removal of soft tissue).

1. Tooth sensitivity to hot, cold, sweet, or acid foods.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

INITIALS

B. Anatomical crown exposure (removal of enlarged gingival tissue and supporting bone to provide an anatomically correct gingival relationship).

1. Tooth sensitivity to hot, cold, sweet, or acid foods.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

INITIALS

C. Gingival flap procedure, including root planing (soft tissue flap is laid back or removed to allow debridement (cleaning) of the root surface and the removal of granulation tissue (unhealthy soft tissue)).

1. Permanent or temporary numbness or altered sensation.
2. Tooth sensitivity to hot, cold, sweet, or acid foods.
3. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

INITIALS

D. Apically positioned flap (used to preserve keratinized gingival (attached gum tissue) in conjunction with osseous resection (removal) and second stage implant procedure).

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

INITIALS

E. Clinical crown lengthening (removal of gum tissue and/or bone from around tooth).

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

INITIALS

F. Osseous surgery-including flap entry and closure (modification of the bony support of the teeth).

1. Permanent or temporary numbness or altered sensation.
2. Tooth sensitivity to hot, cold, sweet, or acid foods.
3. Loss of tooth.
4. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

INITIALS

G. Guided tissue regeneration-resorbable barrier.

1. Permanent or temporary numbness or altered sensation.
2. Accidental aspiration (into the lungs) of foreign matter.
3. Rejection of donor materials.

INITIALS

H. Guided tissue regeneration-nonresorbable barrier (includes membrane removal).

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Accidental aspiration (into the lungs) of foreign matter.
4. Rejection of donor materials.

INITIALS

I. Pedicle soft tissue graft procedure.

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Rejection of donor materials.

INITIALS

J. Free soft tissue graft protection-Including donor site surgery.

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Rejection of graft.

INITIALS

K. Sub epithelial connective tissue graft procedures.

1. Permanent or temporary numbness or altered sensation.
2. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
3. Rejection of graft.

INITIALS

MEMORIAL
HERMANN

Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES

7000 (7/24) Page 15 of 16



Kaminczak, Steve
 Profers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000616989
 Enc Date: 3/3/2025

CSN:
 10146808331
 TMC

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

L. Distal or proximal wedge procedure (taking off gum tissue from the very back of the last tooth or between teeth).

1. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth. INITIALS

M. Soft tissue allograft and connective tissue double pedicle graft from below (creates or augments gum tissue).

1. Permanent or temporary numbness or altered sensation.
2. Tooth sensitivity to hot, cold, sweet, or acid foods.
3. Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth. INITIALS

IV. Implant procedures.

A. Bone grafting (replacing missing bone).

1. Permanent or temporary numbness or altered sensation.
2. Rejection of bone particles or graft from donor or recipient sites.
3. Damage to adjacent teeth or bone. INITIALS

B. Surgical placement of implant body.

1. Blood vessel or nerve injury.
2. Damage to adjacent teeth or bone fracture.
3. Sinus communication (opening from tooth socket into the sinus cavity).
4. Failure of implant requiring corrective surgery.
5. Cyst formation, bone loss, or gum disease around the implant. INITIALS

Granting of Consent for this Care/Procedure(s)

In signing below, I consent to the care/procedure(s) described above. I acknowledge the following:

- I understand this care/procedure(s) does not guarantee a result or a cure to my condition.
- I have been given an opportunity to ask questions I may have about:
 - 1. Alternative forms of treatment.
 - 2. Risks of non-treatment.
 - 3. Steps that will occur during my care/procedure(s), and
 - 4. Risks and hazards involved in the care/procedure(s).
- I believe I have enough information to give this informed consent.
- I certify this form has been fully explained to me and the blank spaces have been filled in.
- I have read this form or had it read to me.
- I understand the information on this form.

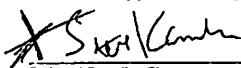
If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

Patient/Other Legally Authorized Representative (signature required):

Translated into

By

Translated copy of consent given to patient: Yes No Spanish Chinese Vietnamese



Patient / Guardian Signature

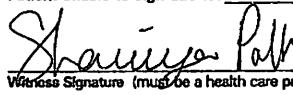
Print Name

Relationship to patient

3/6/25 1340 AM PM

Date Time

Patient unable to sign due to:


Witness Signature (must be a health care professional)

Shanya Patel
Print Name

3/6/25 1340 AM PM

Date Time

Institution Name

Address (Street or P.O. Box), City and State

AM
 PM

Provider Signature (optional)

Print Name

NPI/MHHS ID.

Date

Time

Contact No.

**MEMORIAL
HERMANN**

**Disclosure and Consent
MEDICAL AND SURGICAL PROCEDURES**



Kaminczak, Steve
Prefers: Steve
DOB: 5/28/1974 (50 yrs)
MRN: 38345229
HAR: 10000616989
Enc Date: 3/3/2025



CSN:
10146808331
TMC

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Documents (continued)

Release of Information - Scan on 3/10/2025 6:40 AM

Clinical date/time: 3/3/2025 0000

Description: - Other - -

Status: Received

Service date/time: 3/3/2025 0000

Scan (below)

| Memorial Hermann Of Protected Health Information | | |
|--|---|--|
| Authorization for: | <input checked="" type="checkbox"/> Disclosure | <input type="checkbox"/> Inspection |
| | <input type="checkbox"/> Amendment | |
| Kaminczak, Steve Prefers: Steve DOB: 5/28/1974 (50 yrs) MRN: 38345229 HAR: 10000612134 Enc Date: 3/3/2025 | <input type="text"/> Date of Birth CSN: 10146808331 TMC | <input type="text"/> MR# Telephone # () |
| To release information from the medical records of <u>Memorial Hermann</u> <u>Kaminczak, Steve</u> <u>Facility Name</u> <u>Patient Name</u> | | |
| TO: | <u>COMPANY CONTACT Work Comp Department</u> PHONE <u>713-556-9202</u> FAX <u>713-556-9224</u> <u>COMPANY NAME Houston Independent School District</u> PHONE <u>713-556-9202</u> FAX <u>713-556-9224</u> <u>COMPANY ADDRESS 5827 Chimney Rock, Route 3 Houston TX 77081</u> <u>MRO</u> PHONE _____ FAX _____ <u>REFERRED PROVIDER COMPANY MD</u> PHONE _____ FAX _____ <u>WORKLINK CASE MANAGER</u> PHONE <u>713-338-6519</u> FAX <u>713-338-6590</u> | |
| For treatment dates: | <u>3/3/25</u> -Through Discharge | |
| <small>THIS LINE MUST BE COMPLETED</small> | | |
| For the following purpose: | <input checked="" type="checkbox"/> Medical Care <input checked="" type="checkbox"/> OCCUPATIONAL MEDICINE SERVICES <input checked="" type="checkbox"/> COMPANY CASE MANAGEMENT | |
| Select Portions | | |
| <input type="checkbox"/> Abstract/Pertinent Information <input type="checkbox"/> Entire Record <u>EXCLUDING</u> - HIV Testing & Chemical Dependency. <input type="checkbox"/> Lab <input type="checkbox"/> Entire Record <u>INCLUDING</u> - HIV Testing & Chemical Dependency. <input type="checkbox"/> Emergency Room <input type="checkbox"/> Entire Record <u>INCLUDING</u> - HIV Testing only. <input type="checkbox"/> Imaging/Radiology <input type="checkbox"/> Entire Record <u>INCLUDING</u> - Chemical Dependency only. <input type="checkbox"/> Nursing Notes <input type="checkbox"/> Itemized Bill <input type="checkbox"/> Return to Work Status Form <input type="checkbox"/> H & P <input type="checkbox"/> Other <input type="checkbox"/> Drug Screen Results <input type="checkbox"/> Cardiac Studies <input type="checkbox"/> Other <input type="checkbox"/> Alcohol Screen Results <input type="checkbox"/> MD Progress Notes <input type="checkbox"/> MD Orders <input type="checkbox"/> Face Sheet <input type="checkbox"/> Operative/Procedure Report | | |
| <small>This authorization is valid until the 180th day after the date it is signed unless it provides otherwise, not to exceed 24 months, or unless it is revoked, and covers only treatment(s) for the dates specified above.</small> | | |
| <small>I, the undersigned, have read the above and authorize the staff of Memorial Hermann to disclose such information as herein contained. I have the right to revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility and its parent company from all liability and damages resulting from the lawful release of my Protected Health Information.</small> | | |
| <small><i>Steve Kaminczak</i></small> <small>Patient/Parent/Conservator/Guardian Signature</small> | | <small>Self</small> <small>Authority/Relationship to</small> <small>3-3-25</small> <small>Date</small> <small>Time</small> |
| <small>Fees/charges will comply with all laws and regulations applicable to release of Protected Health Information. Payment is due at time of release.</small> | | |

MEMORIAL
HERMANN
Occupational Medicine
Release of Protected
Health Information

78368 (1/24)



Kaminczak, Steve
 Prefers: Steve
 DOB: 5/28/1974 (50 yrs)
 MRN: 38345229
 HAR: 10000612134
 Enc Date: 3/3/2025

CSN:
 10146808331
 TMC



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 Account Information (continued)

Hospital Account

| Name | Acct ID | Class | Status | Primary Coverage |
|------------------|------------|----------------|--------|------------------|
| Kaminczak, Steve | 1000061698 | Inpatient 9 | 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 | 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

03/03/2025 - ED to Hosp-Amission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (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 1830 | 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: | MH SERVICE AREA | Unit: | Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) |
| Admit Provider: | Benjamin D Mouser, MD | Attending Provider: | Omar Naji Saab Saab, MD | Referring Provider: | |

Discharge Information

| Discharge Date/Time | Discharge Disposition | Discharge Destination | Discharge Provider | Unit |
|---------------------|--|-----------------------|-------------------------|---|
| 03/07/2025 2000 | Left Against Medical Advice Or Discontinued Care | None | Omar Naji Saab Saab, MD | Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) |

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 |



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 Summary*** (continued)

DRG Information

| DRG | DRG Type | Qualifier | Weight | MDC | LOS | SOI | ROM | Exp Reimb |
|---------------|--|-----------|--------|-----|-----|-----|-----|-----------|
| 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 | 6,294.44 |
| | 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 | | | | | | | |

03/02/2025 - Sepsis Early Detection (Sepsis Early Detection Care Path): records starting on 3/3/2025**Episode Info**

Type: Sepsis Early Detection Care Path Noted date: 3/2/2025
Comments: Episode created 03/02/25 1844 CST

Resolved date: 3/8/2025

Associated Visits

- 03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)

Sepsis Early Detection

| Step | User | Date |
|-----------------------|---------------------|---------------------|
| Reviewed and Excluded | Nicolai Harcrow, RN | 03/02/2025 06:44 PM |



Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M

02/24/2025 - Physical Therapy - Physical Therapy - February 2025 (Physical Therapy): records from 3/3/2025 to 3/8/2025

Episode Info

Type: Physical Therapy Noted date: 2/24/2025
Comments: Episode created from referral 1343074



To: 7135223701
Fax Number: 7135223701
From: Memorial Hermann Healthcare System

NOTES:

Confidentiality Notice.

This Fax message (and any attachments) contains information that may be confidential or privileged. The information is intended for the exclusive use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, review, disclosure, copying or action related to this information is strictly prohibited. Inadvertent communication error shall not compromise or waive any privilege or confidentiality. If you have received this communication in error, please immediately notify the sender by telephone or reply e-mail and delete the original message from your system without making copies.

Date and time of transmission: Monday, April 28, 2025 11:55:42 AM
Number of pages including this cover sheet: 02



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

Invoice Date: 04/28/2025
MHR No: 1350727
Portal Code: HGUY2MOH

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: | |



To: MACNAUGHTON & SHANAHAN
Fax Number: 7135223701

From: Memorial Hermann Healthcare System

NOTES: Dear Sir/Madam,
Enclosed is a letter for your request with the Release
of Information Office of Memorial Hermann Health System.
In case you have questions, please contact us at 713.242.3401.
Your reference number is 1350727.

Confidentiality Notice.

This Fax message (and any attachments) contains information that may be confidential or privileged. The information is intended for the exclusive use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, review, disclosure, copying or action related to this information is strictly prohibited. Inadvertent communication error shall not compromise or waive any privilege or confidentiality. If you have received this communication in error, please immediately notify the sender by telephone or reply e-mail and delete the original message from your system without making copies.



Acknowledgement Letter

Release of Information

4/21/2025

MACNAUGHTON & SHANAHAN
2038 LEXINGTON ST
HOUSTON, TX 77098

Patient Name: KAMINCZAK, STEVE
MHR Number: 1350727
Portal Code: HGUY2M0H
Requestor Claim Number: AHH-MR

Your request for records has been received and is currently in process

| Patient Name: | KAMINCZAK, STEVE | Medical Record No: | 38345229 | Date of Birth: | 05/28/1974 | Requested | Request Format |
|---------------|------------------|--------------------|----------|----------------|------------|-----------|----------------|
| Account# | Admit | Discharge | Location | | | | |
| 10000616989 | 03/06/2025 | 03/06/2025 | | | | EMR | Print |
| 10147225306 | 03/06/2025 | 03/06/2025 | | | | EMR | Print |
| 10147225713 | 03/06/2025 | 03/06/2025 | | | | EMR | Print |
| 10000616989 | 03/05/2025 | 03/05/2025 | | | | EMR | Print |
| 10000616989 | 03/04/2025 | 03/05/2025 | | | | EMR | Print |
| 10000616989 | 03/04/2025 | 03/04/2025 | | | | EMR | Print |
| 10000616989 | 03/03/2025 | 03/03/2025 | | | | EMR | Print |
| 10000616989 | 03/03/2025 | 03/08/2025 | | | | EMR | Print |

* ITM=Itemized Statement FCS=Coding Summary EMR=Electronic Medical Record RAD=Radiology PATH=Pathology

For Status Updates regarding your request:

The Memorial Hermann Requestor Portal can be accessed at
<https://www.memorialhermann.org/legal/release-information-request>

After you register as a user you must add request to your tracking board to review correspondence, make payment, and download the requested records (if applicable). Updates to the portal occur at the top of every hour.

Questions regarding electronic format:

As outlined in HB 300, patient authorization is required for the electronic release of requested documents to be available for download from the Memorial Hermann Requestor Portal or to be released on CD. The

authorization that you submitted must allow for electronic transmission of the medical records. If your authorization allows for an electronic release, and your request does not stipulate the format (CD for example), your request format will default to the portal download.

Confidentiality Notice - Warning: Unauthorized interception of this electronic communication could be a violation of federal and state law. The documents and/or information accompanying this electronic transmission may contain information that is legally privileged. The information is intended only for use by the recipient. You are hereby notified that any disclosure, copying, distribution, or taking of any action on the contents of this electronic information is strictly prohibited. If you have received this information in error, please immediately notify sender by telephone.

Broadcast Report

P 1

04/22/2025 17:26

Serial No. AC76011001999

TC: 224340

| Addressee | Start Time | Time | Prints | Result | Note |
|-------------|-------------|----------|---------|--------|------|
| 15128044011 | 04-22 17:20 | 00:04:24 | 005/005 | OK | |
| 19723867918 | 04-22 17:24 | 00:01:56 | 005/005 | 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.
 TEL: RX from TEL. NG: Other Error. Cont: Continue. No Ans: No Answer.
 Refuse: Receipt Refused. Busy: Busy. M-Full:Memory Full. LOUR:Receiving length over.
 POUR:Receiving page over. FIL: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.

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/Worker's Compensation Law
 Texas Board of Legal Specialization

FAX COVER SHEET

To: Chief Clerk of Proceedings
 Company: TDI
 Fax Number: 512-804-4011
 To: Adj.
 Company: CCMSI
 Fax Number: 972-386-7918
 Regarding: Steve Kaminczak
 Pages: 5, including cover sheet
 From: Jennifer Shanahan
 Date: 04/22/2025
 Message: Transmitted please find DWC 045.

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 St., Houston, TX 77098 via postal service at our expense. Thank you.

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/Worker's Compensation Law
Texas Board of Legal Specialization

FAX COVER SHEET

To: Chief Clerk of Proceedings

Company: TDI

Fax Number: 512-804-4011

To: Adj.

Company: CCMSI

Fax Number: 972-386-7918

Regarding: Steve Kaminczak

Pages: 5, including cover sheet

From: Jennifer Shanahan

Date: 04/27/2025

Message: Transmitted please find DWC 045.

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 St., Houston, TX 77098 via postal service at our expense. Thank you.



Division of Workers' Compensation

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:
DWC claim # **25218944**
Insurance carrier claim # **25F30M590202**

Request to schedule, reschedule, or cancel a benefit review conference (BRC)

Este formulario está disponible en español en el sitio web de la División en

www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1: Request specifications

| | | | |
|---|--|--|--|
| 1. I want to: | <input checked="" type="checkbox"/> Schedule a BRC | <input type="checkbox"/> Reschedule a BRC | <input type="checkbox"/> Cancel a BRC (check only one box) |
| 2. I need: (check boxes) | | | |
| <input type="checkbox"/> Special accommodations (please specify) | | <input type="checkbox"/> Expedited BRC (provide reason) | |

Part 2: Information about the claim

| | | |
|---|--|---|
| 3. Employee's name (first, middle, last) Steve Kaminczak | 4. Employee's physical address (street, city, state, ZIP code) 5740 San Felipe Sr. Apt. #627 Houston, TX 77057 | |
| 5. Insurance carrier's name CCMSI | 6. Date of injury (mm-dd-yyyy) 01/31/2025 | 7. Social Security number xxx-xx- 8171 |
| 8. Employer's business name (at the time of the injury) HISD | 9. Employer's business address (street or PO box, city, state, ZIP code) 11911 Chimney Rock Rd. Houston, TX 77035 | |

Part 3: Information about the party making the request

| | | | |
|---|--|--|--|
| 10. Who is making the request? | | | |
| <input checked="" type="checkbox"/> Injured employee <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Employer <input type="checkbox"/> Subclaimant <input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Attorney for Claimant | | | |
| 11. Is the Office of Injured Employee Counsel (OIEC) assisting the injured employee? | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 12. Requester's name and mailing address (street or PO box, city, state, ZIP code) Gilda Jennifer Shanahan, 2038 Lexington St. Houston, TX 77098 | | | |
| 13. Business/firm name (if applicable) MacNaughton & Shanahan, PLLC | 14. Phone number 713-522-3700 | 15. Requester's email jennifer@macshanlaw.com | |

Employee's name: **Steve Kaminczak**
DWC claim number: **25218944**



For DWC Use Only

Part 4: Request to schedule a BRC

16. If you want to request a BRC, explain what the dispute is about: (check all boxes that apply)

- Compensability of the claim** – The insurance carrier denied the claim and is not going to pay income or medical benefits.
- Extent of the compensable injury** – The parties do not agree on what medical conditions were caused by the work-related injury.
- Temporary income benefits** – The insurance carrier does not agree that the work-related injury stops the injured employee from getting or keeping a job that pays what they earned before the injury.
- Supplemental income benefits** – The insurance carrier does not agree that the injured employee should get supplemental income benefits.
- Average weekly wage** – The parties do not agree about the average amount of money the employer paid the injured employee before the work-related injury.
- Maximum medical improvement and impairment rating** – The parties do not agree about whether the injured employee will have any further healing or recovery from the injury and to what percent the work-related injury affects the injured employee's body as a whole.
- Death benefits or burial benefits** – The insurance carrier does not agree that the beneficiary or beneficiaries should be paid death or burial benefits.
- Other** – Please describe.

Part 5: Request to reschedule or cancel a BRC

17. If you want to reschedule a BRC, explain why: (Attach any supporting documents.)

Note: If a BRC was held but you missed it, explain why you missed the BRC and why you did not contact the Texas Department of Insurance, Division of Workers' Compensation (DWC) before missing the BRC.

18. If you want to cancel a scheduled BRC, explain why: (Attach any supporting documents.)

Note: There are strict deadlines for requesting a BRC in some disputes. Requesting to cancel a BRC may be considered a withdrawal of the dispute, which can cause serious legal problems with your case.

Employee's name: Steve Kaminczak

DWC claim number: 25218944



For DWC Use Only

Part 6: Communication with other parties**19. Describe what you have done to resolve the disputed issues. This may include:**

- how and when you contacted the other parties about this request
- what you agreed on and what you still disagree about
- describing your efforts to contact the other parties if you were not able to reach them

If you are requesting to reschedule a BRC, you must contact the other parties and DWC docketing to get an agreed date when everyone is available. The proposed date is:

(Attach more pages and supporting documents if needed.)

Note: Your request may be denied if you do not provide the required information.

20. Certify with your signature:

- I gave a copy of all important information that I have about the disputed issues to the other parties, and I made reasonable efforts to resolve the dispute. (You can learn more about important information, also called pertinent information, in the FAQ below on this form.)
- I sent a copy of this request to the other parties, including the injured employee's attorney or ombudsman (if they have one).

Signature _____

Date

4/02/05

Employee's name: Steve Kaminczak
DWC claim number: 25218944



For DWC Use Only

MACNAUGHTON & SHANAHAN PLLC

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

Meredith MacNaughton

Jennifer Shanahan

Writers Email: jennifer@macshanlaw.com

Steve Kaminczak: Contacted Carrier on 4/1 and 4/10 and no resolution to denial on file.
Please reset BRC.

M 590202 ES/mr



To: **Workers Comp**
Fax Number: **713-218-8579**

From: **Amber Lewis**

NOTES:

CCMSJ

MAR 07 2025

HISD

Confidentiality Notice.

This Fax message (and any attachments) contains information that may be confidential or privileged. The information is intended for the exclusive use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, review, disclosure, copying or action related to this information is strictly prohibited. Inadvertent communication error shall not compromise or waive any privilege or confidentiality. If you have received this communication in error, please immediately notify the sender by telephone or reply e-mail and delete the original message from your system without making copies.

Date and time of transmission: Friday, March 7, 2025 2:04:12 PM
Number of pages including this cover sheet: 19

M 590202
ES/mrc

TO:
Workers Comp
CCMSI
Phone: 713-314-1484
Fax: 713-218-8579

FROM:
Amber Lewis
MEMORIAL HERMANN TMC HOSPITAL
Phone: 713-338-4517
Fax: 713-338-6720

SENT AT 2:04 PM March 7, 2025.

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be considered protected health information and protected by federal and state laws including, but not limited to, the Health Insurance Portability & Accountability Act (HIPAA), Texas Health & Safety Code, and laws protecting the confidentiality of substance use disorder patient records . This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restrictions, sanctions, and/or fines. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Claim#25F30M590202

CCMSI

MAR 07 2025

HISD

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 |
|---|---|---------------------------------------|

Active Insurance as of 3/3/2025**Primary Coverage**

| | | | |
|--|---|---------------------------|--|
| Payor CCMSI | Plan WC CCMSI | Insurance Group | Employer/Plan Group |
| Payor Plan Address PO BOX 802082 | Payor Plan Phone Number DALLAS TX 75380-2082 | Payor Plan Fax Number | Effective Dates 3/2/2025 - None Entered |
| 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 hughes,garrett | Relation Son | Home | Work | Mobile 832-870-0101 |
|------------------------|-----------------|------|------|------------------------|

Other Contacts

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

Documents on File

| | Status | Date Received | Description |
|------------------------------------|--------------|---------------|--|
| Documents for the Patient | | | |
| HIPAA Notice of Privacy | Received | 03/02/25 | |
| Photo ID | Not Received | | |
| 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 | CCMSI | | Hospital Account |
| External Cardiology Imaging | | | RHYTHM STRIP - SCAN |
| External Insurance Card | MAR 07 2025 | | |
| External Living Will | | | Hospital Encounter |
| External Insurance Card | | | |
| External Cardiology Imaging | HISD | | Hospital Encounter |
| External Cardiology Imaging | | | EKG-SCANNED |
| Archived Procedural Result | | | Transthoracic Echocardiogram Complete, w/o Contrast, w Doppler |
| External Insurance Card | | | |
| External Cardiology | | | ECG Pre/Post Op |

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

MAR 02 2025

| | 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 Imaging | | | ECG 12 lead |
| External Radiology and Imaging | | | MRI Lumbar Spine W Wo Contrast |
| External Power of Attorney | | AD 11/13/2024 | |
| External Cardiology Imaging | | | Hospital Encounter |
| External Wound Care | | | Wound 02/22/25 Abrasion Left Knee |
| Image | | | |
| External Insurance Card | | | |
| 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 | | | |
| External Billing | | | Hospital Encounter |
| External Patient Consent | | | Hospital Encounter |
| External Patient Education and Instructions | | | Hospital Encounter |
| External Patient Consent | | | |
| External Patient Education and Instructions | | | Hospital Encounter |
| External Patient Consent | | | Hospital Encounter |
| External Patient Consent | | | Hospital Encounter |
| External Patient Education and Instructions | | | Hospital Encounter |
| External Patient Education and Instructions | | | Hospital Encounter |
| External Procedure | | | Hospital Encounter |
| External Patient Consent | | | Hospital Encounter |
| External Patient Consent | | | Hospital Encounter |
| External Cardiology Imaging | | | Hospital Encounter |
| External Patient | | | Hospital Encounter |

CCMSI

MAR 07 2025

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 | (Deleted) | | US LUE PICC placement |
| Clinical Image | (Deleted) | | US RUE PICC placement |
| DICOM Study | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Study | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Study | | | |
| DICOM Series | | | |
| DICOM Image | | | |
| DICOM Study | (Deleted) | | CCMSI |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Series | (Deleted) | | MAR 07 2025 |
| DICOM Image | (Deleted) | | |
| DICOM Study | (Deleted) | | |
| DICOM Series | (Deleted) | | HISD |
| DICOM Image | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Study | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Study | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Study | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |

Admission Information

Current Information

| Attending Provider | Admitting Provider | Admission Type | Admission Status |
|-------------------------|-----------------------|----------------|---------------------|
| Omar Naji Saab Saab, MD | Benjamin D Mouser, MD | Emergency | Confirmed Admission |

Kaminczak, Steve (MRN 38345229) DOB: 05/28/1974
Admission Information (continued)

Page 5 of 5

| Admission Date/Time | Discharge Date | Hospital Service | Amt/Cert Status |
|-------------------------------|--|---------------------------|-----------------|
| 03/03/25 0055 | | General Medicine | Incomplete |
| Memorial Hermann TMC Hospital | TMC JONES 5 NEUROSCIENCE ACUTE CARE | Room/Bed J5.501/J5.501 | |

Admission

Complaint

Hospital Account

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

Guarantor Account (for Hospital Account #10000616989)

| Name | Relation to Patient | 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)

| Carrier | Precent # |
|--|----------------|
| CCMSI/WC CCMSI | |
| Subscriber | |
| District, Houston Independent School | |
| Group | |
| Address | Phone |
| PO BOX 802082 DALLAS, TX 75380-2082 | |
| Status | Benefits Phone |
| Amt/Cert | |
| CB IP | |

CCMSI

Medical Record Numbers

| | | |
|----------------------|----------|-------------|
| Enterprise Id Number | E1250891 | MAR 07 2025 |
| Mrn | 38345229 | |
| Utmrn | 13294105 | |

HISD

Kaminczak, Steve MRN:38345229 (CSN:10146808331)
(50 y.o. M) (Adm: 09/03/25)

TMC 5J 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.

CCMSI

MAR 07 2025

HISL

Version: InterQual® 2024, Mar. 2024 Release

InterQual® criteria (IQ) is confidential and proprietary information and is being provided to you solely as it pertains to the information requested. IQ may contain advanced clinical knowledge which we recommend you discuss with your physician upon disclosure to you. Use permitted by and subject to license with Optum, Inc. and/or one of its subsidiaries. IQ reflects clinical interpretations and analyses and cannot alone either (a) resolve medical ambiguities of particular situations; or (b) provide the sole basis for definitive decisions. IQ is intended solely for use as screening guidelines with respect to medical appropriateness of healthcare services. All ultimate care decisions are strictly and solely the obligation and responsibility of your health care provider. © 2023 Change Healthcare LLC and/or one of its subsidiaries. All Rights Reserved. CPT® only © 2011-2024 American Medical Association. All Rights Reserved.

Additional Notes

Clinical Findings for Dates: 0303-0304

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 Gtube)

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 |

Payer Communication History

| Ccmci/Wc Ccmci | 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
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 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.

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.

HL

Family History

No family history on file.

H&P Note (continued)**H&P by Bhrugesh Jogeshkumar 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 (l) 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 |

CCMSI

MAR 07 2025

HISD

H&P Note (continued)**H&P by Bhrugesh Jageshkumar 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^[BS:1]

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, 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 CCMSI 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 MAR 07 2025 16:49^[BS:2]

HISD

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 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

HISD

Disposition: Follow hospital course^[BS.1]**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 | |

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:

MAR 07 2025

CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts.

HISD

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

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] Resulted: 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.

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.

CCMSI

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: | 0017 | 0017 | 0017 | 0437 | 0438 | 0801 | 0802 | 0802 |

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 |

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 | 0836-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 1401 |
| 03/07/25 0942 | Creatine Kinase STAT 03/07/25 0941 |
| 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 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

BISD

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

HISD

| | | |
|---------------|--|---------------|
| 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 |

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



M590302
ES/ma

To: **Workers Comp**
Fax Number: **713-218-8579**

From: **Nguyet Anh Bao Tran**

NOTES:

CCMSI

MAR 07 2025

HISD

Confidentiality Notice.

This Fax message (and any attachments) contains information that may be confidential or privileged. The information is intended for the exclusive use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, review, disclosure, copying or action related to this information is strictly prohibited. Inadvertent communication error shall not compromise or waive any privilege or confidentiality. If you have received this communication in error, please immediately notify the sender by telephone or reply e-mail and delete the original message from your system without making copies.

TO:
Workers Comp
CCMSI
Phone: 713-314-1484
Fax: 713-218-8579

FROM:
Nguyet Anh Bao Tran
MEMORIAL HERMANN TMC HOSPITAL
Phone: 713-338-4517
Fax: 713-338-6720

SENT AT 2:49 PM March 7, 2025.

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be considered protected health information and protected by federal and state laws including, but not limited to, the Health Insurance Portability & Accountability Act (HIPAA), Texas Health & Safety Code, and laws protecting the confidentiality of substance use disorder patient records . This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restrictions, sanctions, and/or fines. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

CCMSI

MAR 07 2025

HISD

M 590202 ES/ML

Kaminczak, Steve (MRN 38345229) DOB: 05/28/1974

Page 1 of 5

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 |
|---|---|---------------------------------------|

Active Insurance as of 3/3/2025

Primary Coverage

| | | | |
|---|------------------------------------|--|--|
| Payor PO BOX 802082 | Plan DALLAS TX 75380-2082 | Insurance Group Payor Plan Fax Number | Employer/Plan Group Effective Dates 3/2/2025 - None Entered |
| 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 hughes garrett | Relation Son | Home | Work | Mobile 832-870-0101 |
|------------------------|-----------------|------|------|------------------------|

Other Contacts

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

Documents on File

| | Status | Date Received | Description |
|------------------------------------|--------------|---------------|--|
| Documents for the Patient | | | |
| HIPAA Notice of Privacy | Received | 03/02/25 | MAR 07 2025 |
| Insurance Card | Not Received | | |
| Advance Directives and Living Will | Not Received | | HISD |
| 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, w/o Contrast, w Doppler |
| External Insurance Card | | | |
| External Cardiology | | | ECG Pre/Post Op |

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

| | 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 Billing | | | HISD |
| External Patient Consent | | | Hospital Encounter |
| 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 |

| | 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 | | | CCMSI |
| DICOM Series | | | |
| DICOM Image | | | MAR 07 2025 |
| DICOM Study | (Deleted) | | |
| DICOM Series | (Deleted) | | |
| DICOM Image | (Deleted) | | |
| DICOM Series | (Deleted) | | HISD |
| DICOM Image | (Deleted) | | |
| DICOM Study | (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) |

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 | Noted | |
|--|-----------|----------|-------------|
| * (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 | CCMSI |
| 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 • Facesheet • Concurrent Review - Custom Document | Coding | 3/7/2025 1449 | | Nguyet Anh Bao Tran | 713-218-8579 |
| 2 Attachments • Facesheet | Complete d | 3/7/2025 1404 | - | Amber Lewis | 713-218-8579 |

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: 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] | Collected: 03/04/25 2230 | CCMS! |
| 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

MAR 07 2025

DATE: 3/4/2025 17:09

HISD

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

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

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

Nonacute.

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.

MAR 07 2025

HISD

IMPRESSION:

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 0537 | 03/07/25 0125 | 03/06/25 0159 | 03/05/25 0115 |
|----------------|--|------------------|------------------|------------------|
| 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 ▼ | 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: 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/1.73m 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 | | | |
| | CCMSI MAR 07 2025 HISD | | | |

All Component Based Labs (continued)

| | 03/07/25 0537 | 03/07/25 0125 | 03/06/25 0159 | 03/05/25 0115 |
|--|---|---|---|---|
| | recommended in been extensively recommended in the following validated. Use of populations: the eGFR is not recommended in 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 when the eGFR is for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI. | recommended in the following populations: the eGFR is not recommended in 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 when the eGFR is for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI. | recommended in the following populations: the eGFR is not recommended in 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 when the eGFR is for purposes of drug dosing, the eGFR should be multiplied by the estimated BMI. | recommended in the following populations: the eGFR is not recommended in 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 when the eGFR is 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. | Comment: Adult reference range values reflect the clinical guidelines of the American Diabetes Association. | (CCMS) |
| Hematocrit | 36.7 ✓ | 36.4 ✓ | 38.3 | MAR 07 2025 |
| Hgb | 11.3 ✓ | 11.4 ✓ | 11.9 ✓ | RISO |
| Immature Grans % | 0.3 | 0.2 | 0.2 | |

All Component Based Labs (continued)

| | 03/07/25 0537 | 03/07/25 0125 | 03/06/25 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 ^ | |
| Codium Lvl | 134 ▼ | 132 ▼ | 134 ▼ | |
| WBC | 6.68 | 6.25 | 6.32 | |

MAR 07 2025

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/SD |
|------------------|------------------|------------------|------------------|------------------|------------------|---------------------------|------------------|----------------------|
| 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 | — | — | — | — | — | — | — | — |

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 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|

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 0400 | 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 | Shift | Intake | P.O. | IV Piggyback | Total | Output | MAR 07 2025 | Net |
|----------|-------|--------|------|--------------|-------|--------|-------------|-----|
| Noc | | -- | -- | -- | -- | -- | | |
| 03/05/25 | | | | | | | | |
| 2300 - | | | | | | | | |
| 03/06/25 | | | | | | | | |
| 0659 | | | | | | | | |

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 HICP |

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 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. | C ¹ | | CCMS MAR 07 2025 |
| ItraMADol (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 PREMED |

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 |

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 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:

- 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

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 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: | |

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) (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 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 |

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 CCMST |

MAR 07 2025

HFL

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 Service: Infectious Disease Author Type: Resident
Filed: 3/5/2025 5:16 PM Date of Service: 3/5/2025 12:09 PM 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. Khoury 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. CCMST

Diagnoses:

MAR 07 2025

#MRSA L5/S1 Discitis/osteitis with phlegmon

- s/p 6 weeks with Daptomycin w/ Dr. Khoury and subsequent PO Clinda

HISL

#Prior laminectomy

#Esophageal stricture previously on TPN now with G-tube

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]y^[AV.3] CK monitoring. Patient follows with Dr. Khoury (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. Khoury^[AV.3]

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 cefepime. 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 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.

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

No Known Allergies

CCMSI

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

HISL

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 Aarehi Amel Vera, MD at 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 IV 03/02/25 Anterior Left Forearm (Active)

Number of days: 3

CCMSI

MAR 07 2025

Current antimicrobials:

Clinical notes: Clindamycin

CCMSI

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)

1/11/2024 MRSA

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

| Component | 3 mo ago | Comments | |
|--|---|--|---------------------------|
| Blood culture isolate | 1 Staphylococcus aureus Aerobic only: This organism should be considered Methicillin Resistant. If you have questions, please call the microbiology laboratory at 713-441-0310 and ask for the medical director. | Specimen information Specimen Source: Blood Specimen Site: Arm, left | |
| Blood culture isolate | 1 Staphylococcus coagulase negative Anaerobic only: Organism failed to thrive for identification and susceptibility testing. | | |
| Resulting Agency | HOUSTON METHODIST HOSPITAL | | |
| Susceptibility | | | |
| Organism | Ampicillin | Method | Susceptibility |
| Staphylococcus aureus | Ampicillin | MIC | >8 mg/ml: Resistant |
| Staphylococcus aureus | Cefazolin | MIC | R mg/ml: Resistant |
| Staphylococcus aureus | Cefamandole | MIC | 0.5 mg/ml: Susceptible |
| Staphylococcus aureus | Cleandomycin | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus aureus | Daptomycin | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus aureus | Doxycycline | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus aureus | Gentamicin | MIC | 2 mg/ml: Susceptible |
| Staphylococcus aureus | Methicillin | MIC | <0.1 mg/ml: Susceptible |
| Staphylococcus aureus | Oxacillin | MIC | 2 mg/ml: Resistant |
| Staphylococcus aureus | Rifampin | MIC | <=0.25 mg/ml: Susceptible |
| Staphylococcus aureus | Tilmicosin | MIC | >16 mg/ml: Resistant |
| Staphylococcus aureus | Timethoprim/Sulfamethoxazole | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus aureus | Vancomycin | MIC | 1 mg/ml: Susceptible |
| Specimen Collected: 11/11/24 0448 | | | |
| Performed by: MMH DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE | Last Resulted: 11/13/24 11:15 | | |
| Received From: Houston Methodist | Report Received: 03/02/25 18:30 | | |

Comments
Specimen information
Specimen Source: Blood
Specimen Site: Arm, left

Up View Encounter

1/16/2025 Staph Epi

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

| Component | 2 mo ago | Comments | |
|--|--|--|--------------------------|
| Blood culture isolate | 1 Staphylococcus epidermidis Aer/Amp bottles | Specimen information Specimen Source: Blood Specimen Site: Arm, left | |
| Resulting Agency | HOUSTON METHODIST HOSPITAL | | |
| Susceptibility | | | |
| Organism | Ampicillin | Method | Susceptibility |
| Staphylococcus epidermidis | Ampicillin | MIC | >8 mg/ml: Resistant |
| Staphylococcus epidermidis | Cleandomycin | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus epidermidis | Doxycycline | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus epidermidis | Daptomycin | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus epidermidis | Gentamicin | MIC | 2 mg/ml: Susceptible |
| Staphylococcus epidermidis | Methicillin | MIC | <1 mg/ml: Susceptible |
| Staphylococcus epidermidis | Oxacillin | MIC | >1 mg/ml: Resistant |
| Staphylococcus epidermidis | Tetraacycline | MIC | <=0.5 mg/ml: Susceptible |
| Staphylococcus epidermidis | Vancomycin | MIC | 1 mg/ml: Susceptible |
| Staphylococcus epidermidis | Timethoprim/Sulfamethoxazole | MIC | <=0.5 mg/ml: Susceptible |
| Specimen Collected: 1/16/23 11:00 | | | |
| Performed by: MMH DEPARTMENT OF PATHOLOGY AND GENOMIC MEDICINE | Last Resulted: 01/20/23 10:23 | | |
| Received From: Houston Methodist | Report Received: 03/02/25 18:30 | | |

Up View Encounter

No results found for the last 90 days.

CCMSI

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

Page 4

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)

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.

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

CCMSI

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.

HISQ

Memorial Hermann TMC Kaminczak, Steve
Hospital MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
6411 Fannin Street Adm: 3/3/2025 D/C: --
Houston TX 77030-1599

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]

MAR 07 2025

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

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

ID Diagnosis: MRSA Discitis and Phlegmon

HISO

Please continue the following through 3/16/25:

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 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) 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).^[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)

CCMSI

MAR 07 2025

HISD



Medicine Daily Progress Note

Subjective

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

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 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. PLE 3/5, LLE 5/5

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 |

CCMSI

MAR 07 2025

HISD

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

Kaminczak, Steve
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M
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* |
| CALCIUM | 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, 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 work 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.

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

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone

HISD

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

MAR 07 2025

Hypertension

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 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

CCMSI

#UTHealth Houston
McGovern Medical School

MAR 07 2025

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 ^{OS.1}

Attribution Key

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

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 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 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)



Medicine Daily Progress Note

Subjective

[OS1] s/p PICC line[OS2]

Objective

Last Recorded Vitals

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%[OS1]

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%[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
Back: no CVA tenderness

CCMSI

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

HISD

Lab Results

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 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 /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

| 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 |

CCMS:

MAR 07 2025

HIS:

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 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 opino recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 6 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

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 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

CRP mildly elevated

PT OT evaluation

PT is duloxetine and Gabapentin

MMPR with tylenol tramadol and Oxycodone

- If recommended: Daptomycin 8mg/kg Q24 until 3/16/25, twice weekly, OR if 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

CCMSI

MAR 07 2025

HISC

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 Omar Naji Saab Saab, MD 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 |
| Filed: 3/7/2025 11:51 AM | Date of Service: 3/7/2025 9:00 AM | Assistant |
| Editor: Victoria Arend, PTA (Physical Therapy Assistant) | | Status: Signed |

Treatment Session Note

Patient Name: Steve Kaminczak
MHN: 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.

HISD

Medical Staff Made Aware: Yes

Plan:

PT Plan: Skilled PT

Subjective

RN Niya approved PT. Pt agreeable to tx.

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)

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 Discharge 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

MAR 07 2025

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

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

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)

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^[VA.3]

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

CCMST

MAR 07 2025

Modified Rankin

HISD

Patient Education:

Education Documentation

No documentation found.

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

A13C

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

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)

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

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 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.

MAR 07 2025

ID recommended:

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

HISD

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: —

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

MHOSH 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

Patient Condition at Discharge

Stable

MAR 07 2025

HISU

Disposition

Home with Home Health

Discharge Medications

New

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

Kaminczak, Steve
MRN: 00345229, DOD: 5/20/1974, Legal Oex: M
Adm: 3/3/2025, D/C: —

Discharge Summary by Omar Naji 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 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 (Poxcodone) 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 MC 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 | Comments |
|------------------------------|--------------------|-------------|
| Blood culture, peripheral #1 | Preliminary result | |
| Blood culture, peripheral #2 | Preliminary result | MAR 07 2025 |

HISU

Issues Requiring Follow-Up

Weekly labs

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

HISD

Referred By: [Redacted] **Date:** 03/21/2025 **DWC #:** Unknown

Last Name: Kaminczak **First Name:** Steve

Social Security Number: 458-71-8171 **TDL:** 10190724 TX

DOB: 05/28/1974 **Marital Status:** Divorced

Address: 5740 San Felipe St Apt 627 Houston Texas 77057

City: Houston **State:** TX **Zip:** 77057

County: Harris

Phone Home: 979-436-5969 **Phone Cell:** 979-436-5969

Date of injury: 01/30/2025 **Time of injury:** 09:15 AM **Date reported:** 01/30/2025

First work day missed: 02/07/2025

How did the injury occur:

Foot got caught on floor mat while exiting the doors during a fire drill. I fell on my left side.

Additional details:

In the past, those of us with issues or disabled were warned of fire drills to prepare for the mass exit.

More details:

The injury was 1/31 but the DWI form was filled out (on 3/5/25) However, it states that my foot got caught.

Injured body Part(s):

I already had compression fractures in L3, L4, and L5. A month later I couldn't walk and MRIs shows change.

Returned to work:

I went back on 3/19.

Are you a surgical candidate?

Yes, I needed surgery and choosing not to risks paralysis and more damage. I was told claim denied.

Have you had surgery and if so when?

I was told the surgery had a 3 month recovery and I cannot afford to take 3 months unpaid leave.

Employer Name:

Houston ISD

Supervisor:

William Mader

Address:

11911 Chimney Rock Rd

City:

Houston

State:

TX

Zip:

77035

County:

Harris

Employer Phone number:

713-723-6015

Fax #:

713-726-2165

Have you been terminated by your employer and if so when?

No

Location of injury:

Spine

Hourly rate:

Amount per pay period:

95k / year

Treating Doctor:

In hospital, Dr. Omar Saab

Address:

6431 Fannin St, Suire JJL270L

City:

Houston

State:

TX

Zip:

77030

Phone number:

713-500-7885

Fax number:

713-500-0625

Insurance company:

United Health

Insurance Adj Name:

Third Party Administrator WC Claims

Phone Number:

713-314-1470

Fax number:

713-218-8579

Claim number:

25F30M590202

| | | |
|-----------------|--------------|---------------|
| Address: | City: | State: |
| PO Box 3309 | Bellaire | TX |

Zip:

| |
|-------|
| 77402 |
|-------|

Previous attorney:

| |
|------|
| none |
|------|

| | | |
|------------------|------------|-----------------------------|
| MMI date: | IR: | Weekly Check Amount: |
| mm/dd/yyyy | | |

Have you had any previous WC Claims? If yes, explain:

| |
|----|
| no |
|----|

| | |
|---|-----------------------------------|
| Are you receiving weekly checks NOW? | Are you working right NOW? |
| Yes | Yes |

Have you been released to work NOW?

| |
|-----|
| Yes |
|-----|

Previous Medical Providers

Previous Doctor 1

Doctor Name:

Dr. Julio Rodriguez

Clinic:

Rodriguez Medical Center

Address:

15825 Bellaire Blvd

City:

Houston

State:

TX

Zip:

77083

Phone number:

832-328-1911

Fax number:

(XXX) XXX-XXXX

MacNaughton & Shanahan PLLC
Power of Attorney

This agreement is by and between Steve A. Kaminczak of
Harris County, Texas (hereinafter referred to as "Client") and MacNaughton
& Shanahan PLLC (hereinafter referred to as "Firm"). The Firm has been hired
by Client to represent him/her in his/her Texas Workers' Compensation Claim.
The Client's date of injury is: 1/31/2025.

Client understands that this representation is limited solely to indemnity disputes, extent of injury disputes, and disputes that can be resolved through a benefit review conference or contested case hearing pertaining to the above-stated date of injury. Client understands this contract specifically excludes filing for IROs, appealing treatment denials, and any medical dispute regarding the reasonableness and necessity of medical treatment even though it may be resolved through a Contested Case Hearing. This agreement does not extend to include any other matter or third party claim including but not limited to negligence claims, wrongful termination, FMLA claims, overtime claims, any employment claims, FLSA claims, and/or discrimination claims. This agreement does not cover any dispute that requires invocation of the medical dispute resolution process. While Firm may from time to time assist with the approval of prescriptions, speak with the insurance company and medical professionals regarding treatment authorizations and/or denials, and act in other similar manner, in no way is this to be construed by the Client that the Firm represents him/her or any medical professional in a medical dispute resolution process.

Client understands Firm will bill Client at an hourly rate of \$200.00. Any work performed by legal assistants will be billed at \$65.00 an hour. Client understands that billing will be done in the customary manner of quarter hour increments. Work that takes less than fifteen minutes will be billed at .25, work that takes less than 30 minutes but more than 15 minutes will be billed at .50 (1/2 hour) and so forth. Client understands that Firm will submit billing to the Texas Workers' Compensation Commission at Firm's convenience and at any time the Firm chooses. Client understands he/she will be billed for phone calls, letters, receipt of documentation, and/or other similar work. Client understands that pursuant to Commission rules it must dispute attorney fees approved by the Commission within fifteen days of receipt of such approved attorney fee orders. Client understands that weekly indemnity benefits checks will be reduced by 25% in order to reduce the balance of approved attorney fee orders. If client is not receiving any income benefits, once the checks begin they will be reduced by 25%. In the event of a lump sum payment Client agrees to pay 25% of such lump sum payment to attorney, depending on the amount of approved attorney fees.

Client was referred to Attorneys by Terry Bryant, PLLC "Referring Attorneys" to prosecute Client's cause of action. Referring Attorneys will assume joint responsibility for the prosecution of Client's cause of action with Attorneys. At the conclusion of the case, if a recovery is made on behalf of Client, of the total attorneys fee, (2/3) will be paid to Attorneys and (1/3) will be paid to Referring Attorneys. The referral fee to be paid will not increase the total fee owed to the Client. Client's signature at the end of this agreement indicates his/her understanding and consent to the division of fees and the referral fee which will be paid.

Client and/or Firm may terminate this agreement at any time. Firm's withdrawal must be consistent with the Texas Disciplinary Rules of Professional Conduct. Client agrees that Firm may withdraw from representation of client prior to a benefit review conference, immediately after a benefit review conference, immediately after a Contested Case Hearing, and/or at any time the Firm chooses with no continuing obligation. Client may terminate Firm in any manner it chooses but understands that it is best to terminate Firm in writing. It can do so by mailing or faxing notice of such termination.

Client agrees to keep attorney updated on any new address, telephone numbers, and/or information regarding his/her claim. Performance of this agreement is required in Houston, Harris County. Client understands that Firm has made no promises or representation regarding the successful resolution or outcome of this claim. Client agrees that any changes, amendments, or modifications to the above must be in writing and signed by Meredith MacNaughton or Jennifer Shanahan. This agreement constitutes the sole and only agreement of the parties and it incorporates by reference the Workers' Compensation Questionnaire.

S. Koenig

Client
3/20/25

Date
J. Shanahan

Attorney
3/24/25

Date

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 General Counsel will provide you with information about how to handle a complaint. For more information please call 1-800-932-1900.



March 27, 2025

Macnaughton & Shanahan PLLC
Jennifer Shanahan
2038 Lexington
Houston, Texas 77098

RE: Claimant: STEVE KAMINCZAK
Date of Loss: 01/30/2025
Our File No.: 25F30M590202
Issuing Carrier: CCMSI c/o Houston ISD

Dear Ms. Shanahan

CCMSI is the designated claims administrator for the following employer:

HOUSTON INDEPENDENT SCHOOL DISTRICT

This letter serves to acknowledge your legal representation of the claimant listed above.

Please note that all correspondence related to this matter should be sent to the undersigned. Please note the CCMSI file number on all correspondence.

Sincerely,

A handwritten signature in black ink that reads "Evelyn Sasser".

EVELYN SASSER
CLAIM SPECIALIST
713-713 1471

Cc:

Cannon Cochran Management Services, Inc.

P.O. Box 3309, Bellaire, TX, 77402
8332687800 • 713-268-7800 • Fax: 713-781-1879 • www.ccmsi.com

FRAUD WARNING: Any person who, knowingly and with intent to injure, defraud, or deceive any employer, insurance company, third party administrator, self-insured program, or any other third party, files an insurance claim containing any false or misleading information, which violates an applicable state statute, is guilty of a crime and subject to prosecution.



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)

MR

Employee SSN: XXX-XX-8171

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

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.

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.

