

RECORDS PROVIDED BY GEMINI

Case Information

Branden Moore vs. ABERCROMBIE PIPELINE SERVICES
SSN: 366111170
DOB: 05/12/1990
Case Number: SIF13339678
Claim Number: SIF13339678

Ship To:

Attn: Qualified Med Eval
3435 E Thousand Oaks Blvd #3157
Thousand Oaks CA 91359

Record Information

Request Number: 1552034
Copy Date: 03/06/2025
Record Type(s): Medical

Requested Location

Va Loma Linda Healthcare System
11201 Benton St
Loma Linda CA 92357

Verified Location

VA Loma Linda Healthcare
MedLegal
11201 Benton St
Loma Linda CA 92357



250 Technology Way, Rocklin, CA 95765
877.739.7481 | clientsupport@gemini.legal



Gemini Legal Support, Inc., a professional photocopier organized and existing under the laws of the State of California has reviewed the attached records and attests that said records consist of 99 pages.

Executed on 03/06/2025, at Rocklin, California.

Respectfully,
Gemini Legal Support, Inc.



REC-1552034

Records Subject: Branden Moore

Date of Birth: 05/12/1990

SSN: XXX-XX-1170

GL_SP_431C27_20250206-175-000000287

DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Branden Moore

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

VA Loma Linda Healthcare, Med Legal

(Facility Name)

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

- That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.
- That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility.

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility: _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

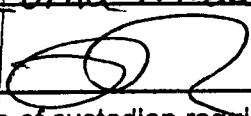
Records were produced in the following manner:

- Records were made available to Gemini and/or its affiliate for copying and/or picking up.
- Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on 2-28-25 at Loma Linda, (city), State of CA

Ronald Pickett

Printed name required


Signature of custodian required

 GEMINI

250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

000002

Gemini Legal Support, Inc.
250 Technology Way
Rocklin, CA 95765

VA Loma Linda Healthcare
11201 BENTON ST
LOMA LINDA, CA 92357

REC-1552034
02/06/2025

YOU DO NOT HAVE TO APPEAR

Request Information

Records Subject:	Branden Moore	AKA:
Date of birth:	05/12/1990	SSN: 366-11-1170
Dates Requested:	05/12/1990 - Present	Records : Medical
Location:	VA Loma Linda Healthcare Med Legal	(see Attachment 3)

How to Comply

Step 1

Provide confirmation you have received this request. To do so, please call 877-739-7481 and choose option 1. Please reference Request Number REC-1552034

Step 2

Refer to the 'Attachment 3' page to confirm which records are needed.

Step 3

Once you have compiled all of the necessary records, please sign and date the 'Declaration of Custodian of Records' page.

Step 4

Once all of the records and the declaration are complete, please upload directly to Gemini's Secure Portal <https://geminiduplication.com/public/records>

Alternatively, you can send records to us via email records@geminiduplication.com
If further assistance is needed, please call us at 877-739-7481

DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Branden Moore

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

VA Loma Linda Healthcare, Med Legal

(Facility Name)

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

- That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.
- That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility: _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

Records were produced in the following manner:

- Records were made available to Gemini and/or its affiliate for copying and/or picking up.
- Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on _____ at _____ (city), State of _____.

Printed name required

Signature of custodian required



250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

000004

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

Branden Moore

Claimant/Applicant,

VS.

**ABERCROMBIE PIPELINE SERVICES/
Subsequent Injuries Fund (SIBTF)**

Employer/insurance Carrier/Defendant.

Case No. **SIF13339678**

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above
case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after
January 1, 1990 and before January 1, 1994, subpoena will
be valid without a case number, but subpoena must be served
on claimant and employer and/or insurance carrier.

See instructions below.*

The People of the State of California Send Greetings to: VA Loma Linda Healthcare

11201 Benton St Loma Linda, CA 92357

Med Legal

We COMMAND YOU to appear before: Gemini Legal Support, Inc.
at 250 Technology Way Rocklin CA 95765

on the 14th day of March, 2025 at 10 o'clock AM to testify in the above-
entitled matter and to bring with you and produce the following described documents, papers, books and records.

-Please see Attachment 3 for a detailed description of requested records-

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 02/06/2025

**WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**



Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE
(SUBPOENA INVALID WITHOUT DECLARATION)**



You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. SIF13339678

STATE OF CALIFORNIA, County of Orange

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That VA Loma Linda Healthcare, Med Legal

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

SAID RECORDS ARE RELEVANT TO THE ALLEGATIONS AND DEFENSES BY THE PARTIES IN THE PROSECUTION OF THIS MATTER, TO PROVIDE AN ACCURATE MEDICAL HISTORY OF THE APPLICANT, TO PROVE AN INJURY AND NOTICE THEREOF, TO PROVIDE THE RIGHT TO COMPENSATION, PERMANENT AND TEMPORARY DISABILITY, MEDICAL TREATMENT, AND ANY POSSIBLE PENALTIES. PURSUANT TO LABOR CODE SECTION 5401 FORM DWC 1 HAS BEEN DULY FILED.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

- That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (*Check box if applicable and part of declaration below. See instructions on front of subpoena.*)

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

Executed on 02/06/2025, at VAN NUYS, California.
KOSZDIN FIELDS VAN NUYS
6151 Van Nuys Blvd
Van Nuys CA 91401 818-781-1503
/s/ Brett T. Sherry, Esq. Signature Address Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Date

Place

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

Executed on _____, at _____, California.

Signature

ATTACHMENT 3

Case Name: vs. ABERCROMBIE PIPELINE SERVICES

Case Number: SIF13339678

Records Subject: Branden Moore

AKA:

Date of Birth: 05/12/1990

Social Security Number: 366-11-1170

Claims #:

Date of Injury: 05/28/2020 -

Employee #:

Records Requested:

Need records from 05/12/1990 - Present

Any and all non-privileged physical, digital and hand-written medical records including records from to present, including but not limited to:

1. Both private and industrial records,
2. Doctors note(s)
3. Treatment and evaluation record(s)
4. Nurses note(s)
5. Inpatient and outpatient record(s)
6. Correspondence, lab result(s), diagnostic test result(s)
7. Requests for authorizations (RFAs)
8. Medical and radiology report(s)
9. Phone logs and Sign in sheet(s)
10. Patient note(s)
11. Patient intake form(s)
12. Patient demographics form(s)
13. Physical therapy record(s)
14. Physical therapy progress note(s)
15. Medical history form(s)
16. Occupational records
17. Emergency room records
18. Work Status Report(s)
19. Telephonic recordings
20. Digital appointment recordings
21. Pharmacy and prescription records

MUST INCLUDE RECORDS FROM Va Loma Linda Healthcare System AT 11201 BENTON ST, LOMA LINDA, CA 92357

Ref #: REC-1552034

000007

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Brett T. Sherry, Esq. KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401 TELEPHONE NO.: 818-781-1503 E-MAIL ADDRESS (Optional): brett@koszdin.com ATTORNEY FOR (Name): Branden Moore		323477	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 1065 N. Link Dr. MAILING ADDRESS: 1065 N. Link Dr. CITY AND ZIP CODE: Anaheim 92806 BRANCH NAME: Workers' Compensation Appeals Board - Anaheim			
PLAINTIFF/ PETITIONER: Branden Moore DEFENDANT/ RESPONDENT: ABERCROMBIE PIPELINE SERVICES/ Subsequent Injuries Fund (SIBTF)		CASE NUMBER: SIF13339678	
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)			

NOTICE TO CONSUMER OR EMPLOYEE**TO (name):** Branden Moore1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Branden MooreSEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*): 03/14/2025The records are described in the subpoena directed to **witness** (*specify name and address of person or entity from whom records are sought*): VA Loma Linda Healthcare MedLegal 11201 Benton St Loma Linda CA 92357 Loma Linda, CA 92357

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
- If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING:** IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 02/06/2025

Brett T. Sherry, Esq.

(TYPE OR PRINT NAME)

► /s/ Brett T. Sherry, Esq.

(SIGNATURE OF REQUESTING PARTY) ATTORNEY**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**1. I object to the production of all of my records specified in the subpoena.2. I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE)

Page 1 of 2

PLAINTIFF/ PETITIONER: Branden Moore
 DEFENDANT/ RESPONDENT: ABERCROMBIE PIPELINE SERVICES/ Subsequent Injuries Fund (SIBTF)

CASE NUMBER:
 SIF13339678

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (*check either a or b*):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: Brett T. Sherry, Esq.	(3) Date of mailing: 02/06/2025
(2) Address: 6151 Van Nuys Blvd Van Nuys CA 91401	(4) Place of mailing (<i>city and state</i>): Rocklin, CA

 (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (*specify*): 250 Technology Way Rocklin CA 95765
- d. My phone number is (*specify*): 877-739-7481

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

Date: 02/06/2025

Karen Ferreira

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Objection to Production of Records* as follows (*complete either a or b*):
 - a. **ON THE REQUESTING PARTY**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. **ON THE WITNESS**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (*specify*):
4. My phone number is (*specify*):

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

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO
RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility)

VA LOMA LINDA HEALTHCARE
11201 BENTON ST
LOMA LINDA CA 92357

LAST NAME- FIRST NAME- MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
Moore, Branden	05/12/1990

PATIENT'S MAILING ADDRESS (including City, State and Zip Code)

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Gemini Legal Support, Inc
250 Technology Way
Rocklin, Ca 95765

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

TREATMENT BENEFITS LEGAL EMPLOYMENT OTHER (Please specify) _____

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

HEALTH SUMMARY (Prior 2 Years)

INPATIENT DISCHARGE SUMMARY (Dates): 5/12/1990 to present

PROGRESS NOTES:

SPECIFIC CLINICS (Name & Date Range): _____

SPECIFIC PROVIDERS (Name & Date Range): _____

DATE RANGE: _____

OPERATIVE/CLINICAL PROCEDURES (Name & Date): 5/12/1990 to present

LAB RESULTS:

SPECIFIC TESTS (Name & Date): _____

DATE RANGE: 5/12/1990 to present

RADIOLOGY REPORTS (Name & Date): 5/12/1990 to present

LIST OF ACTIVE MEDICATIONS: _____

FLU VACCINATION (Dose, Lot Number, Date & Location): _____

OTHER (Describe): _____

LAST NAME- FIRST NAME- MIDDLE NAME Moore, Branden	DATE OF BIRTH (mm/dd/yyyy) 05/12/1990
--	--

SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.

I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.

- DRUG ABUSE ALCOHOLISM OR ALCOHOL ABUSE SICKLE CELL ANEMIA
 HUMAN IMMUNODEFICIENCY VIRUS (HIV)

I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked unless I indicate by checking the box below that I do not want this information released for this specific disclosure.

- I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.

I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

EXPIRATION: Without my express revocation, the authorization will automatically expire (*select one of the following*):

- AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED
 ON (mm/dd/yyyy) _____ (enter a future date other than date signed by patient)
 UNDER THE FOLLOWING CONDITION(S): _____

PATIENT SIGNATURE (Sign in ink) 	DATE (mm/dd/yyyy) 1/16/2025
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)	DATE (mm/dd/yyyy)

PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT
------------------------------------	-------------------------

FOR VA USE ONLY

TYPE AND EXTENT OF MATERIAL RELEASED

DATE RELEASED (mm/dd/yyyy)	RELEASED BY:
----------------------------	--------------

Model Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

The entire form must be completed for the attestation to be valid.

Name of person(s) or specific identification of the class of persons to receive the requested PHI. <i>e.g., name of investigator and/or agency making the request</i> GEMINI LEGAL SUPPORT INC
Name or other specific identification of the person or class of persons from whom you are requesting the use or disclosure. <i>e.g., name of covered entity or business associate that maintains the PHI and/or name of their workforce member who handles requests for PHI</i> VA LOMA LINDA HEALTHCARE
Description of specific PHI requested, including name(s) of individual(s), if practicable, or a description of the class of individuals, whose protected health information you are requesting. <i>e.g., visit summary for [name of individual] on [date]; list of individuals who obtained [name of prescription medication] between [date range]</i> All Medical Records for Branden Moore (DOB: 5/12/1990) from MAY 12, 1990 to present

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

- The purpose of the use or disclosure of protected health information is not to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.
- The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was not lawful under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

Signature of the person requesting the PHI

Karen Ferreira (electronically signed)

Date **2/6/2025**

If you have signed as a representative of the person requesting PHI, provide a description of your authority to act for that person.

Signing as a representative and agent of KOSZDIN FIELDS-Attorney for Branden Moore

This attestation document may be provided in electronic format, and electronically signed by the person requesting protected health information when the electronic signature is valid under applicable Federal and state law.

000012

Case No.: **SIF13339678**

Case Name: **vs. ABERCROMBIE PIPELINE SERVICES**

Notice of Service

I am employed in the county of Placer. I am over the age of eighteen years and not a party to the above entitled action. My business address is 250 Technology Way Rocklin, CA 95765

Documents Served: Subpoena Duces Tecum, Declaration for Subpoena Duces Tecum, Attachment 3

On 02/06/2025, the foregoing documents were prepared for service on each interested party in this action and addressed as follows:

Delivered to	Sent to	Method
Brett T. Sherry, Esq.	KOSZDIN FIELDS VAN NUYS cece@koszdin.com	Email
Subsequent Injuries Fund (SIBTF)	Subsequent Injuries Fund (SIBTF) 1750 HOWE AVE SUITE 370 SACRAMENTO, CA 95825	Mail
od legal	od legal 1515 Clay Street Ste 701 Oakland, CA 94612	Mail

I am familiar with Gemini Legal Support, Inc.'s practice of collection and processing correspondence. Under that practice for mail, it will be delivered, same day, via digital delivery to our vendor Kubra who will deposit it with the U.S. Postal Service on the same day with postage thereon fully prepaid in Gardena, California, in the ordinary course of business.

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

Executed on 02/06/2025, at Rocklin, California.



Karen Ferreira

000013

**DEPARTMENT OF
VETERANS AFFAIRS**

*Loma Linda VA Medical Center
11201 Benton St
Mail Stop: 136-HIMS
LOMA LINDA, CA 92357*

*DATE: 2/28/2025
In Reply Refer To: 136-HIMS*

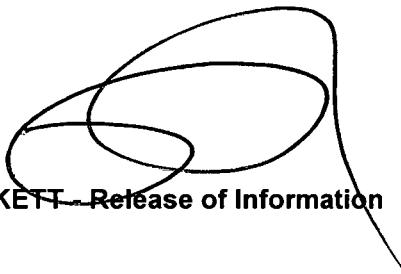
**GEMINI LEGAL SUPPORT
250 TECHNOLOGY WAY
ROCKLIN, CA 95765**

RE: ROI Plus Request for BRANDEN EUGENE MOORE

Dear GEMINI LEGAL SUPPORT:

A determination has been made to disclose the information per your request in full.

Sincerely,


RONALD PICKETT - Release of Information

000014

Patient: MOORE,BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

Requestor: GEMINI LEGAL SUPPORT
250 TECHNOLOGY WAY
ROCKLIN, CA 95765

Current Status: CLOSED - GRANTED

Entered On: Feb 18, 2025

Closed On: Feb 28, 2025

Assigned Clerk: RONALD PICKETT

Request Comments: RECORDS 5/12/1990 TO PRESENT

Released Info:

Medications: ASPIRIN (ENTERIC COATED) TAB,EC (I). Stop Date: May 30, 2020

Medications: ACETAMINOPHEN TAB (I). Stop Date: May 30, 2020

Medications: LACTATED RINGERS 1000 ML (I). Stop Date: May 30, 2020

Medications: LACTATED RINGERS 1000 ML (I). Stop Date: May 30, 2020

Medications: ACETAMINOPHEN TAB (I). Stop Date: May 30, 2020

Medications: LACTATED RINGERS 1000 ML (I). Stop Date: May 29, 2020

Medications: KETOROLAC TROMETHAMENE INJ (I). Stop Date: Mar 20, 2020

Medications: ASPIRIN 81MG EC TAB (O). Stop Date: NO DATE AVAILABLE

Radiology Reports: CT HEAD W/O CONT: Mar 20, 2020

Lab Results: Cumulative: ALL

Discharge Summaries: Discharge Summary: May 30, 2020

Consult Requests: IFC TRAVELING VETERAN COORDINATOR LL(c): Jun 01, 2020

Consult Requests: NUTRITION INPT CONSULT(c): May 29, 2020

Consult Requests: COMMUNITY CARE-EMERGENCY TREATMENT APPROVED(c): May 29, 2020

Progress Notes: POST 911 CASE MANAGEMENT SCREENING: June 01, 2020

Progress Notes: POST 911 CASE MANAGEMENT SCREENING: March 26, 2020

Progress Notes: PHARM/DISCHARGE/INPATIENT PHARMACIST: May 30, 2020

Progress Notes: NURS/TRAVELING VET COORD NOTE: June 02, 2020

Progress Notes: NURS/TRANSFER NOTE: May 30, 2020

Progress Notes: NURS/MICU/RN NOTE: May 30, 2020

Progress Notes: NURS/EMERGENCY DEPT NOTE: June 09, 2020

Progress Notes: NURS/ED/TRIAGE ASSESSMENT: June 09, 2020

Progress Notes: NURS/DISCHARGE: May 30, 2020

Progress Notes: MED/INPT/MEDICINE PROGRESS NOTE: May 30, 2020

Progress Notes: MED/INPT/MEDICINE HISTORY AND PHYSICAL: May 29, 2020

Progress Notes: LIFE-SUSTAINING TREATMENT: May 29, 2020

Progress Notes: INFECTION CONTROL NOTE: May 30, 2020

Progress Notes: ED/PHYSICIAN NOTE: March 20, 2020

Progress Notes: ED/PHYSICIAN NOTE: June 09, 2020

Progress Notes: COVID-19 PROVIDER SCREEN: May 29, 2020

Progress Notes: COVID-19 ANTIGEN POC TESTING NOTE: January 17, 2022

Progress Notes: COMMUNITY CARE COORDINATION PLAN: October 01, 2021

Progress Notes: 24 HOUR INPATIENT RHYTHM STRIPS: May 29, 2020

Progress Notes: + NURS/PLANNER DISCHARGE NOTE: May 31, 2020

Progress Notes: + NURS/MICU/RN NOTE: May 29, 2020

Progress Notes: + NURS/ED/TRIAGE ASSESSMENT: March 20, 2020

Progress Notes: + COVID-19 NURSING ADMISSION SCREENING: May 29, 2020

Progress Notes: + COMMUNITY CARE EMERGENCY TREATMENT: May 29, 2020

Progress Notes: MED/INPT/ATTENDING ADMIT NOTE: May 30, 2020

Medications

Printed On Feb 28, 2025

ASPIRIN (ENTERIC COATED) TAB, EC PO DAILY
81MG

Status: DISCONTINUED
Start date: MAY 29, 2020@19:44
Stop date: MAY 30, 2020@15:10:38

Comments:

ACETAMINOPHEN TAB PO Q6H PRN
500MG

Status: DISCONTINUED
Start date: MAY 30, 2020@08:18
Stop date: MAY 30, 2020@15:10:38

Comments:

For pain/Headache/Temperature > 100.4F **DO NOT TAKE MORE THAN
3000MG OF ACETAMINOPHEN PER DAY**

LACTATED RINGER'S INJ,SOLN IV 500 ml/hr

LACTATED RINGERS 1000 ML

Status: EXPIRED
Start date: MAY 30, 2020@08:28
Stop date: MAY 30, 2020@12:28

Comments:

LACTATED RINGER'S INJ,SOLN IV 250 ml/hr@0

LACTATED RINGERS 1000 ML

Status: DISCONTINUED
Start date: MAY 29, 2020@18:06
Stop date: MAY 30, 2020@08:28:48

Comments:

ACETAMINOPHEN TAB PO Q6H PRN
500MG

Status: DISCONTINUED (EDIT)
Start date: MAY 30, 2020@07:15
Stop date: MAY 30, 2020@08:18:41

Comments:

For mild pain (1-3)/Headache/Temperature > 101.4F **DO NOT TAKE MORE THAN
3000MG OF ACETAMINOPHEN PER DAY**

LACTATED RINGER'S INJ,SOLN IV 150 ml/hr@0

LACTATED RINGERS 1000 ML

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Medications

Printed On Feb 28, 2025

Status: DISCONTINUED
Start date: MAY 29, 2020@16:57
Stop date: MAY 29, 2020@18:06:24

Comments:

KETOROLAC TROMETHAMENE INJ IM ONE-TIME
60MG/2ML

Status: EXPIRED
Start date: MAR 20, 2020@08:56
Stop date: MAR 20, 2020@09:02:49

Comments:

For moderate pain (4-6) **MAX 2 DAYS TOTAL; CAUTION RENAL IMPAIRMENT**
To be administered in the ED.

ASPIRIN 81MG EC TAB DAILY WITH A MEAL
81MG MOUTH DAILY WITH A MEAL

Status: ACTIVE
Start date: MAY 30, 2020
Stop date: MAY 30, 2020

Refills remaining: N/A

Days supply:
Quantity: N/A

Comments:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00001785

Radiology Reports

Printed On Feb 28, 2025

CT HEAD W/O CONT

Exm Date: MAR 20, 2020@07:56

Req Phys: BAHRAMI, SHAHNAM N

Pat Loc: LL/EMER DEPT LOG/0001-0800 (Re

Img Loc: COMPUTERIZED TOMOGRAPHY (CT)

Service: Unknown

LOMA LINDA HCS
LOMA LINDA, CA 92357
909-825-7084

(Case 605-032020-1672 COMPLETE) CT-HEAD W/O CONT

(CT Detailed)

CPT:70450

Reason for Study: Refer to Clinical History

Clinical History:

History/Reason for exam: left-sided ha with blurry vision

BUN - No Labs for this patient
CREAT - No Labs for this patient
eGFR - No Labs for this patient

Defer to Radiologist for final protocol?....: Yes

Report Status: Verified

Date Reported: MAR 20, 2020

Date Verified: MAR 20, 2020

Verifier E-Sig:/ES/Matthew A Grube, MD

Report:

COMPARISON: None available.

TECHNIQUE: Helical CT scan obtained through the head without intravenous contrast. Total radiation DLP is 794 mGy-cm.

FINDINGS:

The brain demonstrates normal morphology with preserved gray-white matter differentiation. The ventricles are normal in size. No intracranial hemorrhage, mass lesion, or extra-axial fluid collection is visible. Incidental note of partially empty sella. The basal cisterns are patent.

Calvarium and imaged facial bones are intact. Paranasal sinuses and mastoid air cells are normally aerated, other than small mucous retention cyst partially visualized in the floor of the left maxillary sinus. Soft tissues are intact.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000018 85

Radiology Reports

Printed On Feb 28, 2025

Impression:

Partially empty sella may be incidental finding, however given history of headache and blurry vision, consider evaluation for idiopathic intracranial hypertension.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:

Matthew A Grube, MD, Radiologist (Verifier)
/MAG

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

000019

Lab Results

Printed On Feb 28, 2025

----- COAG PROFILE -----

PLASMA	INR	FIBRIN O	PT-ACL L	PTT-AC R	D-DIME
Ref range low		170	11.7	24.7	
Ref range high		410	14.4	35.3	
	ratio	MG/DL	sec	sec	ng/mL D-DU

[j] Mar 20, 2020 07:55 0.89 11.9 25.6

j. Heparin therapeutic PTT range for current lot is 82-108 sec.

Evaluation for INR:

ACCURACY OF INR AT LEVELS >5.5 ARE DECREASED.

TARGET INR:

Prophylaxis of deep venous thrombosis 2.0-3.0

In high-risk medical or surgical patients.

Treatment of deep venous thrombosis. 2.0-3.0

Prevention of embolism. 2.0-3.0

Prevention of recurrent embolism, or 3.0-4.5

Patients with mechanical prosthetic

Intravascular valves.

Evaluation for PTT:

THERAPEUTIC RANGE IS 82.0 - 108.0 SECONDS

THERAPEUTIC RANGE Prior to 4/24/18 is 60.0 - 94.0 SECONDS

Ordering Provider: Shahnam N Bahrami

Report Released...: Mar 20, 2020@08:43

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

----- CHEM PROFILE -----

SERUM	Jun 09 2020 05:10	May 30 2020	May 30 2020	May 29 2020 16:50	Reference Units	Ranges
GLUCOSE	98	81	87	96	mg/dL	74 - 118
NA	138	138	138	137	mMol/L	136 - 144
K	4.5	4.4	4.3	4.4	mMol/L	3.6 - 5.1
CL	105	106	109	107	mMol/L	101 - 111
CO2	27.0	26.0	22.0	23.0	mMol/L	22 - 32
BUN	19	9	10	17	mg/dL	8 - 20
CREAT	1.1	0.9	0.9	1.1	mg/dL	.64 - 1.27
URIC AC					mg/dL	4.8 - 8.7
CA	9.1	9.0	8.8 L	8.4 L	mg/dL	8.9 - 10.3
PO4			2.6	2.6	mg/dL	2.5 - 4.6
T-PROT	6.4	5.9 L	5.6 L	6.0 L	gm/dL	6.1 - 7.9
ALBUMIN	3.9	3.6	3.5	3.8	gm/dL	3.5 - 4.8

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Lab Results

Printed On Feb 28, 2025

CHOL					mg/dL	0 - 200
D BILI					mg/dL	.1 - .5
T. BILI	0.4	0.8	0.9	0.7	mg/dL	.2 - 1.2
ALK PHO	100 H	65	62	72	IU/L	32 - 91
LDH					IU/L	98 - 192
CPK	396	3182 H	3411 H	4018 H	IU/L	49 - 397
TRIGLYC					mg/dL	0 - 150
MG			1.90	2.20	mg/dL	1.8 - 2.5
AMY LX					IU/L	28 - 100
LIP LX					U/L	22 - 51
GGT LX					IU/L	7 - 50
CRP(HS)					mg/L	0 - 7.48
eGFR	95	117	118	96	mL/min	Ref: >=60
ALT	57	44	35	35	IU/L	17 - 63
AST	35	86 H	75 H	81 H	IU/L	15 - 41
DIR LDL					mg/dL	0 - 100
AGAP	6.0	6.0	7.0	7.0		3 - 11
Comments:	a	b	c	f		

a. Evaluation for eGFR:

As of 04/04/2022: using 2021 CKD-EPI Creatinine Equation.

From 08/10/21-4/4/2022: using 2012 CKD-EPI Creatinine Equation.

Prior to 08/10/21: using the MDRD Equation.

Ordering Provider: Raymond Scott

Report Released..: Jun 09, 2020@05:45

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

b. Ordering Provider: Brett Schaeffer

Report Released..: May 30, 2020@14:31

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

c. Ordering Provider: Brett Schaeffer

Report Released..: May 30, 2020@06:12

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

f. Ordering Provider: Raymond Scott

Report Released..: May 29, 2020@17:33

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

SERUM

Mar 20
2020

Reference

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00002185

Lab Results

Printed On Feb 28, 2025

	07:55	Units	Ranges
GLUCOSE	91	mg/dL	74 - 118
NA	137	mMol/L	136 - 144
K	4.1	mMol/L	3.6 - 5.1
CL	102	mMol/L	101 - 111
CO2	28.0	mMol/L	22 - 32
BUN	13	mg/dL	8 - 20
CREAT	1.1	mg/dL	.64 - 1.27
URIC AC		mg/dL	4.8 - 8.7
CA	9.4	mg/dL	8.9 - 10.3
PO4	3.3	mg/dL	2.5 - 4.6
T-PROT	7.3	gm/dL	6.1 - 7.9
ALBUMIN	4.6	gm/dL	3.5 - 4.8
CHOL		mg/dL	0 - 200
D BILI		mg/dL	.1 - .5
T. BILI	0.6	mg/dL	.2 - 1.2
ALK PHO	92 H	IU/L	32 - 91
LDH		IU/L	98 - 192
CPK	472 H	IU/L	49 - 397
TRIGLYC		mg/dL	0 - 150
MG	2.20	mg/dL	1.8 - 2.5
AMY LX		IU/L	28 - 100
LIP LX		U/L	22 - 51
GGT LX		IU/L	7 - 50
CRP(HS)		mg/L	0 - 7.48
eGFR	97	mL/min	Ref: >=60
ALT	17	IU/L	17 - 63
AST	23	IU/L	15 - 41
DIR LDL		mg/dL	0 - 100
AGAP	7.0		3 - 11
Comments:	1		
1.	Ordering Provider: Shahnam N Bahrami		
	Report Released...: Mar 20, 2020@08:38		
	Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]		
	11201 BENTON ST 11201 Benton Street LOMA LINDA, CA		
92357-1000			
----- DRUGS -----			
URINE RANDOM	AMPHET BARB BENZO COCAIN OPIATE THC PCP		
Ref range low	Not Detected (Limit of detection = 1000 ng/mL) Not		
Detected (Limit of detection = 200 ng/mL) Not Detected (Limit of detection			
= 200 ng/mL) Not Detected (Limit of detection = 300 ng/mL) Not Detected (Lim			
it of detection = 300 ng/mL) Not Detected (Limit of detection = 50 ng/mL) No			
t Detected (Limit of detection = 25 ng/mL)			
Ref range high			

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Lab Results

Printed On Feb 28, 2025

[h] Mar 20, 2020 08:19 Not Detected Not Detected Not Detected Not Detected Not Detected Not Detected DETECTED Not Detected

h. Evaluation for PCP:

FOR CONFIRMATION TESTING CALL x6022 WITHIN TWO WEEKS OF RESULT. DETECTED RESULTS ARE **UNCONFIRMED** FOR ALL 7 DRUG CLASSES.

Test is done for medical and/or compliance checking ONLY and cannot be used for legal/pre-employment purposes.

AMPHETAMINE: Ephedrine/Pseudoephedrine DO NOT interfere w/Aphetamines

BENZODIAZEPINES: **MAY DETECT** Chlordiazepoxide, Diazepam, Temazepam, Alprazolam, Clonazepam, or Lorazepam.

OPIATES: **WILL DETECT** Codeine, Morphine, Hydrocodone, and Hydromorphone **MAY or MAY NOT DETECT** Oxycodone
 WILL NOT DETECT Fentanyl, Methadone, or Tramadol

URINE CREATININE values of <10 mg/dL may indicate questionable specimen integrity. If adulteration is suspected, submit a new order and urine sample for repeat testing.

Ordering Provider: Shahnam N Bahrami

Report Released..: Mar 20, 2020@08:52

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

----- CBC PROFILE (ABS) -----

BLOOD	May 30	May 29	Mar 20	Reference	
	2020	2020	2020	Units	Ranges
WBC	3.85	L	6.77	BILL/L	4 - 10
RBC	4.6		4.7	TRIL/L	4.4 - 5.7
HGB	12.5	L	12.9	g/dL	13.5 - 17.5
HCT	37.5	L	38.5	%	40 - 53
MCV	82.4		82.1	fL	80 - 100
MCH	27.5	L	27.5	pg	27.6 - 33.3
MCHC	33.3		33.5	g/dL	32 - 35
RDW				%	11.6 - 15
MPV	8.7		8.7	fL	7.8 - 11
PLT	212.0		208.0	BILL/L	150 - 450
LYM (A)	1.37		1.67	BILL/L	.9 - 3
MONO(A)	0.42		0.64	BILL/L	.2 - 1
GRAN (A)	2.03	L	4.42	2.08 L BILL/L	2.5 - 7

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000023

Lab Results

Printed On Feb 28, 2025

EOS (A)	0.02	0.02	0.05	BILL/L	0 - .5
BASO(A)	0.01	0.01	0.03	BILL/L	0 - .1
NEUTRO				BILL/L	2.5 - 7
LYMPHS				BILL/L	.8 - 3.6
MONOS				BILL/L	.2 - 1
EOSINOS				BILL/L	0 - .5
BASOS				BILL/L	0 - .1
METAS				BILL/L	
MYELOS				BILL/L	
PROS				BILL/L	0 - 0
BLASTS				BILL/L	0 - 0
PLT EST					Ref: ADEQ
NORMOCH					
MICROCY					
MACROCY					
POLYCHR					
HYPOCHR					
SPHERCY					
OVALCY					
BURR CE					
SCHISTO					
TOXGRAN					
NRBC				/100WBC	0 - 2
BASOSTI					
TARGET					
TEARDR					
ACANTHO					
NORMOCY					

Comments: d g k

d. Ordering Provider: Brett Schaeffer
Report Released..: May 30, 2020@05:44
Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA
92357-1000

g. Ordering Provider: Raymond Scott
Report Released..: May 29, 2020@17:14
Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA
92357-1000

k. Ordering Provider: Shahnam N Bahrami
Report Released..: Mar 20, 2020@08:33
Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA
92357-1000

----- URINALYSIS PANEL -----

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000024 85

Lab Results

Printed On Feb 28, 2025

URINE RANDOM	Mar 20 2020 08:19	Reference Units	Ranges
COLOR	Yellow		Ref: YELLOW
UROBIL	NEGATIVE	mg/dL	0 - 2
A ACID	40		Ref: NEG
C&SIND	NO		
KETONES	NEGATIVE	mg/dL	Ref: NEG
GLU	NEGATIVE	mg/dL	Ref: NEG
PROTEIN	NEGATIVE	mg/dL	0 - 10
PH	6.00		5 - 8
NITRITE	NEGATIVE		Ref: NEG
WBC ASE	NEGATIVE	Leu/uL	Ref: Negative
WBC/HPF		/HPF	0 - 1
RBC/HPF		/HPF	0 - 6
SQ.EPTH		/LPF	
HYALINE		/LPF	0 - 3
GRANULA		/LPF	0 - 1
UR.BACT		/HPF	
CA++ OX		/HPF	
URIC AC		/HPF	
TRI PHO		/HPF	
FAT BOD		/HPF	Ref: None
GRANCAS		/LPF	Ref: <1
MUCUS		/LPF	
RE.EPTH		/HPF	
YEAST		/HPF	
AMORSED		/HPF	
UA APP	CLEAR		Ref: CLEAR
SP GR	1.025		1.003 - 1.035
BILIRUB	NEGATIVE	mg/dL	Ref: NEG
UR. BLD	NEGATIVE	mg/dL	Ref: NEG
RBC-HPF	1	/HPF	0 - 6
WBC-HPF	1	/HPF	0 - 6
RENAL		/HPF	
UR BACT		/HPF	Ref: None
UR YEAS		/HPF	Ref: None
CA OXAL		/HPF	Ref: None
TRIPHOS		/HPF	Ref: None
URIC CR		/HPF	Ref: None
AMO SED		/HPF	Ref: None
MUCUS	FEW	/HPF	
U-SPERM		/HPF	Ref: None
U-TRICH		/HPF	Ref: None
TREP		/HPF	0 - 2
FAT CAS		/LPF	Ref: <1
WBCT		/LPF	Ref: <1
CYST CR		/HPF	Ref: None

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000025

Lab Results

Printed On Feb 28, 2025

CA CARB /HPF Ref: None
LEUCIN /HPF Ref: None
TYROSIN /HPF Ref: None
RBC CAS /LPF Ref: <1

Comments: i
i. Evaluation for C&SIND:
If YES/POS: C&S will automatically be performed.
IF NO/NEG: C&S does not meet criteria and will NOT be performed.
Criteria for C&S Reflex based on these microscopic results: WBC/hpf= >25
Evaluation for UROBIL:

If tested after 1 hr of voiding, results may be equivocal.

Evaluation-for-A-ACID:

Ascorbic Acid =/>>10 mg/dL may interfere with blood result.

Ascorbic Acid =/>>300 mg/dL may interfere with bilirubin, glucose and nitrite results.

Ordering Provider: Shahnam N Bahrami

Report Released...: Mar 20, 2020@09:04

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

----- CBC PROFILE -----

BLOOD	May 30 2020	May 29 2020	Mar 20 2020	Reference		
			16:50	07:55	Units	Ranges
WBC				K/CMM	5 - 10	
RBC				M/CMM	4.3 - 6.1	
HGB				GM/DL	14 - 17	
HCT				%	42 - 52	
MCV				CMU	80 - 100	
MCH				PG	27 - 33	
MCHC				GM/DL	32 - 36	
RDW				%	11.5 - 14.5	
PLT				K/CMM	150 - 450	
MPV				FL	7.4 - 10.4	
LYMPH %				%	20.5 - 51.1	
MONO %				%	1.7 - 9.3	
GRAN %				%	42.2 - 75.2	
LYM #				K/CMM	.9 - 3	
MONO #				K/CMM	.11 - .59	
GRAN #				K/CMM	2.5 - 7.5	
SEGS				%	53 - 68.2	
BANDS				%	0 - 10	
zLYMPHS				%	22 - 38	

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Lab Results

Printed On Feb 28, 2025

MONOS	%	6.6 - 10.5			
EOSINO	%	1 - 4.3			
BASO	%	.3 - 1.7			
zMETA	%				
zMYELO	%				
PROS	%				
BLASTS	%				
PLT EST		Ref: ADEQ			
NORM					
NORMOCH					
ANISO					
MACRO					
MICROCY					
POLYCHR					
HYP0					
zSPHEROC					
OVALOCY					
BURR C.					
SCHIST					
TOXIC G					
NRBC	/100 WBC	0 - 0			
zBASO ST					
TARGETS					
OTHER	%				
TEARDP					
RDW-SD	42.4	41.7	41.1	fL	35.1 - 43.9
IG#	0.000	0.010	0.000	BILL/L	0 - .031
NRBC #	0.000	0.000	0.000	BILL/L	0 - .012

Comments: d g k
d. Ordering Provider: Brett Schaeffer
Report Released..: May 30, 2020@05:44
Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

g. Ordering Provider: Raymond Scott
Report Released..: May 29, 2020@17:14
Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

k. Ordering Provider: Shahnam N Bahrami
Report Released..: Mar 20, 2020@08:33
Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000

----- 2019 NOVEL CORONAVIRUS TESTING-NP/OP -----

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00002785

Lab Results

Printed On Feb 28, 2025

NASOPHARYNX

COVID-19

COVID-19 (CEPH) COVID-19 (PHRL)
)

Ref range low

Not Detected

Ref range high

[e] May 29, 2020 17:30

Not Detected

e. Ordering Provider: Raymond Scott

Report Released...: May 29, 2020@19:46

Performing Lab...: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA

92357-1000-

---- MISCELLANEOUS TESTS ----

DATE	TIME	SPECIMEN	TEST	VALUE
Ref ranges				
Jan 17, 2022@09:24		NARES	COVID-19 Ag (Binax):	Not Detected
Ref: Not Detected				
Nasal swab specimen collected and test was performed using the point of care				
Abbott Binax Now.				
COVID-19 Diagnostic Antigen Testing				
Quality Control: Valid				
Patient result: Negative				
Sample collected and sent to lab.				
Test Kit Lot Number: Lot# 163449 Exp: 10/11/2022				
Test not administered by author				
Administering Staff: J. Hernandez				

Testing performed on Abbott BinaxNOW (605) under FDA Emergency Use Authorization (EUA).

A positive result indicates the presence SARS-CoV-2 nucleocapsid protein, and likely represents SARS-CoV-2 infection in patients with symptoms.

A negative result does not completely rule out the possibility of COVID-19.

Symptomatic patients with negative BinaxNOW results should have SARS-CoV-2 RT-PCR testing to rule out infection.

NOTE: These results must be accompanied with following Fact Sheets for:

Health Care Providers: <https://www.fda.gov/media/142435/download>

Patients: <https://www.fda.gov/media/142436/download>

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Lab Results

Printed On Feb 28, 2025

Ordering Provider: Isailia Cruz-Gravell
Report Released...: Jan 25, 2022@05:41
Performing Lab....: LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

May 29, 2020@16:55 NARES MRSA PCR: Negative

Ref: NEGATIVE

Evaluation for MRSA PCR:

POSITIVE: MRSA DNA detected, MRSA nasal colonization

NEGATIVE: No MRSA DNA detected, MRSA nasal colonization unlikely

UNRESOLVED: Unresolved-inhibitory specimen. Please Repeat.

Ordering Provider: Raymond Scott

Report Released...: May 30, 2020@09:09

Performing Lab....: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

Mar 20, 2020@08:19 URINE RANDOM CREATININE, URINE: 253.4 mg/dL

Ordering Provider: Shahnam N Bahrami

Report Released...: Mar 20, 2020@08:52

Performing Lab....: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

Mar 20, 2020@08:19 URINE RANDOM SQUAMOUS EPITHELIAL CELLS:FEW /LPF
0 - 5

Ordering Provider: Shahnam N Bahrami

Report Released...: Mar 20, 2020@09:04

Performing Lab....: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

Mar 20, 2020@07:55 SERUM TnL-UL: <0.04 L ng/mL

0.04 - 0.90

Evaluation for TnL-UL:

Normal (cardiac damage unlikely) <0.04 ng/mL

Indeterminate 0.05 - 0.10 ng/mL

Risk stratification 0.11 - 0.89 ng/mL

Acute MI >/= 0.9 ng/mL

Ordering Provider: Shahnam N Bahrami

Report Released...: Mar 20, 2020@08:51

Performing Lab....: LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000029

Lab Results

Printed On Feb 28, 2025

=====

----- MICROBIOLOGY -----

Accession [UID]: MI 20 4613 [1220004613] Received: May 29, 2020@20:16
Collection sample: RECTAL SWAB Collection date: May 29, 2020 16:55
Site/Specimen: RECTUM
Provider: SCOTT, RAYMOND

* BACTERIOLOGY FINAL REPORT => May 31, 2020 08:36 TECH CODE: 406872
Bacteriology Remark(s):
NO ACINETOBACTER-SP. ISOLATED-----

=====

Performing Laboratory:

Bacteriology Report Performed By:
LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

=====

----- MICROBIOLOGY -----

Accession [UID]: MI 20 4612 [1220004612] Received: May 29, 2020@20:16
Collection sample: THROAT Collection date: May 29, 2020 16:55
Provider: SCOTT, RAYMOND

* BACTERIOLOGY FINAL REPORT => May 31, 2020 08:36 TECH CODE: 406872
Bacteriology Remark(s):
NO ACINETOBACTER SP. ISOLATED-----

=====

Performing Laboratory:

Bacteriology Report Performed By:
LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

=====

----- BLOOD BANK -----

No ABO/Rh results.

=====

ANTIBODIES IDENTIFIED:

No Antibody results.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Lab Results

Printed On Feb 28, 2025

TRANSFUSION REQUIREMENTS

No Transfusion Requirements.

TRANSFUSION REACTIONS:

No Transfusion Reactions.

AVAILABLE/ISSUED UNITS:

No Available/Issued Units.

DIAGNOSTIC TESTS

No results.

COMPONENT REQUESTS:

No Component Requests.

TRANSFUSED UNITS

No Transfused Units.

*** [LEGACY VISTA BLOOD BANK REPORT] ***

The following historical information comes from the Legacy VISTA Blood Bank System

It represents data collected prior to the installation of VBECS. Some of the information

in this report may have been duplicated in the VBECS report above (if available).

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00003185

Discharge Summaries

Printed On Feb 28, 2025

LOCAL TITLE: Discharge Summary
ADMIN DATE: MAY 29, 2020
STANDARD TITLE: DISCHARGE SUMMARY
DICT DATE: JUN 01, 2020@11:53
DICTATED BY: SCOTT, RAYMOND
URGENCY: routine

DISCH. DATE: MAY 30, 2020
ENTRY DATE: JUN 01, 2020@11:53:42
ATTENDING: GOWDA, PRASHANTH
STATUS: COMPLETED

PATIENT INFORMATION

Age: 30 Gender: MALE
Race: NOT HISPANIC OR LATINO
Service Connection: SERVICE CONNECTED 50% to 100%

Patient-Service Connection: 90SERVICE CONNECTED-50%-to-100%
Outpatient Primary Care Provider:

INPATIENT INFORMATION

Date of Admission: May 29, 2020
Date of Discharge: May 30, 2020

DISCHARGE TO:

HOME - Discharge medications list see PHARM/DISCHARGE/INPATIENT PHARMACIST
ATTENDING PHYSICIAN Name: Gowda, Prashanth

PRINCIPAL DIAGNOSIS:

Acute rhabdomyolysis with abnormal LFTs due to exertional heat injury

SECONDARY DIAGNOSIS:

1. AKI present on admission to OSH, resolved prior to transfer
2. Presyncope due to exertional heat illness
3. History of WPW s/p ablation 4/14/2014

HOSPITAL COURSE:

Branden Eugene Moore is a 30-year-old male with history of WPW syndrome s/p ablation (Dr. Hassankhani 4/14/2014), remote history of stroke-like symptoms, and multiple episodes of presyncope who was admitted to San Gorgonio Hospital 5/28/20 19:18 for rhabdomyolysis and AKI.

At OSH ED, VS were T 96.3, 116/74, HR 72, RR19, with 98% O2 on room air. Labs showed CK 1160, Na 137, K 3.0, Cl 100, CO2 20, BUN/Cr 28/2.8, Albumin 5.6, Ca 10.3 (corrected 9.0), Hgb 16.9, WBC 13.1, Plt 260. UDS was negative and UA showed positive nitrite otherwise unremarkable. Troponin negative. CT head was completed, no acute abnormality noted. CXR also normal. Patient admitted to hospitalist service for AKI, rhabdo, presyncope. He was given IV Ceftriaxone x1 and D5 1/2NS at 200 mL/hr which was eventually changed to NS at 250 mL/hr. He had interval resolution of AKI, however CK continued to trend upward despite IVF (2574 on day of transfer). Patient transferred to VA Loma Linda for further care.

After transfer to VA Loma Linda, patient continued on IVF at 250-500 cc/hr with

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Discharge Summaries

Printed On Feb 28, 2025

interval improvement in renal function, CK (peak 4018, downtrending at the time of discharge), and muscle pain. Of note, patient did have mild elevation in AST at the time of discharge. Discussed with patient, plan made to follow-up with PCP soon after discharge with repeat labs drawn prior.

INVASIVE PROCEDURES AND TESTS:

No procedures were performed.

ADMISSION: Not Planned Admission (Not Scheduled)

*** Please indicate if any of the following conditions were previously diagnosed, are actively being treated and are present on admission ***

Were any of the below conditions present on admission?

[] Pneumonia

[] CNS complications

[] Decubitus ulcer

[] GI Bleed

[] Sepsis

[] VTE

[] Wound infection

[X] None of the above known conditions were previously diagnosed, actively being treated and present on admission

DISCHARGE STATUS: Regular

Patient's condition on discharge: Improving

Patient's prognosis: Recovery is expected

Prognosis information: Patient informed

AMBULATION: Fully Ambulatory

DIET: Healthy Diet (low fat, low cholesterol, low sodium and high fiber)
Other Please Specify:

PENDING TEST RESULTS:

PENDING APPOINTMENTS:

No Future Appointments Scheduled

No Future Appointment

Recall Appointment: Patient has no future recall dates.

Additional Information:

Follow Up Needed:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000033

Discharge Summaries

Printed On Feb 28, 2025

DISCHARGE DAY PATIENT MANAGEMENT:
> 30 minutes

/es/ RAYMOND SCOTT, MD
RESIDENT PHYSICIAN
Signed: 06/01/2020 12:02

/es/ PRASHANTH G. GOWDA, MD, MS, FACP
HOSPITALIST
Cosigned: 06/08/2020 14:56

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

000034 85

Consult Requests

Printed On Feb 28, 2025

Current Pat. Status: Outpatient
UCID: 664_5240545
Primary Eligibility: SERVICE CONNECTED 50% to 100% (VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 90%
Rated Disabilities: ANXIETY DISORDER (70%)
VENTRICULAR ARRHYTHMIAS (SUSTAINED) (30%)
LIMITED MOTION OF ARM (20%)
LIMITED FLEXION OF KNEE (10%)
TINNITUS (10%)
LIMITED FLEXION OF KNEE (10%)

Order Information

To Service: IFC TRAVELING VETERAN COORDINATOR LL
From Service:
Requesting Provider:
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date: Jun 01, 2020
DST ID:
Orderable Item:
Consult: Consult Request
Provisional Diagnosis: Counseling, unspecified(ICD-10-CM Z71.9)
Reason For Request:
Permanent Move: Choose for Veteran that is moving away from your local VA Medical Center/Health Care System and wishes to establish care at another VA.
PLEASE NOTE SENDING FACILITY PROVIDER WILL BE RESPONSIBLE FOR CARE UNTIL VETERAN IS ESTABLISHED WITH RECEIVING FACILITY.

*Referring Provider responsible for Order Follow-up and Care:
John Bas or surrogate (Dr. Ali Parand until end of June)

*Referring Provider preferred method of contact (i.e. phone, pager, extension, email, lync, etc):
Desk: 619-400-5140

Patient's Destination Address:
292 FINNHORSE ST
HEMET, CA 92545

Patient's Preferred Contact Phone:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00003585

Consult Requests

Printed On Feb 28, 2025

313-720-5458

Approximate Date of Departure: ****Jan 1, 2020***** 6 months ago

Patient's desired VA Facility/CBOC nearest to Destination (if known):
Loma Linda VA

Primary Care appointment requested.

Additional Information for new provider (Optional): Veteran recently admitted

to Loma Linda-VA- discharged 5/30. Dx-Acute kidney injury (AKI) secondary to dehydration, volume loss, also resulting in rhabdomyolysis. Timely repeat labs and establish with PCP needed ASAP.

Inter-facility Information

Remote Facility: SAN DIEGO HCS

Ordering Provider: BAS, JOHN P

Remote Consult # 5240545

Role: Consulting facility

Status: COMPLETE

Last Action: COMPLETE/UPDATE

Significant Findings: Unknown

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
SAN DIEGO HCS INITIAL REMOTE REQUEST M	06/01/20 14:58 PDT	BAS, JOHN P	CATRELL, CYNTHIA
	(entered) 06/02/20 08:34		
SAN DIEGO HCS RECEIVED Received	06/02/20 08:32 PDT	ROXAS, CRISTIE	ROXAS, CRISTIE
SAN DIEGO HCS FWD TO REMOTE SERVICE Previous remote service name: TRAVELING VETERAN COORDINATOR (TVC)	06/02/20 08:34 PDT	ROXAS, CRISTIE	ROXAS, CRISTIE
Forwarded the consult to TVC Loma Linda for coordination of care. Thanks!			
COMPLETE/UPDATE DY Received.	06/02/20 12:08	COMENDADOR, MELODY	COMENDADOR, MELO

Contacted the Veteran and informed him the processess/establishing care with a new PACT PCP and provided him the VA ACC Intake Scheduling dept 909.825.7084 x7440, x7442 for new PCP appointment and x5085 for all

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000036 85

Consult Requests

Printed On Feb 28, 2025

general issues/inquiry.
Veteran agreed and verbalized understanding of the process.

Note: TIME ZONE is local if not indicated

Inter-facility Results: No results available for this consult request.
Significant Findings: Unknown

No local TIU results or Medicine results available for this consult

===== END =====

Current Pat. Status: Outpatient
UCID: 605_5032962
Primary Eligibility: SERVICE CONNECTED 50% to 100% (VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 90%
Rated Disabilities: ANXIETY DISORDER (70%)
VENTRICULAR ARRHYTHMIAS (SUSTAINED) (30%)
LIMITED MOTION OF ARM (20%)
LIMITED FLEXION OF KNEE (10%)
TINNITUS (10%)
LIMITED FLEXION OF KNEE (10%)

Order Information
To Service: NUTRITION INPT CONSULT
From Service: ZZ 4MICU
Requesting Provider: SCOTT, RAYMOND
Service is to be rendered on an INPATIENT basis
Place: Bedside
Urgency: Routine
Clinically Ind. Date: May 29, 2020

DST ID:
Orderable Item: NUTRITION INPT CONSULT
Consult: Consult Request

Reason For Request:
ROUTINE CONSULT (< 48 hours)
(For all consults that can be completed in more than 24 hours)
30 year-old-MALE requires nutritional consult regarding:

Other:diet preferences

FOR DISCHARGE ORAL SUPPLEMENT REQUESTS

Patients receiving an oral supplement in house during acute illness

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00003785

Consult Requests

Printed On Feb 28, 2025

may not be appropriate for a supplement upon discharge. Inpatient Dietitians promote a food first policy upon discharge with additional interventions implemented based on the Dietitian's clinical judgement. Please place a "Nutrition Outpt Oral Supplement" consult if an evaluation for an oral nutrition supplement by an outpatient Dietitian is needed.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE

Last Action: COMPLETE/UPDATE

Significant Findings: Unknown

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	05/29/20 17:17	SCOTT, RAYMOND	NEWLIN, ERIC
PRINTED TO LOM1C37\$PRT	05/29/20 17:17		

COMPLETE/UPDATE 05/30/20 07:42 OLSON, KRISTIN L OLSON, KRISTIN L
Please note that "food preferences" is not an appropriate reason for Nutrition Consult. If patient has particular food preferences/likes/dislikes, please place additional order (AO) in CPRS Diet Orders with details or call ext 2015 to relay information on food preferences.

Thank you.

Note: TIME ZONE is local if not indicated

Significant Findings: Unknown

No local TIU results or Medicine results available for this consult

===== END =====

Current Pat. Status: Outpatient
UCID: 605_5032283
Primary Eligibility: SERVICE CONNECTED 50% to 100% (VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities

SC Percent: 90%

Rated Disabilities: ANXIETY DISORDER (70%)
VENTRICULAR ARRHYTHMIAS (SUSTAINED) (30%)
LIMITED MOTION OF ARM (20%)
LIMITED FLEXION OF KNEE (10%)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Consult Requests

Printed On Feb 28, 2025

TINNITUS (10%)
LIMITED FLEXION OF KNEE (10%)

Order Information

To Service: COMMUNITY CARE-EMERGENCY TREATMENT APPROVED
Attention: BUENAVENTURA, REMELSA
From Service: TRANSFER CENTER REFERRALS
Requesting Provider: CRISSMAN, MICHAEL D
Service is to be rendered on an INPATIENT basis
Place: Bedside
Urgency: Routine
Clinically Ind. Date: May 29, 2020
DST ID:
Orderable Item: COMMUNITY CARE-EMERGENCY TREATMENT APPROVED
Consult: Consult Request
Provisional Diagnosis: Heat Syncope, Sequela(ICD-10-CM T67.1XXS)
Reason For Request:
Justification for Community Care:
Other: Veteran self-referred

Type of Service: Evaluation and Treatment

Chief Complaint: dizzy, syncopal

Patient History / Clinical Findings / Diagnosis (Co-Morbidities):

ECG, US of heart, may need EPS

Third Party Liability:

No

Hospital notification date: May 29, 2020

Community Care Hospital name/address/telephone: SG Pass banning

Date/Time presented to the Community Facility: May 29, 2020@01:00

Disposition: Admitted: May 29, 2020

VA Health Care Eligibility with Determination: Approved for 38 U.S.C 1703 payment authority as Veteran meets administrative and clinical eligibility criteria

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

000039

Consult Requests

Printed On Feb 28, 2025

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE
Significant Findings: Unknown

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
-------------------	----------------	--------------------	------------

CPRS RELEASED ORDER	05/29/20 08:39	CRISSMAN, MICHAEL	CRISSMAN, MICHAEL
L			
-ADDED COMMENT	05/29/20 08:40	CRISSMAN, MICHAEL	CRISSMAN, MICHAEL
L			

SEOC - VHA Office of Community Care-----

VHA Office of Community Care - Standardized Episode of Care
ER VISIT/URGENT CARE - Emergency Care

SEOC ID: EUC_EMERGENCY CARE_1.1.2_PRCT

Description: Description: This authorization covers services associated with all medical care listed below for the referred condition and specified referral date on the consult. Duration of this care on the SEOC is based on the dates listed on the referral.

Duration: 30 days

Procedural Overview

1. Emergency evaluation and treatment for the referred condition and specified referral date indicated on the consult.
2. Inpatient or Observation admission if medically indicated
** VA notification within 72 hours to Facility Community Care Office who initiated the referral is required

*Please visit the VHA Storefront

www.va.gov/COMMUNITYCARE/providers/index.asp for additional resources and requirements pertaining to the following

- * Pharmacy prescribing requirements
- * Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements
- * Precertification (PRCT) process requirements
- * Request for Services (RFS) requirements

SEO-----

CAT-SEOC CoC: ER VISIT/URGENT CARE

SEV-Community Care Eligibility: Service Not Available

CAP-Community Care Approved, Program:

Authorized/Pre-authorized Referral - 1703

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Consult Requests

Printed On Feb 28, 2025

ADDED COMMENT 05/29/20 16:19 BUENAVENTURA, REME BUENAVENTURA, RE
ME transferred to LLVA 5/29/20

RECEIVED 06/01/20 16:20 HAYNES, SHADEA R HAYNES, SHADEA R
DU-Documents uploaded to TPA Portal.
COT-Community Care Appointment has occurred:
Per Provider, awaiting records.
R1-First attempt to get records from community care.
TW Auth #: 0012146880
Episode of care Approval letter sent
Pending D/C

ADDED COMMENT 06/05/20 15:26 PENIGO, DEVIN NICO PENIGO, DEVIN NI
CO
ED treated and released 05/29/20

COMPLETE/UPDATE 06/05/20 15:26 PENIGO, DEVIN NICO PENIGO, DEVIN NI
CO
ACN-Administratively closed without records.

It has been confirmed that the veteran received care for initial visit. At least one attempt has been made to obtain records without response from provider. This consult is being administratively closed.

Note: TIME ZONE is local if not indicated

Significant Findings: Unknown

No local TIU results or Medicine results available for this consult

===== END =====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00004185

Progress Notes

Printed On Feb 28, 2025

LOCAL TITLE: COVID-19 ANTIGEN POC TESTING NOTE
STANDARD TITLE: INFECTIOUS DISEASE NOTE
DATE OF NOTE: JAN 17, 2022@09:24 ENTRY DATE: JAN 17, 2022@09:24:14
AUTHOR: CRUZ-GRAVELL, ISAILI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Nasal swab specimen collected and test was performed using the point of care Abbott Binax Now.

COVID-19 Diagnostic Antigen Testing

Quality Control: Valid

Patient result: Negative

Sample collected and sent to lab.

Test Kit-Lot Number: Lot# 163449 Exp: 10/11/2022

Test not administered by author

Administering Staff: J. Hernandez

/es/ ISAILIA CRUZ-GRAVELL

STAFF NURSE

Signed: 01/17/2022 09:28

LOCAL TITLE: COMMUNITY CARE COORDINATION PLAN
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: OCT 01, 2021@07:16 ENTRY DATE: OCT 01, 2021@07:16:28
AUTHOR: GYSLER, HEIDI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PLEASE ADD THE FOLLOWING TRANSFER CENTER STAFF AS ADDITIONAL SIGNERS:

1. Crissman, Michael D
 2. McEntee, James
 3. Gysler, Heidi
- *****

Veteran self-presented to community emergency facility

Emergency Notification Intake

Date Presenting to the Facility: Sep 30, 2021

Community Care Hospital Name:

Hospital: Loma Linda Murrieta

Address:

City: Murrieta

State: California

Zip Code:

Phone :

Chief complaint: headache

Primary Diagnosis:

Patient Admitted? Unknown

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000042
Page 2 of 85

Progress Notes

Printed On Feb 28, 2025

M-202109301823000348 Loma Linda-California VAMC (605) 09/30/2021 09/30/2021
MOORE BRANDON 366111170 5/12/1990 LOMA LINDA UNIVERSITY MEDICAL CENTER, MURRIETA

CA 28062 Baxter Rd Murrieta California Unknown HEADACHE POM Review JACKIE
951-290-4684 951-290-4063 Foster, Brandon B. (Signature Choice) 9/30/2021
9/30/21 - BFOSTER - POM REVIEW - VET STILL IN THE ER

/es/ HEIDI GYSLER, LVN
STAFF NURSE
Signed: 10/01/2021 07:17

LOCAL TITLE: NURS/EMERGENCY DEPT NOTE

STANDARD TITLE: EMERGENCY DEPT NOTE

DATE OF NOTE: JUN 09, 2020@05:17 ENTRY DATE: JUN 09, 2020@05:17:26

AUTHOR: ZULUETA, ANDRELIN P EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Patient presents to the Emergency Department complains of:
left forearm pain

VITAL SIGNS:

Height:

Weight:

Temperature: 97.7 F [36.5 C] (06/09/2020 05:01)

Pulse: 68 (06/09/2020 05:01)

Respiration: 16 (06/09/2020 05:01)

Blood Pressure: 124/77 (06/09/2020 05:01)

Pain: 0 (06/09/2020 05:01)

Pulse Ox: 6/9/20 @ 0459 PULSE OXIMETRY: 99

No ECG obtained

Yes Patient information given by patient

No Family Member S/O present

No Homeless

Communicable Disease Screening

Does the patient present with or report having a recent history of 3 or more loose stools within the past 24 hours?

No

Does the patient present with or report having a fever and respiratory symptoms (cough, runny nose) and it is currently October-March)?

No

Does the patient present with or report having fever and another symptom concerning for TB (cough, bloody sputum, night sweats or unintentional weight loss) and chest x-ray shows a cavitary lesion or infiltrate?

No

Does the patient present with or report having a fever and maculopapular rash and respiratory symptoms (cough, runny nose)?

No

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00004385

Progress Notes

Printed On Feb 28, 2025

Does the patient present with or report having a fever and headache or stiff/sore neck?

No

Does the patient present with a diffuse vesicular rash (cannot be covered with a single dressing)?

No

Is the patient coming from an outside facility (including our CLC) or do they have a Resistant Organism Alert in CPRS?

No

Does the patient complain of itching with or without visible rash and is at risk for lice and/or scabies (history of exposure, homeless, SNF)?

No

-- Are there signs of pests on the patient's clothing and/or belongings?

No

Has the patient traveled outside of the United States within the past 30 days (Asia, Africa, Middle East, Central/South America, Europe)?

No

Was the provider notified of any "Yes" answers to the communicable disease screening?

N/A

0510 Patient was recently D/Ced from CCU. he c/o left forearm pain on the venipuncture site. noted no swelling on the area nor bruising but patient reports tenderness on the site. he was assessed by Dr Jacobs and had received verbal instruction on how to care for it using heat packs.

he requested to have his blood drawn for follow up CPK values that was ordered previously. it was then drawn and sent to lab. patient was discharged by MD in no acute distress.

/es/ ANDRELIN ZULUETA, RN

STAFF NURSE

Signed: 06/09/2020 05:20

LOCAL TITLE: NURS/ED/TRIAGE ASSESSMENT

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: JUN 09, 2020@04:59

ENTRY DATE: JUN 09, 2020@04:59:33

AUTHOR: ROBINSON, ALICIA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Emergency Department/Urgent Care Center Triage

Patient age: 30 Sex: MALE

On arrival patient was: AMBULATORY

Patient phone number: PATIENT PHONE

Allergies: Patient has answered NKA

Subjective/Chief Complaint:

Pt c/o inflammed vein in left FA after having IV for hospitalization

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000044 85

Progress Notes

Printed On Feb 28, 2025

Objective:

A/Ox4 male GCS 15, ambulatory, speaking in complete sentences, VSS. L FA with hardened vein. No redness or infection noted.

The patient is not a fall risk.

Vital Signs *

Temperature

97.7 F (36.5 C)

Pulse

68

Respirations

16

Blood Pressure

124/77

Pain scale recorded:

0

Pulse Oximetry 100 Room Air

Emergency Severity Index (ESI) level

Level 4

Current Medications:

Active and Recently Expired Inpatient and Outpatient Medications (excluding Supplies):

	Active Non-VA Medications	Start Date	Refills	Expiration
1)	Non-VA ASPIRIN 81MG EC TAB Sig: 81MG MOUTH DAILY WITH A MEAL	ACTIVE		

Current Problems: ACTIVE PROBLEMS

Coronavirus Disease 2019 (COVID-19) Screen

The patient reports that they have not been diagnosed with COVID-19.

The patient reports that they are not waiting for the results of a COVID-19 lab test.

The patient reports that they do not have a fever.

The patient reports that they do not have a new or worsening cough or shortness of breath.

The patient reports they do not have any cold or flu-like symptoms.

The patient reports they do not have any new onset of diarrhea.

Result:

Screen is negative.

Suicide Screen:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00004585

Progress Notes

Printed On Feb 28, 2025

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

Gynecological Assessment:

Has anyone been hurting you physically or emotionally? No

Do you suspect that this patient may be a perpetrator or victim of abuse? No

Is the patient homeless?

No

SEPSIS SCREENING TOOL

No risk factors identified - Negative Screen

Negative Screen:

- No signs, symptoms or risk factors identified and no qualifying SIRS or organ dysfunction present

Dispo to: ER

/es/ ALICIA ROBINSON, RN, BSN

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000046 85

Progress Notes

Printed On Feb 28, 2025

STAFF NURSE

Signed: 06/09/2020 05:02

LOCAL TITLE: ED/PHYSICIAN NOTE

STANDARD TITLE: EMERGENCY DEPT NOTE

DATE OF NOTE: JUN 09, 2020@05:23 ENTRY DATE: JUN 09, 2020@05:23:10

AUTHOR: JACOBS, MICHAEL

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

presents with c/o left forearm phlebitis

30 y/o recently discharged from ICU for severe Rhabdo. He noted "hardening of vein" in left forearm and came for evaluation. NO fever or chills. no SOB or chest pain.

PMHx:

No Active Problems on record

MEDS:

Active Outpatient Medications (including Supplies):

Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH DAILY WITH A MEAL ACTIVE

Above medications taken as prescribed with the exception of:

Medications given while on dialysis:

- 1.
- 2.
- 3.
- 4.

ALLERGIES:NKDA

REVIEW OF SYSTEMS: ALL NEGATIVE EXCEPT as marked with (+)

GEN: Fatigue Wt loss/gain Fever Chills Sweats Malaise

EENT: Visual changes Hearing loss Earache Congestion Sore throat

RESP: Cough Sputum Wheezing Shortness of Breath

CVS: PND Orthopnea DOE Chest Pain Palpitations Ankle edema

GI: Dysphagia Nausea Vomiting Diarrhea Constipation

Abd pain BRBPR Melena

GU: Urgency Dysuria Frequency Nocturia Hematuria Discharge

M/S: Cramps Weakness Back pain Muscle aches Numbness Tingling

CNS: HA Dizziness Confusion Memory Loss Seizure LOC

Psych: Anxiety Depression

Vitals

HR stable RA

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00004785

Progress Notes

Printed On Feb 28, 2025

EXAM:

GEN:aox3 NAD

HEENT:

CV:

RESP:

ABD:

MSK:left forearm phlebitis

SKIN:

LABS:

A/P:forearm phlebitis

warm compresses

d. c home

1.

Plan discussed with pt as outlined above, pt stated understanding and agreement.

/es/ MICHAEL JACOBS, MD

STAFF PHYSICIAN

Signed: 06/09/2020 05:31

LOCAL TITLE: NURS/TRAVELING VET COORD NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: JUN 02, 2020@12:23

ENTRY DATE: JUN 02, 2020@12:23:47

AUTHOR: COMENDADOR, MELODY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Received IFC From San Diego VAMC

Veteran Permanently relocated to VALL

IFC consult below:

SAN DIEGO HCS

FWD TO REMOTE SERVICE 06/02/20 08:34 PDT ROXAS,CRISTIE ROXAS,CRISTIE

Previous remote service name: TRAVELING VETERAN COORDINATOR (TVC)

Forwarded the consult to TVC Loma Linda for coordination of care. Thanks!

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

COMPLETE/UPDATE
COMENDADOR, MELODY
Received.

06/02/20 12:08

COMENDADOR, MELODY

Contacted the Veteran and he stated "I am doing fine today"

this writer provide him information the process of establishing care with new PACT PCP. Provided him the VA ACC Intake Scheduling dept 909.825.7084 x7440, x7442 for new PCP appointment and x5085 for all general issues/inquiry. Veteran agreed and verbalized understanding of the process.

/es/ MELODY COMENDADOR, MSHA, RN
RN CARE MANAGER
Signed: 06/02/2020 12:26

LOCAL TITLE: POST 911 CASE MANAGEMENT SCREENING
STANDARD TITLE: CASE MANAGER NOTE
DATE OF NOTE: JUN 01, 2020@09:21 ENTRY DATE: JUN 01, 2020@09:21:34
AUTHOR: MCELROY-LOPEZ, ANN M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Release of Information Office: Veteran may have a copy of this note upon completion of the required Consent to Release Medical Records Form.

Post 9/11 Case Management Screen
The Veteran was contacted by telephone.
Veteran demographic information has been verified as correct.
Email Address: BRANDENMOORE22@YAHOO.COM
Veteran was contacted and offered Post 9/11 Case Management Screening.
The Veteran declined the offer of screening.
Just got out of ICU.

/es/ ANN MCELROY-LOPEZ, MSW, LCSW
SOCIAL WORKER
Signed: 06/01/2020 09:22

LOCAL TITLE: NURS/PLANNER DISCHARGE NOTE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: MAY 31, 2020@10:22 ENTRY DATE: MAY 31, 2020@10:23:02
AUTHOR: HAYDEN, AMANDA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** NURS/PLANNER DISCHARGE NOTE Has ADDENDA ***

INPT DP D/C NOTE MED
DISCHARGE WITH PRIMARY CARE FOLLOW UP:

DISCHARGE DIAGNOSIS: Rhabdomyolysis

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00004985

Progress Notes

Printed On Feb 28, 2025

Notified Case Manager that patient has been discharged home.
Patient has been informed that the outpatient Case Manager will be contacting him/her as an outpatient with a follow-up phone call or letter.
It will be discussed if a follow-up appointment will be needed and patient will be notified.

LIST OF APPOINTMENTS AT TIME OF DISCHARGE:

No data available

INPATIENT MD HAS RECOMMENDED THE FOLLOWING:

Diet: Healthy Diet

Activity: As tolerated, however limit activity including work for up to 1 week
Medication Review with Discharge Pharmacist prior to D/C

APPTS: Return to POST-HOSP FOLLOW UP PRIM CARE on or around (Jun 06, 2020)

Pending Aftercare Services and/or items at discharge endorsed to Outpatient Case Manager for follow-up:

Special Instructions: Follow-up with PCP within 3-5 days with labs drawn prior.
Stay well hydrated.

/es/ AMANDA HAYDEN, RN BSN
INPATIENT DISCHARGE PLANNER
Signed: 05/31/2020 10:28

05/31/2020 ADDENDUM STATUS: COMPLETED
DP sent email to the following care managers & PCP including DC summary and Discharge planner note.

/es/ AMANDA HAYDEN, RN BSN
INPATIENT DISCHARGE PLANNER
Signed: 05/31/2020 10:30

05/31/2020 ADDENDUM STATUS: COMPLETED
DC summary unavailable at this time. DP sent nurse planner discharge.

/es/ AMANDA HAYDEN, RN BSN
INPATIENT DISCHARGE PLANNER
Signed: 05/31/2020 10:36

LOCAL TITLE: PHARM/DISCHARGE/INPATIENT PHARMACIST
STANDARD TITLE: PHARMACY INPATIENT NOTE
DATE OF NOTE: MAY 30, 2020@15:00 ENTRY DATE: MAY 30, 2020@16:23:44
AUTHOR: LY, XUAN GRACE L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

INPATIENT PHARMACY DISCHARGE NOTE

Is the patient being discharged on Warfarin? NO
Is the patient diagnosed with Diabetes Mellitus? NO

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

CONTINUE:

Active Non-VA Medications	Status
1) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH DAILY WITH A MEAL	ACTIVE

All medications have been reconciled with the patient/caregiver and the physicians/providers caring for the patient. Reviewed medication discrepancies with the patient/caregiver. A copy of the updated medication list was also given that included the medications added, changed, and/or discontinued today - declined.

Patient was instructed not to take anything else not listed above. A statement that reads, "Please ONLY take medications on this discharge list unless advised differently by your primary physician" was noted at the bottom of the Active Medication Profile sheet. Verified with patient current address, drug allergies, and any OTC/herbal medications. Detailed patient education pamphlets for each new/refill Rx was provided at time medications are picked up.

By signing this note I certify that patient or caregiver or family member understood my instructions.

Refill procedure explained: YES

FOLLOW-UP APPOINTMENTS No Future Appointment

Other questions/concerns/comments:

Per Dr. Scott, no new medications upon discharge--pt may resume all other medications as previously taking.

PBM PharmD Pharmacotherapy Rem V11:

Address compliance/adherence

Care coordination

Discharge counseling provided

Medication reconciliation

No change made

Nonpharmacologic intervention made for other disease state not listed

/es/ Xuan Grace L. Ly, PharmD, BCPS

Inpatient Clinical Pharmacist

Signed: 05/30/2020 16:27

LOCAL TITLE: NURS/TRANSFER NOTE

STANDARD TITLE: NURSING INPATIENT TRANSFER SUMMARIZATION NOTE

DATE OF NOTE: MAY 30, 2020@09:42 ENTRY DATE: MAY 30, 2020@09:42:59

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

AUTHOR: AHMED, NABEEL
URGENCY:

EXP COSIGNER:
STATUS: COMPLETED

This patient was transferred from MICU at 0900.
Service: General medicine

VANOD SKIN ASSESSMENT

Braden Scale - For Predicting Pressure Sore Risk

Sensory Perception: 4 = No Impairment
Moisture: 4 = Rarely Moist
Activity: 3 = Walks Occasionally
Mobility: 4 = No Limitation
Nutrition: 4 = Excellent
Friction: 3 = No Apparent Problem
19-23 No Risk
Score: 22

CURRENT SKIN ASSESSMENT

Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Elastic (normal/immediate)

SKIN PROBLEMS

No wounds, pressure ulcers or other skin problems.

INTERVENTIONS

The pressure ulcer prevention protocol was not needed - patient is not at risk.

VITAL SIGNS

Temperature:
97.7 F (36.5 C)
Pulse:
68
Respiration:
18
Blood pressure:
124/77

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000052 85

Progress Notes

Printed On Feb 28, 2025

Pain:

0

FALLS RISK:

History of Falling:

Yes = 25

Secondary diagnosis of any kind listed on chart:

Yes = 15

Ambulatory Aid (used during walking):

None/Bedrest/Nurse Assist/Wheelchair = 0

Intravenous Therapy/Saline Lock:

Yes = 20

Gait:

Normal/Bedrest/Wheelchair = 0

Mental status regarding patient's own ability:

Oriented to own ability = 0

Falls Risk Score: 60

The following falls reduction measures are being implemented:

Universal fall precautions and Fall Reduction Protocol initiated

Side rails/iBed alarms utilized appropriately

Hourly rounding in place

Patient/family educated on fall reduction strategies as appropriate

Patient has been assessed as a higher risk for falls due to any one of the following medications being prescribed: analgesics, antihypertensives, hypnotics, psychotropics, sedatives.

Is the patient currently on isolation precautions?

No

Nursing (RN) - Hourly Rounds:

0800; Received SBAR from Eric RN in MICU.

0900; Patient arrived on 4SW unit and transferred to bed 29. Vital signs assessed. Physical assessment completed. Patient ambulated to the restroom for BRP void and BM. IV fluids infusing per new doctors orders. Patient placed on telemetry monitoring per doctors orders. Patient resting in bed. No acute events.

1000; Patient resting in bed. No acute events. IV fluids infusing per new doctors orders.

1100; Patient resting in bed. No acute events. Patient's vital signs assessed. IV fluids infusing per new doctors orders.

1200; Patient resting in bed. No acute events. IV fluids infusing per new doctors orders. IV fluids stopped per doctors orders.

1300; Patient resting in bed. No acute events. See BCMA for medication administration.

1400; Patient resting in bed. No acute events.

1500; Patient resting in bed. No acute events. Discharge orders received.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00005385

Progress Notes

Printed On Feb 28, 2025

Discharge note completed. Patient's chart closed out. Discharge papers explained and handed to patient. Patient's IV removed. Patient's belongings gathered. Patient discharged from 4SW unit at 1505 via walking independently. Patient's wife will drive the patient home.

/es/ NABEEL S AHMED, RN

STAFF NURSE

Signed: 05/30/2020 15:15

LOCAL TITLE: NURS/MICU/RN NOTE

STANDARD TITLE: NURSING INPATIENT NOTE

DATE OF NOTE: MAY 30, 2020@08:38 ENTRY DATE: MAY 30, 2020@08:38:16

AUTHOR: NEWLIN, ERIC

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

P: alt in fluid balance r/t Rhabdomyolysis

I: vital signs

Assessed respiratory rate, rhythm, depth, effort, and lung sounds

Auscultated Breath Sounds

Assessed tissue perfusion (cyanosis, dyspnea & hypoxia)

Assessed mental status

Assessed for presence of pain

HOB elevated at:

30 degrees

Provided safety measures:

Bed in lowest position

Call light within reach

Siderails up x 4

IVF of LR at 250ml/hr. infusing as ordered

Saline Lock flushed to maintain patency

Provided comfort measures: (elevate HOB, rest between activities/interventions)

Developed activity/rest schedule with patient and/or family's input

Collaborated with the interdisciplinary team regarding plan of care

Current diet order: DI - Dietetics

DIETS:

05/29/2020 - Present HEALTHY DIET

(Tray)

Encouraged to verbalize feelings, concerns, and questions about current health status.

E: Alert and oriented. Given tylenol as ordered for c/o general ache. Orthostatic vitals done and placed in ICCA SBAR given to 4SW and patient transferred via w/c.

Does this patient have an indwelling Foley catheter?

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000054 85

Progress Notes

Printed On Feb 28, 2025

No

Does the patient have a Central Line, PICC Line, Implanted port (Port-A Cath), or Tunneled Hemodialysis, or Temporary Hemodialysis Line. DO NOT CLICK "YES" : for AV Shunt/Fistula HD

No

Does the patient have a midline catheter?

NO

Is the patient currently on isolation precautions?

No

Did you give a CHG bath on your shift?

No

Given on previous shift

RESTRAINTS:

Is the patient in restraint or seclusion?

no

PATIENT EDUCATION:

The following topics were discussed:

procedures,
including: transfer to floor

Handout/s given:

none

Instruction given to:

Patient

Readiness to learn limited by:

No limitations

The patient's learning format preference is:

verbal

Assessment of learning:

Good

Understanding Measured By:

Verbalization

SKIN ASSESSMENT

Complete the entire skin section, including Braden Scale, every shift for acute care patients.

Braden Scale for Predicting Pressure Sore Risk:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00005585

Progress Notes

Printed On Feb 28, 2025

Sensory Perception (Responds to Pressure Discomfort)

No Impairment = 4

Moisture (Degree of Moisture)

Rarely Moist = 4

Activity (Degree of Activity)

Walks Frequently = 4

Mobility (Ability to Change Position)

No Limitations = 4

Nutrition (Usual Food Intake Pattern)

Adequate = 3

Friction/Shear

No Apparent Problem = 3

Braden Scale Score

19-23 No Risk

Score: 22

CURRENT SKIN ASSESSMENT

Skin Color:

Color: Normal for ethnic group

Skin Temperature

Temp: Warm

Skin Moisture

Moisture: Dry

Skin Turgor

Turgor: Elastic (normal/immediate)

SKIN PROBLEMS

No wounds, pressure ulcers or other skin problems.

Pressure Ulcer Protocol:

INTERVENTIONS

The pressure ulcer prevention protocol was not needed - patient is not at risk.

Wound Prevention/Care Done:

Preventive measures as described above completed

DISCHARGE PLANNING

Were any discharge concerns identified this shift?

No.

/es/ ERIC NEWLIN RN

STAFF NURSE

Signed: 05/30/2020 09:02

LOCAL TITLE: NURS/DISCHARGE

STANDARD TITLE: NURSING DISCHARGE NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

DATE OF NOTE: MAY 30, 2020@14:55
AUTHOR: AHMED, NABEEL
URGENCY:

ENTRY DATE: MAY 30, 2020@14:55:27
EXP COSIGNER:
STATUS: COMPLETED

Dear Patient,

These are your written instructions given to you at the time of your discharge from the hospital. We know what a busy time discharge can be, so we are giving you some written reminders you can refer to later.

Your primary care doctor is:

Once you are at home, if you have questions, concerns, or notice any of the problems listed below, please contact the call center to reach your Module (during business hours) or TELECARE (877-252-4866) after hours.

To reach your MODULE, call (909) 825-7084 and press 2

COMMUNITY CLINICS:

Corona (951) 817-8820
Murrieta (951) 290-6500
Palm Desert (760) 341-5570
Rancho Cucamonga (909) 946-5348
Victorville (760) 951-2599
TELECARE (877) 252-4866

The Loma Linda VA will be contacting you in the next two days. Please provide a care giver name and phone number where you can be reached for a follow-up phone call.

MOORE, MONICA RENEE (SPOUSE)
1029 N .MOLLISON AVE APT 10
EL CAJON, CALIFORNIA 92021
Phone number: (209)346-1163

SUICIDE SCREEN

The patient was asked, "Over the past two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?"

Not At All

Any "YES" response during the C-SSRS screen will require MD to be notified of positive screen and MD will have to complete COMPREHENSIVE SUICIDE RISK EVALUATION (CSRE) CPRS note.

Was the Suicide Screen Positive?

No, the suicide screen was negative.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00005785

Progress Notes

Printed On Feb 28, 2025

You were in the hospital for Rhabdomyolysis

Please call your primary doctor or Telecare if:

1. The problems you had before being in the hospital are now getting worse
2. You are unable to take the medicine prescribed for you
3. You have pain that is not controlled by your medicine

Please keep the appointments listed below ***EXCEPT PT, OT or PM&R***
appointments

No Future Appointment

Return to POST-HOSP FOLLOW UP PRIM CARE on or around (Jun 06, 2020)
for a total of 1 appointment(s)
Prerequisites: Click here if selecting a New Clinic,
Labs (Non-fasting),
Post F/U F2F Appointment
RTC POST HOSPITAL FOLLOW-UP (PCP)

Special Instructions:

Other:Follow-up with PCP within 3-5 days with labs
drawn prior. Stay well hydrated

Please follow your ordered diet:

Your doctor ordered a HEALTHY diet for you.

The healthy diet is lower in fat, saturated fat, cholesterol, and sodium. It is high in fiber because of the focus on whole grains, fruits, and vegetables. The protein sources include limited amounts of lean meat, with more protein coming from fish, poultry, and vegetable sources, including beans and peas as well as low-fat or fat-free dairy products. Saturated fats and trans fats are minimized as much as possible, as are sugary drinks and desserts.

Please follow your activity limitations: No limitations, Slowly increase activity; balance rest and activity

Please remember that if you have smoked in the last 12 months, we have advised you to stop.

Please use equipment/supplies as instructed: None

Wound/Incision/Skin Care:

No wound/incision/skin issues identified.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

During your hospital stay, your nursing and medical staff have discussed your disease process with you. While we believe you have an understanding of your condition, we know that more questions may arise after you go home. If you have questions, do not hesitate to call the Telecare number shown at the top of the page.

Please follow these medication instructions: No medications

Is the patient going home or outside facility with PICC Line, Hemodialysis, Implanted Port (Port-A-Cath), Central Lines (Tunneled, Non-Tunneled)?

NO

Is the patient discharged with a MIDLINE catheter?

NO

Please be sure all belongings have been returned to you: clothing

INFLUENZA VACCINE

Patient refused the influenza vaccine.

Your Individualized Discharge Instructions as Described Above:
You, your family and/or your caregiver was given the chance to ask questions during your discharge teaching.

You told us your understood your teaching.

You may receive a paper survey in the mail. Our goal is to receive your highest survey rating. If you did not receive that level of care, you have the opportunity to voice your concerns on our Customer Service Line (909) 583-6133. We make every effort to respond to your call within one business day.

We have provided a written copy of these instructions to you/your family.

/es/ NABEEL S AHMED, RN

STAFF NURSE

Signed: 05/30/2020 14:58

LOCAL TITLE: MED/INPT/MEDICINE PROGRESS NOTE

STANDARD TITLE: INTERNAL MEDICINE INPATIENT NOTE

DATE OF NOTE: MAY 30, 2020@11:30 ENTRY DATE: MAY 30, 2020@11:30:48

AUTHOR: SCOTT, RAYMOND

EXP COSIGNER: GOWDA, PRASHANTH

URGENCY:

STATUS: COMPLETED

Internal Medicine Progress Note

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00005985

Progress Notes

Printed On Feb 28, 2025

ADM Date: 5/29/20
ADM Dx: Rhabdomyolysis

ID: Branden Eugene Moore is a 30-year-old male with history of WPW syndrome s/p ablation (Dr. Hassankhani 4/14/2014), and multiple episodes of presyncope admitted to OSH for rhabdomyolysis and AKI, transferred to LLVA on 5/29/20 for further management

INTERVAL HISTORY:

- No events overnight
- Muscle aches/cramping significantly improved, most pronounced at right calf, left shoulder, and upper back
- Normal urine output; no dysuria or hematuria
- Tolerating PO intake without difficulty, no n/v/d/c
- Denies chest pain, palpitations, shortness of breath, fevers, chills, abdominal pain, headache, dizziness

ACTIVE PROBLEMS:

No Active Problems on record

ALLERGIES/SENSITIVITIES: Patient has answered NKA

CURRENT MEDICATIONS:

Active Inpatient Medications (including Supplies):

ACETAMINOPHEN TAB 500MG PO Q6H PRN For pain/Headache/Temperature > 100.4F **DO NOT TAKE MORE THAN 3000MG OF ACETAMINOPHEN PER DAY**	ACTIVE
ASPIRIN (ENTERIC COATED) TAB, EC 81MG PO DAILY	ACTIVE
LACTATED RINGER'S INJ, SOLN in LACTATED RINGERS 1000 ML 500 ml/hr IV	ACTIVE

OUTPATIENT MEDICATIONS:

No Outpatient Medications

VITAL SIGNS (24hr range)

Blood Pressure: 121-131/87-104

Pulse: 71-74

Respiration: 18-24

Temperature: Tmax 98.2F

Pulse Ox: 100% on RA

I: 3.3L

O: 2.5L

PHYSICAL EXAM

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

General: no acute distress
Skin: no rashes or lesions
HEENT: PERRL, EOMI, mucous membranes moist, no oral lesions
Neck: supple, trachea midline, no palpable lymphadenopathy
Lungs: clear to auscultation bilaterally, no wheezing or crackles
Heart: regular rate and rhythm, normal s1, s2, no murmurs, gallops, or rubs
Abdomen: soft, nontender, nondistended
Genitalia: deferred
Extremities: TTP at right calf left shoulder, upper back. No obvious joint effusion or deformity
Pulses: intact bilaterally
Neurologic: no focal deficits, alert and oriented x4

=====

LABS

=====

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT	eGFR
05/30/2020 05:00	SERUM	138	4.3	109	22.0	10	0.91	>60
05/29/2020 16:50	SERUM	137	4.4	107	23.0	17	1.09	>60

Collection DT	Spec	GLUCOSE	T-PROT	ALBUMIN	T.	BILI	ALK	PHO	AST	ALT
05/30/2020 05:00	SERUM	87	5.6 L	3.5	0.9	62	75 H	35		
05/29/2020 16:50	SERUM	96	6.0 L	3.8	0.7	72	81 H	35		

Collection DT	Spec	PO4	CPK
05/30/2020 05:00	SERUM	2.6	3411 H
05/29/2020 16:50	SERUM	2.6	4018 H

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT	GRANS
05/30/2020 05:00	BLOOD	3.85 L	12.5 L	37.5 L	82.4	33.3	212	2.03L
05/29/2020 16:50	BLOOD	6.77	12.9 L	38.5 L	82.1	33.5	208	4.42

Collection DT	Spec	LYMPHS	MONOS
05/30/2020 05:00	BLOOD	1.37	0.42
05/29/2020 16:50	BLOOD	1.67	0.64

=====

MICROBIOLOGY

=====

n/a

=====

IMAGING

=====

no new imaging

=====

ASSESSMENT/PLAN

=====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

#Acute rhabdomyolysis with abnormal LFTs, due to exertional heat injury - improving

#AKI present on admission to OSH, now resolved, likely due to intravascular volume depletion in the setting of severe dehydration/rhabdomyolysis

-continue to monitor LFTs

-continue to monitor electrolytes, replete PRN

-trend CK

-continue aggressive IVF, increase LR to 500 mL/hr

#Presyncope, now resolved, likely due to exertional heat injury less likely cardiac arrhythmia

#History of WPW s/p ablation 4/14/2014

>Last Echo 2018 with concentric LVH, slightly dilated RV, moderate to severe TR, and mild pulmonary hypertension

>troponin negative x3 at OSH

>orthostatic vital signs negative

-telemetry

-repeat echocardiogram on outpatient basis

-continue home aspirin 81 mg PO daily

-vital signs q4h

-IVF as above

FEN/PPX:

Diet: Healthy

Fluids: LR at 500/hr

GI prophylaxis: Not currently indicated

DVT prophylaxis: SCDs

DISPOSITION

Current inpatient criteria: IVF, frequent lab monitoring

Plan to discharge patient to:

[X] Home- transportation discussed with patient/CM; patient education, DME, home supplies

[] Home Health medication, nursing assistance, etc

[] SNF skilled therapy, IV abx, or complex wound care

[] Acute Rehab admission criteria reviewed; PMR consult placed

Patient was seen and discussed with attending physician, Dr. Gowda, who guided the formulation of assessment and plan.

rscott/9492

/es/ RAYMOND SCOTT, MD

RESIDENT PHYSICIAN

Signed: 05/30/2020 11:43

/es/ PRASHANTH G. GOWDA, MD, MS, FACP

HOSPITALIST

Cosigned: 05/30/2020 11:51

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000062
20250228

Progress Notes

Printed On Feb 28, 2025

LOCAL TITLE: INFECTION CONTROL NOTE
STANDARD TITLE: INFECTIOUS DISEASE NOTE
DATE OF NOTE: MAY 30, 2020@00:41 ENTRY DATE: MAY 30, 2020@00:41:28
AUTHOR: ING, MICHAEL B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

INFECTIOUS DISEASES/INFECTION CONTROL ATTENDING - COVID-19 NOTE:

COVID-19 Early Warning Score

Signs of pneumonia on CT - no
History of close contact with COVID-19 confirmed patient - no
Fever - no
Age - not > 44 years old
Sex - Male
Tmax - < 100F
Meaningful respiratory symptoms - no cough, expectoration, dyspnea
NLR - < 5.8

Total EWS = 1 for sex, overall low risk for COVID-19

=====

Report Released Date/Time: May 29, 2020@19:46

Provider: SCOTT, RAYMOND

Specimen: NASOPHARYNX. SERO 0529 49
Specimen Collection Date: May 29, 2020@17:30
Test name Result units Ref. range Site Code
COVID-19 (CEPHEID) Not Detected Ref: Not Detected [605]

=====

Performing Lab Sites

[605] LOMA LINDA HCS [CLIA# 05D0988208]
11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

=====

Above COVID-19 EWS score noted => 1 point

Now COVID-19 CEPHEID screen now negative

Will D/C COVID-19 isolation precautions. NOD notified. Order written.

/es/ MICHAEL B. ING, MD
CHIEF, INFECTIOUS DISEASES
Signed: 05/30/2020 00:45

=====

LOCAL TITLE: MED/INPT/ATTENDING ADMIT NOTE
STANDARD TITLE: INTERNAL MEDICINE ATTENDING ADMISSION EVALUATION
DATE OF NOTE: MAY 30, 2020@11:39 ENTRY DATE: MAY 30, 2020@11:39:25
AUTHOR: GOWDA, PRASHANTH EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

000063

Progress Notes

Printed On Feb 28, 2025

URGENCY:

STATUS: COMPLETED

I saw and evaluated the patient during the teaching rounds. I agree with the findings and the plan of care as documented in the resident's note:

SUBJECTIVE:

30 year old MALE states that he feels much better. Bodyache has significantly improved. Feels like he can go home.

no h/o working out in gym. No h/o using OTC supplements.

No Chest Pain/SOB/Cough/Fever
No Headache/Visual disturbances
No Vomiting

OBJECTIVE:

VITAL SIGNS

97.7 F [36.5 C] (05/30/2020 09:44)
68 (05/30/2020 09:44)
18 (05/30/2020 09:44)
124/77 (05/30/2020 09:44)

Vitals reviewed on ICCA App.

Alert, oriented x3, Ill appearing

B/L BS +, No crackles or wheezes, No active use of accessory muscles of respiration, No tachypnea

No chest wall tenderness

S1, S2 +, No murmur or gallop, No tachycardia

Non tender abdomen, BS +, Not distended, no organomegaly, No rebound tenderness

Moves all four extremities, No asymmetric motor weakness

Skin tattoo +

Meds:

Active Inpatient Medications (including Supplies):

ACETAMINOPHEN TAB 500MG PO Q6H PRN For pain/Headache/Temperature > 100.4F **DO NOT TAKE MORE THAN 3000MG OF ACETAMINOPHEN PER DAY**	ACTIVE
ASPIRIN (ENTERIC COATED) TAB, EC 81MG PO DAILY	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

LACTATED RINGER'S INJ, SOLN in LACTATED RINGERS 1000 ML
500 ml/hr IV ACTIVE

DATA (data reviewed in CPRS)

GLUCOSE 5/30/20 05:00 87

05/30/20 SODIUM, SERUM 138

05/30/20 POTASSIUM, SERUM 4.3

05/30/20 CHLORIDE, SERUM 109

05/30/20 CO2, SERUM 22.0

05/30/20 UREA NITROGEN, SERUM 10

05/30/20 CREATININE, SERUM 0.91

05/30/20 WBC, BLOOD 3.85

05/30/20 HGB, BLOOD 12.5

05/30/20 MCV, BLOOD 82.4

No RDW in the last 6M

05/30/20 PLT, BLOOD 212

03/20/20 INR, PLASMA 0.89

05/30/20 PROTEIN TOTAL, SERUM 5.6

05/30/20 ALBUMIN, SERUM 3.5

05/30/20 CALCIUM, SERUM 8.8

05/30/20 PO4, SERUM 2.6

05/30/20 TOT. BILIRUBIN, SERU 0.9

05/30/20 ALKALINE PHOSPHATAS 62

05/30/20 ALT , SERUM 35

05/30/20 AST , SERUM 75

No CHOLESTEROL in the last 6M

No CALC LDL CHOL in the last 6M

No TRIGLYCERIDES in the last 6M

05/30/20 CPK, SERUM 3411

No INSP O2 in the last 6M

No PH (BLD GAS) in the last 6M

No PO2 in the last 6M

No PCO2 in the last 6M

03/20/20 URINE PROTEIN, URINENEGATIVE

03/20/20 URINE NITRITE, URINENEGATIVE

No URINE WBC in the last 6M

No URINE RBC in the last 6M

No URINE BACTERIA in the last 6M

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000065⁸⁵

Progress Notes

Printed On Feb 28, 2025

05/30/20 zz FOBTX3, SERUM 3200530.050002
No TSH in the last 6M
No HEMOGLOBIN A1C (LAB) in the last

CT

Impression for CT HEAD W/O CONT, 03/20/20, case 1672
Partially empty sella may be incidental finding, however given history of headache and blurry vision, consider evaluation for idiopathic intracranial hypertension.

SUPPLEMENTARY ASSESSMENT/PLAN:

30M transferred from OSH for continued care of Rhabdomyolysis.

Rhabdomyolysis sec. to Exertional heat illness. Continue aggressive IV hydration. F/U CPK. If continues to downtrend may be DCed to home.

Heat Syncope with h/o near loss of consciousness. Continue supportive measures.

AKI sec. to Exertional heat illness. AKI had resolved, s/p IV hydration, prior to transfer to LLVAH.

Continue other current medications

Continue symptomatic and supportive therapy - including pain medications as needed

Diagnostic tests were reviewed and questions answered. Diagnosis, care plan and treatment options were discussed with patient. Continue current plan of care and

please see MD orders for more details.

/es/ PRASHANTH G. GOWDA, MD, MS, FACP

HOSPITALIST

Signed: 05/30/2020 11:51

LOCAL TITLE: MED/INPT/MEDICINE HISTORY AND PHYSICAL

STANDARD TITLE: INTERNAL MEDICINE INPATIENT NOTE

DATE OF NOTE: MAY 29, 2020@20:14 ENTRY DATE: MAY 29, 2020@20:15:02

AUTHOR: SCOTT, RAYMOND

EXP COSIGNER: GOWDA, PRASHANTH

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

HISTORY AND PHYSICAL EXAMINATION

CHIEF COMPLAINT: diffuse muscle pain, cramping

HPI:

Branden Eugene Moore is a 30-year-old male with history of WPW syndrome s/p ablation (Dr. Hassankhani 4/14/2014), remote history of stroke-like symptoms, and multiple episodes of presyncope who presented to San Gorgonio Hospital 5/28/20 19:18 with complaints of severe muscle cramps and presyncopal episode 2 hours prior to arrival. Patient is a power line worker and he was working outside around 1600 when he was not feeling well. He went to sit in his car where had an episode of NBNB emesis. He states that he felt very weak and lightheaded afterwards requiring him to sit down. His abdomen, legs, and arms started cramping and he developed diffuse pain. He denies any associated loss of consciousness, seizure activity, incontinence, palpitations, or shortness of breath.

At OSH ED, VS were T96.3, 116/74, HR 72, RR19, with 98% O₂ on room air. Labs showed CK 1160, Na 137, K 3.0, Cl 100, CO₂ 20, BUN/Cr 28/2.8, Albumin 5.6, Ca 10.3 (corrected 9.0), Hgb 16.9, WBC 13.1, Plt 260. UDS was negative and UA showed positive nitrite otherwise unremarkable. Troponin negative. CT head was completed, no acute abnormality noted. CXR also normal. Patient admitted to hospitalist service for AKI, rhabdo, presyncope. He was given IV Ceftriaxone x1 and D5 1/2NS at 200 mL/hr which was eventually changed to NS at 250 mL/hr. He had interval resolution of AKI, however CK continued to trend upward despite IVF (2574 on day of transfer). Patient transferred to VA Loma Linda for further care.

PMHx:

WPW syndrome s/p ablation 4/14/2014
Knee pain
Post traumatic stress disorder
Anxiety

SURGICAL HX:

None

FAMILY HX:

No history of cardiovascular disease or malignancy

SOCIAL HX:

Lives in Hemet with family
Works with power lines
Drinks alcohol socially ~1-2 drinks/weekend
Smokes 1 ppd for last 7 months
No illicit drug use

CURRENT OUTPT MEDICATIONS:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000067

Progress Notes

Printed On Feb 28, 2025

Aspirin 81 mg daily

Above list reconciled with patient: YES

ALLERGIES: Patient has answered NKA

=====

ROS:

=====

REVIEW OF SYSTEMS: ALL NEGATIVE EXCEPT as marked with (+)

GEN: ()Fatigue ()Wt. loss/gain ()Fever ()Chills ()Sweats ()Malaise

EENT: ()Visual changes ()Hearing loss ()Earache ()Congestion ()Sore throat

RESP: - ()Cough ()Sp^tum ()Wheezing ()SOB

CVS: ()PND ()Orthopnea ()DOE ()CP (+)Palpitations ()Ankle edema

GI: ()Dysphagia ()N ()V ()D ()C ()Abd pain ()BRBPR ()Melena

GU: ()Urgency ()Dysuria ()Frequency ()Nocturia ()Hematuria ()Discharge

M/S: (+)Cramps ()Weakness ()Back pain (+)Muscle aches ()Numbness ()Tingling

CNS: ()HA ()Dizziness ()Confusion ()Memory Loss ()Seizure ()LOC

Psych: ()Anxiety ()Depression ()Phobia ()Forgetfulness ()Insomnia

=====

PHYSICAL EXAM

=====

VITALS:

BP: 129/83

HR: 76

PULSE OXIMETRY: 100% on RA

TEMP: 97.8

RESP: 20

General: no acute distress

Skin: no rashes or lesions

HEENT: PERRL, EOMI, mucous membranes moist, no oral lesions

Neck: supple, trachea midline, no palpable lymphadenopathy

Lungs: clear to auscultation bilaterally, no wheezing or crackles

Heart: regular rate and rhythm, normal s1, s2, no murmurs, gallops, or rubs

Abdomen: soft, mild TTP LLQ, no rebound or guarding

Genitalia: deferred

Extremities: right calf TTP, no joint effusion or deformity

Pulses: intact bilaterally

Neurologic: no focal deficits, alert and oriented x4

=====

LABS/STUDIES

=====

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT	eGFR
05/29/2020 16:50	SERUM	137	4.4	107	23.0	17	1.09	>60

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Collection DT	Spec	GLUCOSE	T-PROT	ALBUMIN	T.	BILI	ALK	PHO	AST	ALT
05/29/2020 16:50	SERUM	96	6.0 L	3.8	0.7	72			81 H	35
Collection DT	Spec	P04	CPK							
05/29/2020 16:50	SERUM	2.6	4018 H							
Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT	GRANS		
05/29/2020 16:50	BLOOD	6.77	12.9 L	38.5 L	82.1	33.5	208	4.42		
Collection DT	Spec	LYMPHS	MONOS							
05/29/2020 16:50	BLOOD	1.67	0.64							

DIAGNOSTIC STUDIES

IMAGING:

OSH imaging reports reviewed, no acute abnormalities noted

CARDIAC STUDIES:

TTE 8/24/2018:

Conclusions

There is normal left ventricular systolic function with no wall motion abnormalities. Mild concentric left ventricular hypertrophy is observed. Normal left ventricular diastolic function is observed.

The right ventricle is slightly dilated with mildly reduced function noted on some views.

The tricuspid valve leaflets are moderately thickened. The septal leaflet appears significantly underdeveloped and tethered to septum.

There is moderate to severe tricuspid regurgitation.

Mild pulmonary hypertension is noted.

When compared to the previous study performed on 08/12/17, mild to moderate tricuspid regurgitation has increased to moderately severe. Appearance of TV is same, as is RV. TV appeared more mobile in 2013 echo but RV same then.

LV BIPLANE EJECTION FRACTION 61.7 % (55 - 80)

Holter 2017:

1. Normal Sinus rhythm with Sinus Arrhythmia with an average HR of 82 bpm.
2. Maximum HR of 130 bpm at 6:21 pm, unknown activity.
3. Minimum HR of 51 bpm at 8:56 pm, unknown activity.
4. Rare premature ventricular contractions in isolation.
5. Rare premature atrial contractions in isolation.
6. Duration of 30:36 hrs recording with 15% of the total beats in tachycardia.
7. No symptoms noted on diary

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00006935

Progress Notes

Printed On Feb 28, 2025

Ziopatch 1/25-1/28/19 2 days 12 hours of data: sinus rhythm and sinus tach. Isolated rare SVEs and VEs. No couplets or triplets.

Holter 2019
04/27/2019 to 05/26/2019
Total: 30 days

Narrative Summary

The patient was monitored for 699:44 hours, of which 21:39 hours were usable. Average heart rate for the monitored period was 89 BPM. Tachycardia was present for 13% of the readable data; Bradycardia was present for 0% of the readable data. No Pause(s) noted of 3 seconds or longer.

ASSESSMENT/PLAN

#Rhabdomyolysis due to exertional heat injury

#Mild elevation of AST likely due to rhabdomyolysis

#AKI present on admission to OSH, now resolved, likely due to intravascular volume depletion in the setting of severe dehydration/rhabdomyolysis

-monitor daily LFTs

-monitor daily electrolytes, replete PRN

-trend CK

-continue aggressive IVF, currently LR at 250 mL/hr

#Presyncope, now resolved, likely due to exertional heat injury less likely cardiac arrhythmia

#History of WPW s/p ablation 4/14/2014

>Last Echo 2018 with concentric LVH, slightly dilated RV, moderate to severe TR,

and mild pulmonary hypertension

>troponin negative x3 at OSH

-telemetry

-repeat echocardiogram

-continue home aspirin 81 mg PO daily

-vital signs q4h

-check orthostatic vital signs

-IVF as above

FEN

-IVF: LR @ 250 mL/hr

-Diet: Healthy diet

Prophylaxis

-SCDs

CODE STATUS

FULL CODE

DNR/DNI

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

DISPOSITION

Current inpatient criteria: IVF, frequent lab monitoring

Plan to discharge patient to:

[X] Home- transportation discussed with patient/CM; patient education, DME, home supplies

[] Home Health medication, nursing assistance, etc

[] SNF skilled therapy, IV abx, or complex wound care

[] Acute Rehab admission criteria reviewed; PMR consult placed

Patient to be discussed with Dr. Gowda during AM rounds

rscott/9492

/es/ RAYMOND SCOTT, MD

RESIDENT PHYSICIAN

Signed: 05/29/2020 21:48

/es/ PRASHANTH G. GOWDA, MD, MS, FACP

HOSPITALIST

Cosigned: 05/30/2020 11:39

LOCAL TITLE: LIFE-SUSTAINING TREATMENT

STANDARD TITLE: LIFE-SUSTAINING TREATMENT PLAN

DATE OF NOTE: MAY 29, 2020@17:20 ENTRY DATE: MAY 29, 2020@17:21

AUTHOR: SCOTT, RAYMOND

EXP COSIGNER: GOWDA, PRASHANTH

URGENCY:

STATUS: COMPLETED

LIFE-SUSTAINING TREATMENT

DECISION-MAKING CAPACITY

The patient has capacity to make decisions about life-sustaining treatments.

VA AUTHORIZED SURROGATE IF/WHEN PATIENT LOSES DECISION-MAKING CAPACITY

The patient has no surrogate authorized to make health care decisions if/when the patient loses decision-making capacity.

ADVANCE DIRECTIVES, STATE-AUTHORIZED PORTABLE ORDERS, PRIOR LIFE-SUSTAINING TREATMENT NOTES/ORDERS REVIEWED WITH PATIENT (OR SURROGATE)

No advance directives, state-authorized portable orders (e.g., POLST, MOST), or Life-Sustaining Treatment notes/orders were available in the record or presented by the patient (or surrogate).

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

PATIENT (OR SURROGATE) UNDERSTANDING OF THE PATIENT'S MEDICAL CONDITION
The patient's (or surrogate's) understanding is consistent with the medical facts.

PATIENT'S GOALS OF CARE

Goals are not listed in order of priority.

- To prolong life
- To improve or maintain function, independence, quality of life
- To be comfortable

** PLAN FOR LIFE-SUSTAINING TREATMENTS **

FULL SCOPE OF TREATMENT in circumstances OTHER than cardiopulmonary arrest.

*CARDIOPULMONARY RESUSCITATION

Full code: Attempt CPR.

INFORMED CONSENT

The PATIENT has given oral informed consent for the life-sustaining treatment plan.

SUPERVISING PRACTITIONER REVIEW

Name of supervising practitioner: Prashanth Gowda MD

/es/ RAYMOND SCOTT, MD
RESIDENT PHYSICIAN
Signed: 05/29/2020 17:28

/es/ PRASHANTH G. GOWDA, MD, MS, FACP
HOSPITALIST
Cosigned: 05/30/2020 11:38

LOCAL TITLE: COVID-19 PROVIDER SCREEN
STANDARD TITLE: INFECTIOUS DISEASE NOTE
DATE OF NOTE: MAY 29, 2020@17:11 ENTRY DATE: MAY 29, 2020@17:11:42
AUTHOR: SCOTT, RAYMOND EXP COSIGNER: GOWDA, PRASHANTH
URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

000072
405285

Progress Notes

Printed On Feb 28, 2025

30M admitted to OSH for presyncope, rhabdomyolysis, and AKI transferred to VA Loma Linda 5/29/20 for further management. No fevers, cough, dyspnea, sick contacts.

COVID-19 Early Warning Score

Signs of pneumonia on CT - no
History of close contact with COVID-19 confirmed patient - no
Fever - no
Age - not > 44 years old
Sex - Male
Tmax - < 100F
Meaningful respiratory symptoms - no cough, expectoration, dyspnea
NLR - < 5.8

Total EWS = 1 for sex, overall low risk for COVID-19
-Order CEPHEID screen

rscott/9492

/es/ RAYMOND SCOTT, MD
RESIDENT PHYSICIAN
Signed: 05/29/2020 17:19

/es/ PRASHANTH G. GOWDA, MD, MS, FACP
HOSPITALIST
Cosigned: 05/30/2020 11:38

LOCAL TITLE: 24 HOUR INPATIENT RHYTHM STRIPS
STANDARD TITLE: FLOWSHEET
DATE OF NOTE: MAY 29, 2020@16:41 ENTRY DATE: MAY 30, 2020@10:08:56
AUTHOR: SYSTEM,CIS-ARK EXP COSIGNER:
URGENCY: STATUS: COMPLETED

***** CIS Document is attached to this note. *****

/es/ CIS-ARK SYSTEM

Signed: 05/30/2020 10:08

LOCAL TITLE: NURS/MICU/RN NOTE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: MAY 29, 2020@19:02 ENTRY DATE: MAY 29, 2020@19:02:45
AUTHOR: WOLFE,JENNIFER L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** NURS/MICU/RN NOTE Has ADDENDA ***

P: ACUTELY ILL VETERAN IN NEED OF ADVANCED/CLOSER MONITORING : syncope

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00007385

Progress Notes

Printed On Feb 28, 2025

rhabdomyolysis aki r/o covid

I: HEAD TO TOE ASSESSMENT, ASSESS AND MONITOR CARDIAC/RESP RATE/RYTHM, ASSESS AND MONITOR I&O MEASUREMENTS, ADMINISTER MEDICATIONS/IVF PER MD ORDER. NOTIFY MD OF VETERAN CONDITION. ASSIST VETERAN WITH ADLS PER ORDER AND PRN.

E: HEAD TO TOE ASSESSMENT: please see icca
ASSESS AND MONITOR CARDIAC/RESP RATE/RYTHM:please see icca
ASSESS AND MONITOR I&O MEASUREMENTS: please see icca
ADMINISTER MEDICATIONS/IVF PER MD ORDER: please see bcma
NOTIFY MD OF VETERAN CONDITION: md team did not round this tour veteran is without change from baseline nursing assessment at this time
ASSIST VETERAN WITH ADLS PER ORDER AND PRN: hygiene hydration nutrition and elimination needs anticipated and provided by staff RN this tour

Received report from day shift RN during pm walking rounds. Veteran awake alert and oriented calm and cooperative, able to participate in rounding, able to make needs known at this time. Denies chest pain/pressure/SOB,N/V/D at this time.

Veteran IV Site left ac 20 g

IV SITE Clear, patent, flushed with 10ml 0.9% normal saline.

SITE FREE FROM SWELLING, REDNESS, LEAKING.

VETERAN DENIES PAIN/DISCOMFORT AT SITE

Veteran kept clean and dry, staff assisted with adls, Linen changed, Needs of veteran anticipated by staff during this shift.

1830 PM shift change/ rounding/ no acute events

md made aware of veteran request to be seen.

veteran made aware of isolation protocols. Veteran agitated that he is in isolation. isolation for r/o covid swab sent to lab for processing. at this time

veteran is unwilling to communicate with nursing staff, wants to speak with "real doctor" at this time veteran agrees to wait for MD to arrive to bedside to discuss concerns.

1900 refused INITIAL assessment/ rounding/ no acute events

1945 md came to bedside to speak with veteran. veteran now amicable to minimal assessment by nursing staff, will allow for bp measurement will not allow for orthostatic pressures per md order at this time., street clothes remain on veteran, states "more comfortable" while he does not disrobe he states he has no

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

skin issues at this time, Veteran is polite and cooperative and is awaiting results of covid swab at this time. Veteran with significant anxiety referencing isolation md concur continue plan of care.

2000 rounding/ no acute events
Following alpha text page sent ot oncall md: Veteran M1170 located MICU bed 8 = covid 19 negative swab. FYI

2100 rounding/ no acute events

2200 VETERAN REASSESSMENT ROUNDING NO ACUTE DISTRESS NOTED, DENIES CHEST PAIN PRESSURE, SOB, N/V/D AT THIS TIME

2300 rounding/ no acute events

0000 ROUNDING NO ACUTE EVENTS

0100 rounding/ no acute events

0130 veteran transferred to 2SE be 13 with all belongings, ACLS protocol observed during transfer. veteran in no acute distress at this time.

CARE ENDORSED TO ONCOMING RN APPROPRIATELY DURING BEDSIDE ROUNDING

It is a pleasure and a privilege to care for this Veteran.
Veteran thanked for his service and for allowing staff to care for him this tour.

Does this patient have an indwelling Foley catheter?

No

Does the patient have a Central Line, PICC Line, Implanted port (Port-A Cath), or Tunneled Hemodialysis, or Temporary Hemodialysis Line. DO NOT CLICK "YES" : for AV Shunt/Fistula HD

No

Does the patient have Arterial Line?

NO

Does the patient have a midline catheter?

NO

Discontinuation of Lines:

Did you remove a Central Line or A-Line?

NO

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

000075⁸⁵

Progress Notes

Printed On Feb 28, 2025

Is the patient currently on isolation precautions?

Yes

Isolation Type:

Airborne

Does the negative air monitor indicate that there is negative airflow when the door is closed? YES

[Care measures include negative pressure room, and N95 or Powered Air Purifying Respirator (PAPR) mask]

Did you give a CHG bath on your shift?

No

Patient refused; education completed

RESTRAINTS:

Is the patient in restraint or seclusion?

no

PATIENT EDUCATION:

No education done at this encounter:

Patient declined teaching

SKIN ASSESSMENT

Complete the entire skin section, including Braden Scale, every shift for acute care patients.

Braden Scale for Predicting Pressure Sore Risk:

Sensory Perception (Responds to Pressure Discomfort)

No Impairment = 4

Moisture (Degree of Moisture)

Rarely Moist = 4

Activity (Degree of Activity)

Walks Frequently = 4

Mobility (Ability to Change Position)

No Limitations = 4

Nutrition (Usual Food Intake Pattern)

Excellent = 4

Friction/Shear

No Apparent Problem = 3

Braden Scale Score

19-23 No Risk

Score: 23

CURRENT SKIN ASSESSMENT

Skin Color:

Color: Normal for ethnic group

Skin Temperature

Temp: Warm

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Elastic (normal/immediate)

SKIN PROBLEMS

Unable to assess

Comment: patient refuses at this time to change out of street clothes, veteran with low risk for skin breakdown will try again to reason with veteran. md contacted made aware continue current plan of care

Pressure Ulcer Protocol:

INTERVENTIONS

No change in previous interventions as listed below

No data available

Wound Prevention/Care Done:

Preventive measures as described above completed

DISCHARGE PLANNING

Were any discharge concerns identified this shift?

No.

/es/ JENNIFER L. WOLFE MSN-ED,RN, PCCN, CCRN

JENNIFER L. WOLFE MSN-ED, RN, PCCN, CCRN

Signed: 05/30/2020 01:39

05/30/2020 ADDENDUM

STATUS: COMPLETED

0145: Received pt. from CCU. Head to toe assessment done. Pt. alert and oriented x4. NSR - 60's -70's/SBP - 110's -130's. IV LR at 250cc/h - IV site without swelling and with good blood return. Cont. to wear his street clothes. Pt. verbalized that he is cold. Voiding good yellow, clear u/o.

0345: C/o back pains, muscle aches - Dr. on call notified x2.
No new order given.

0500: AM labs drawn. Pending results. For other information - pls. see ICCA.

0630: Report given to AM shift at this time.

/es/ NELIA A ANDRES
NELIA,ANDRES RN,MICU/CCU
Signed: 05/30/2020 06:52

LOCAL TITLE: COVID-19 NURSING ADMISSION SCREENING

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00007785

Progress Notes

Printed On Feb 28, 2025

STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: MAY 29, 2020@17:10 ENTRY DATE: MAY 29, 2020@17:10:55
AUTHOR: NEWLIN, ERIC EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** COVID-19 NURSING ADMISSION SCREENING Has ADDENDA ***

Charting in accordance with ONS National SOP VA COVID-19 Nursing Documentation

ADMISSION SCREENING

Source

Patient

===== Preferred Language =====

Preferred spoken or written language other than English?

===== Abuse Screen =====

Are you worried for your safety, that you will be hurt or harmed?

No

Has anyone tried to force you to sign papers or use your money against your will?

No

===== Suicide Screening (I9 question) =====

Over the past two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

Not at all

===== Psychosocial Emergent Concerns =====

Status: Employed

Lives with: Spouse

Have any fears or worries?

Yes

failure

In the past 3 months, did you ever run out of food and were not able to access more food or money to buy more food?

No

Are there religious practices or spiritual concerns you want the chaplain, your physician, and other health care team members to know?

Yes

Chaplain consult ordered.

===== Infectious Disease Screening =====

New Onset Signs and Symptoms:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Not applicable

===== Nutrition Screening =====

Patient requiring tube feedings/TPN/PPN?

No

Do you have any food intolerances, special dietary needs, ethnic, cultural or religious preferences affecting dietary needs?

Yes

Specify:

no lima beans

Nutrition Consult ordered.

===== Tobacco Screening =====

Have you used tobacco or nicotine in the last 30 days?

Yes

Specify:

Wants to quit

===== Alcohol Screening =====

Have you consumed alcohol in the last 72 hours?

No

===== Substance Screening =====

Have you used any recreational drugs or narcotics in the last 72 hours?

No

Arrived via gurney with transport team. Patient alert and oriented. C/O generalized aching. Refuses covid swab at this time and MD aware. Oriented to unit. IVF of LR @ 150 cc/hr started and labs sent as ordered.

/es/ ERIC NEWLIN RN
STAFF NURSE
Signed: 05/29/2020 17:24

05/29/2020 ADDENDUM STATUS: COMPLETED
Patient agreed to Covid swab. Swab done and MD informed. LR rate increased to 25 0 cc/hr as ordered. SBAR to noc shift.

/es/ ERIC NEWLIN RN
STAFF NURSE
Signed: 05/29/2020 18:48

LOCAL TITLE: COMMUNITY CARE EMERGENCY TREATMENT

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: MAY 29, 2020@08:32 ENTRY DATE: MAY 29, 2020@08:32:18

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000079

Progress Notes

Printed On Feb 28, 2025

Veteran requesting transfer? Yes
Additional comments: Stan is faxing ASAP

/es/ MICHAEL D CRISSMAN, RN
RN Transport Team
Signed: 05/29/2020 08:35

Receipt Acknowledged By:
05/29/2020 16:17 /es/ Remelsa B. Buenaventura, RN,MSN
STAFF NURSE

05/29/2020 ADDENDUM

STATUS: COMPLETED

PLEASE ADD THE FOLLOWING TRANSFER CENTER STAFF AS ADDITIONAL SIGNERS:

1. Crissman, Michael D
2. McEntee, James
3. Gysler, Heidi
4. Buenaventura, Remelsa
5. Contreras, Tony
6. Brittin, Paul

VA HEALTH CARE ELIGIBILITY WITH DETERMINATION

Date/Time of Review: May 29, 2020@08:36

Service Connected Disabilities:

DS - Disabilities

Eligibility: SERVICE CONNECTED 50% to 100%

VERIFIED

Total S/C %: 90

LIMITED MOTION OF ARM	20%
S/C	
LIMITED FLEXION OF KNEE	10%
S/C	
LIMITED FLEXION OF KNEE	10%
S/C	
ANXIETY DISORDER	70%
S/C	
TINNITUS	10%
S/C	
VENTRICULAR ARRHYTHMIAS (SUSTAINED)	30%
S/C	

Additional comments: pending clinical

VA Health Care Eligibility:

Were services rendered in your local geographical area?

Care was rendered within local geographical area.

Clinical Review

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Is the Veteran Administratively Eligible for CFR 17.4020(c)?

Yes

Meets Prudent Layperson definition of an emergency:

Yes

VA feasibly available:

No

Approved for 38 CFR 17.4020(c).

Date/Time Approved: May 29, 2020@08:36

Communicate decision and send approval letter with authorization.

Continue following the Veteran during inpatient stay until transferred, discharge or Veteran refuses.

/es/ MICHAEL D CRISSMAN, RN
RN Transport Team
Signed: 05/29/2020 08:44

Receipt Acknowledged By:

05/29/2020 08:54 /es/ MARRIYAM MOTEN
Staff Cardiologist

05/29/2020 ADDENDUM STATUS: COMPLETED

Clinical received and sent to Dr. Chih for review.

HISTORY OF PRESENT ILLNESS: BRANDEN MOORE is a 30 year old male who presented to the ED W/ c/o muscle cramps and syncopal episode x 2 hours PTA. Pt is as a power line worker. Pt states he was working outside when at 1600 the pt was on Facetime with his wife and was not feeling well. Pt states the that he sat in lri s car and proceeded to vom?? t. Pt states that afterward he walked out outside and had a syncopal episode. Pt states that he woke up on the ground with his legs over the forklift. Pt states that short l y after his abdomen, ?1 e!, ls, and arms began to cramp. pt denies prior alcohol, and drug use. Pt denies taking medication PTA. Otherwise: (-)Fever (-)chills (-)cough (-)N/D and/or dysuria.

DIAGNOSTICS:

Pulseox 98.0% on RA indicating adequate oxygenation.

EKG@ 1807: 61 bpm NSR, no ischemia, no LBBB, no STEMI

CHEST ONE VIEW

INDICATION: syncope.

FINDINGS: Cardiomediastinal structures and bronchovascular markings are within normal limits. No obvious lung conso"lidation or pleural effusion are seell,

IMPRESSION: No acute abnormality of the chest.

Electronically signed By: CHAE M.D., CHUL H.

Date: 05/28/2020 19:49

CT SCAN OF HEI\D WITHOLn- CONTRAST

INDICATION: Syncope.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

TECHNIQUE: Non-contrast, axial images were obtained through the head. CTDI volume is 55 mGy and total DLP is 1067 mGy cm, CT scan was performed using one of the dose lowering techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique.

FINDINGS: There is no intracranial hemorrhage or extra-axial fluid collection. There is normal gray and white matter differentiation of the brain. The ventricles are normal caliber and basilar cisterns are patent. There is no midline shift or mass effect. The calvarium is intact.

IMPRESSION: ND acute abnormality of the head.

Electronically Signed By: CHAE M.D., CHOL H.

2300: case was d/w Dr Preci, will f/u on care including repeat CEs and dispo at this time.

2300. case endorsed to Dr. Preci at 2300, 05/28/30.

2354// Dr. Syed contacted, case discussed and reports he will evaluate patient. After the evaluation fo the Emergency Department, my clinical impression is Rhabdo; AKI.

PLAN AND FOLLOW-UP'. Patient will be admitted for further evaluation.

DISPO: 2357

This patient was seen by APP, ullen, Angela under Dr, charmoz but was endorsed to ?t?. Preci . Dr. Charrnoz did not see the patient.

----- Physician

Note-----

The APP, ul lon, Angel a, conducted the evaluation I management?t and treatment of this patient. The orders and the ch.art were reviewed and approved by me.

CT Scan of Head without Contrast

TECHNIQUE: Non-contrast, axial images were obtained through the head. CTDI volume is 55 mGy and total OLP is 1 067 mGy cm. CT scan was performed using one of the dose lowering techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique,

FINDINGS: There is no intrncranial hemotrhage or extra-axial fluid collection. There is nonnal gray and white matter differentiation of the brain. The ventricles are nonnal caliber and basilar cistellls are patent. There is no midline shift or mass effect. The calvarium is intact.

IMPRESSION: No acute abnomlality of the head.

Electronically Signed By: CHAE M.D., CHOL H.

Date: 05/28/2020 20:13

. Acute kidney injury secondary to dehydration, volume loss, also resulting in rhabdomyolysis. Patient will be admitted for IV fluid resuscitation and follow-up his labs which have been improving, except for CPK. Patient should stay well hydrated and out of the sun to prevent heat exhaustion or stroke
2, Syncope, likely secondary to above. Patient will have a remote history of Wolff*Parkinson-White syndrome but has been In sinus rhythm entirely hers, wa will monitor him on t0leml:1try and daa\$ not (:lppear he is having syncope due

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00008385

Progress Notes

Printed On Feb 28, 2025

to this but rather due to his dehydration as mentioned above

/es/ MICHAEL D CRISSMAN, RN
RN Transport Team
Signed: 05/29/2020 09:25

05/29/2020 ADDENDUM STATUS: COMPLETED
Dr. Chih spoke with this patient's MD at SG Pass. The MD at SG Pass has ordered another round of labs. If they are within expected "Normal" ranges showing an improvement, the patient will go home and be provided with the contact info in order to get a PACT here at LLVA, follow up within a week or so. If his labs do not improve, Stan @ SG Pass will alert the VA Transfer center ASAP and he will be able to transfer to LLVA for continued hospitalization.

/es/ MICHAEL D CRISSMAN, RN
RN Transport Team
Signed: 05/29/2020 09:46

Receipt Acknowledged By:

05/29/2020 10:22 /es/ Doris Y. Chih, MD, PhD
Nephrology/Chief Hospitalist

05/29/2020 ADDENDUM STATUS: COMPLETED
CPK trended up. Patient accepted for transfer. Relayed to transfer center.

/es/ Doris Y. Chih, MD, PhD
Nephrology/Chief Hospitalist
Signed: 05/29/2020 14:23

05/29/2020 ADDENDUM STATUS: COMPLETED
Placing the ADT order. LDV Team en route to pick up the patient now. ETA 1600 to 1552.

/es/ MICHAEL D CRISSMAN, RN
RN Transport Team
Signed: 05/29/2020 14:46

05/29/2020 ADDENDUM STATUS: COMPLETED
Patient placed in MICU 8 at 1610. Removed from BMS.

/es/ MICHAEL D CRISSMAN, RN
RN Transport Team
Signed: 05/29/2020 17:27

06/05/2020 ADDENDUM STATUS: COMPLETED
NOTIFICATION EVALUATION/ADMISSION LETTER

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

/es/ SHONDA N CHAMBERS
ADVANCED MSA
Signed: 06/05/2020 16:20

LOCAL TITLE: POST 911 CASE MANAGEMENT SCREENING
STANDARD TITLE: CASE MANAGER NOTE
DATE OF NOTE: MAR 26, 2020@14:03 ENTRY DATE: MAR 26, 2020@14:03:42
AUTHOR: MCELROY-LOPEZ, ANN M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Release of Information Office: Veteran may have a copy of this note upon completion of the required Consent to Release Medical Records Form.

Post 9/11 Case Management Screen

The Veteran was contacted by telephone.

Veteran demographic information has been verified as correct.

Email Address: BRANDENMOORE22@YAHOO.COM

Preferred Method(s) of Communication:

Telephone

Medical and/or Mental Health Crisis:

The Veteran is NOT currently experiencing a medical and/or mental health crisis.

Emergency Room Visits/Hospital Admissions:

The Veteran has NOT had three or more emergency room visits or hospital admissions in the past six months.

Chronic Health Conditions:

The Veteran has NOT been diagnosed with any chronic health condition in the last 12 months.

Concerns/Questions/Needs:

The Veteran has NO barriers to care concerns, questions or needs at this time.

The Veteran HAS concerns, questions or needs regarding benefits.

90% service connected

The Veteran HAS concerns, questions or needs regarding managing care.

tinnitus, knees, shoulders chronic pain and heart condition.

The Veteran has NO social concerns, questions or needs at this time.

Additional Information:

Veteran denied SI/HI with a means, intent, and/or plan; however, if Veteran experiences a crisis and/or needs help after business hours, Veteran will call 911, report to nearest ER for evaluation, or call the National Veterans Crisis Line: 1-800-273-8255. Informed of Walk-in access clinic for MH.

Case Management Screen Outcome:

The Veteran did NOT identify any needs as described above.

Time spent with patient: 5-10 minutes

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00008585

Progress Notes

Printed On Feb 28, 2025

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

Depression Screening:

PHQ-2+I9

Depression Screening Score: 0

The score on this administration is 0, which indicates a negative screen on the Depression Scale over the past two weeks.

Suicide Screening Score: 0

The results of this administration indicates a NEGATIVE primary screen for Risk of Suicide over the last 2 weeks.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

3. Thoughts that you would be better off dead or of hurting yourself in some way

Not at all

Homelessness/Food Insecurity Screen:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future

In the past three months did you ever run out of food and you were not able to access more food or have the money to buy more food?

No - No Food shortage

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Iraq&Afghan Post-Deployment Screen:

The patient reports no service in Operation Iraqi Freedom, Operation Enduring Freedom, Operation New Dawn, Operation Inherent Resolve or Operation Freedom's Sentinel.

PTSD Screening:

PC-PTSD-5+I9

PTSD Screening Score: 4

The score for this administration is 4, which indicates a POSITIVE screen for PTSD in the past month.

Suicide Screening Score: 0

The results of this administration revealed no suicidal ideation over the last 2 weeks, which indicates a NEGATIVE primary screen for Risk of Suicide.

Questions 1-5 reference a time frame of the past month

Sometimes things happen to people that are unusually or especially frightening, horrible or traumatic.

Have you ever experienced this kind of event?

YES

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES

3. Been constantly on guard, watchful, or easily startled?

YES

4. Felt numb or detached from people, activities, or your surroundings?

YES

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
NO

6. Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

Not at All

TBI Screening:

The patient reports no service in Operation Iraqi Freedom, Operation

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

000087

Progress Notes

Printed On Feb 28, 2025

Enduring Freedom, Operation New Dawn, Operation Inherent Resolve or Operation Freedom's Sentinel.

MST Screening:

Patient denies experiencing military sexual trauma (MST) in the past.

Follow-Up Pos PTSD/Depression/SI:

I have reviewed the results of the Mental Health screens and have evaluated the patient. Based on the evaluation, the following disposition plan will be implemented:

No further intervention is needed at this time. Contact information and instructions for accessing emergency services provided.

Comment: Veteran did not want services at this time.

Patient declines further intervention or evaluation at this time. Contact information and instructions for accessing emergency services provided.

Comment: Declines any MH treatment at this time.

/es/ ANN MCELROY-LOPEZ, MSW, LCSW

SOCIAL WORKER

Signed: 03/26/2020 14:10

LOCAL TITLE: ED/PHYSICIAN NOTE

STANDARD TITLE: EMERGENCY DEPT NOTE

DATE OF NOTE: MAR 20, 2020@07:51 ENTRY DATE: MAR 20, 2020@07:51:19

AUTHOR: TAGUINES, PAMELA R EXP COSIGNER:

URGENCY: STATUS: COMPLETED

MAR 20, 2020

EMERGENCY NURSE PRACTITIONER NOTE:

Hx from: patient

cc: HA/Blurry vision OS

HPI: MOORE, BRANDEN EUGENE is a 29 year old BLACK OR AFRICAN AMERICAN MALE with reported PMH of WPW syndrome 2011 where he was cardioverted, CVA 2012 with no residual deficit. Presents to the ED complaining as above. Patient reports waking up at 5:30am this morning when he noticed numbness to right fingers. He also noticed some blurriness to his OS while reading accompanied by confusion. He immediately took ASA 81 mg with instant relief of symptoms however, endorses now a severe frontal HA without aura, photo- or phonosensitivity/nausea. Reports

NPO since 10 pm. Denies any numbness, tingling, weakness or loss of movement on one side of his body, face, arm or leg, visual changes, change in level of consciousness, slurred speech, walking, balance, or coordination. Does not

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

endorse fever/chills, nausea, vomiting, diarrhea, constipation, chest pain or shortness of breath.

Pain assessment

Location: frontal

Quality: aching/throbbing

Severity: 8/10

Timing: constant

Context: no trauma or injury

Duration: since this morning

Associated Symptoms: none

Exacerbating, relieving factors: none

Treatment/s: none

=====

Allergy:

=====

Patient has answered NKA

=====

Past Medical/Surg History:

=====

=====

Military Hx:

=====

Service connection:

MARINE CORPS

=====

Social Hx

=====

Occupation:

LABOR

Tobacco: smokes 1-2 cigars daily

ETOH: denies

Drug use: denies

=====

Medications:

=====

No Outpatient Medications

=====

ROS:

=====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00008935

Progress Notes

Printed On Feb 28, 2025

General: Denies fever, chills, night sweats, weight loss/gain, fatigue
Ears: Denies pain, hearing loss, tinnitus, DC
Nose: Denies difficulty breathing, d/c, epistaxis
Mouth: Denies difficulty swallowing, ulcers, dental problems
Neck: Denies ROM difficulty, adenopathy or thyroid problems
Heart: Denies CP, palp, LE edema
Lungs: Denies SOB, PND, Orthopnea.
GI: Denies N/V/D/C, melena, BRBPR, hemoptysis, hematemesis, constipation, hematochezia
GU: Denies dysuria, hematuria, urgency, frequency, stream disturbances
MS: Denies ROM difficulties, gait disturbances, pain, swelling
Pysch: Denies SI/HI, no hallucinations, no anxiety
Neuro: Reports frontal HA, Denies LOC, seizure disorder, no focal weakness
Derm: Denies rashes or presence of lesions

=====

PE:

=====

Level 5: 8 Systems:

Vital signs: Vitals from Nursing notes reviewed.

Temp: 98.2 F [36.8 C] (03/20/2020 07:41)
Pulse: 84 (03/20/2020 07:41)
Resp: 19 (03/20/2020 07:41)
BP: 130/68 (03/20/2020 07:41)
O2 sat: 3/20/20 @ 0741 PULSE OXIMETRY: 100, (normal/abnormal)

Awake, alert, oriented x 3. Well appearing, in No acute distress
HENT: NC/AT, Moist Mucous Membrane
Eyes: EOMI, PERRLA, Lids normal, no conjunctivitis
Confrontational fields: Able to count fingers in all quadrants of both eyes
Neck: supple, no JVD, no meningitis signs
Heart: Regular rate and rhythm, no murmur, no rub, no gallops, pulses equal bilaterally
Lungs: CTA b/l, no wheezes, no crackles, no rales
Abd: soft, NT/ND, +BS
Ext: no edema, no clubbing, no cyanosis, no deformity or tenderness, no crepitus
Neuro: CN II-XII grossly intact, sensation intact.
Psych: Normal Affect, Judgement, no SI or HI

=====

EKG:

=====

Normal sinus rhythm = 78 BPM

=====

Labs:

=====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Report Released Date/Time: Mar 20, 2020@08:52

Provider: BAHRAMI, SHAHNAM N

Specimen: URINE RANDOM. DX 0320 123

Specimen Collection Date: Mar 20, 2020@08:19

Test name	Result	units	Ref.	range	Site Code
AMPHETAMINE	Not Detected				Ref: Not Detected (Limit of detection = 1000 ng/mL) [605]
BARBITURATES	Not Detected				Ref: Not Detected (Limit of detection = 200 ng/mL) [605]
BENZODIAZEPINE	Not Detected				Ref: Not Detected (Limit of detection = 200 ng/mL) [605]
COCAINE	Not Detected				Ref: Not Detected (Limit of detection = 300 ng/mL) [605]
OPIATE	Not Detected				Ref: Not Detected (Limit of detection = 300 ng/mL) [605]
THC	DETECTED				Ref: Not Detected (Limit of detection = 50 ng/mL) [605]
PCP	Not Detected				Ref: Not Detected (Limit of detection = 25 ng/mL) [605]

Eval: FOR CONFIRMATION TESTING CALL x6022 WITHIN TWO WEEKS OF RESULT.

DETCTED

Eval: RESULTS ARE **UNCONFIRMED** FOR ALL 7 DRUG CLASSES.

Eval:

Eval: **Test is done for medical and/or compliance checking ONLY and cannot be

Eval: used for legal/pre-employment purposes**.

Eval:

Eval: AMPHETAMINE: Ephedrine/Pseudoephedrine DO NOT interfere w/Aphetamines

Eval:

Eval: BENZODIAZEPINES: **MAY DETECT** Chlordiazepoxide, Diazepam,

Eval: Temazepam, Alprazolam, Clonazepam, or Lorazepam.

Eval:

Eval: OPIATES: **WILL DETECT** Codeine, Morphine, Hydrocodone, and

Eval: Hydromorphone **MAY or MAY NOT DETECT** Oxycodone

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MOORE, BRANDEN EUGENE

292 FINNHORSE ST

HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00009185

Progress Notes

Printed On Feb 28, 2025

Eval:	**WILL NOT DETECT** Fentanyl, Methadone, or Tramadol		
Eval:			
Eval:	URINE CREATININE values of <10 mg/dL may indicate questionable specimen		
Eval:	integrity. If adulteration is suspected, submit a new order and urine		
Eval:	sample for repeat testing.		
CREATININE, URINE	253.4	mg/dL	[605]

Report Released Date/Time: Mar 20, 2020@09:04

Provider:-BAHRAMI, SHAHNAM N

Specimen: URINE RANDOM. UA 0320 12

Specimen Collection Date: Mar 20, 2020@08:19

Test name	Result	units	Ref.	range	Site Code
URINE COLOR	Yellow		Ref: YELLOW		[605]
URINE APPEARANCE	CLEAR		Ref: CLEAR		[605]
URINE SPECIFIC GRAVITY	1.025		1.003 - 1.035		[605]
URINE BLOOD	NEGATIVE	mg/dL	Ref: NEG		[605]
URINE BILIRUBIN	NEGATIVE	mg/dL	Ref: NEG		[605]
URINE KETONES	NEGATIVE	mg/dL	Ref: NEG		[605]
URINE GLUCOSE	NEGATIVE	mg/dL	Ref: NEG		[605]
URINE PROTEIN	NEGATIVE	mg/dL	0 - 10		[605]
URINE PH	6.00		5 - 8		[605]
URINE NITRITE	NEGATIVE		Ref: NEG		[605]
URINE WBC-ASE	NEGATIVE	Leu/uL	Ref: Negative		[605]
UROBILINOGEN (UA)	NEGATIVE	mg/dL	0 - 2		[605]

Eval:

Eval: If tested after 1 hr of voiding, results may be equivocal.

URINE RBC/HPF	1	/HPF	0 - 6	[605]
---------------	---	------	-------	-------

URINE WBC/HPF	1	/HPF	0 - 6	[605]
---------------	---	------	-------	-------

SQUAMOUS EPITHELIAL CELLS	FEW	/LPF	0 - 5	[605]
---------------------------	-----	------	-------	-------

URINE MUCUS (AUTO)	FEW	/HPF		[605]
--------------------	-----	------	--	-------

ASCORBIC ACID (UA)	40		Ref: NEG	[605]
--------------------	----	--	----------	-------

Eval: Ascorbic Acid =>10 mg/dL may interfere with blood result.

Eval: Ascorbic Acid =>300 mg/dL may interfere with bilirubin, glucose
Eval: and nitrite results.

C&S Indicated?	NO		[605]
----------------	----	--	-------

Eval: If YES/POS: C&S will automatically be performed.

Eval: IF NO/NEG: C&S does not meet criteria and will NOT be performed.

Eval: Criteria for C&S Reflex based on these microscopic results: WBC/hpf=

>25

Report Released Date/Time: Mar 20, 2020@08:43

Provider: BAHRAMI, SHAHNAM N

Specimen: PLASMA. COAG 0320 24

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Specimen Collection Date: Mar 20, 2020@07:55					
	Test name	Result	units	Ref.	range
PT		11.9	sec	11.7	- 14.4
INR		0.89	ratio		[605]
Eval: ACCURACY OF INR AT LEVELS >5.5 ARE DECREASED.					
Eval: TARGET INR:					
Eval: Prophylaxis of deep venous thrombosis 2.0-3.0					
Eval: In high-risk medical or surgical patients.					
Eval: Treatment of deep venous thrombosis. 2.0-3.0					
Eval: Prevention of embolism. 2.0-3.0					
Eval: Prevention of recurrent embolism, or 3.0-4.5					
Eval: Patients with mechanical prosthetic					
Eval: Intravascular valves.					
PTT		25.6	sec	24.7	- 35.3
Eval: THERAPEUTIC RANGE IS 82.0 - 108.0 SECONDS					
Eval: THERAPEUTIC RANGE Prior to 4/24/18 is 60.0 - 94.0 SECONDS					
Comment: Heparin therapeutic PTT range for current lot is 82-108 sec.					

Report Released Date/Time: Mar 20, 2020@08:33

Provider: BAHRAMI, SHAHNAM N

Specimen: BLOOD. HE 0320 75					
Specimen Collection Date: Mar 20, 2020@07:55					
	Test name	Result	units	Ref.	range
WBC		4.01	BILL/L	4.00	- 10.00
RBC		5.70	TRIL/L	4.4	- 5.7
HGB		15.6	g/dL	13.5	- 17.5
HCT		49.2	%	40	- 53
MCV		86.3	fL	80	- 100
MCH		27.4	L pg	27.6	- 33.3
MCHC		31.7	L g/dL	32	- 35
RDW-SD		41.1	fL	35.1	- 43.9
PLT		239	BILL/L	150	- 450
MPV		8.9	fL	7.8	- 11.0
Neutrophils (AUTO)		2.08	L BILL/L	2.5	- 7.0
Lymphocytes (AUTO)		1.48	BILL/L	0.9	- 3.0
Monocytes (AUTO)		0.37	BILL/L	0.2	- 1.0
Eosinophils (AUTO)		0.05	BILL/L	0	- 0.5
Basophils (AUTO)		0.03	BILL/L	0.0	- 0.1
IG (AUTO)		0.00	BILL/L	0	- 0.031
NRBC (AUTO)		0.00	BILL/L	0	- 0.012

Report Released Date/Time: Mar 20, 2020@08:51

Provider: BAHRAMI, SHAHNAM N

Specimen: SERUM. CEN 0320 26					
Specimen Collection Date: Mar 20, 2020@07:55					
	Test name	Result	units	Ref.	range

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00009385

Progress Notes

Printed On Feb 28, 2025

TROPONIN-I ULTRA	<0.04	L	ng/mL	0.04 - 0.90	[605]
Eval:					
Eval: Normal (cardiac damage unlikely)	<0.04	ng/mL			
Eval: Indeterminate	0.05	- 0.10	ng/mL		
Eval: Risk stratification	0.11	- 0.89	ng/mL		
Eval: Acute MI	>/=	0.9	ng/mL		

Report Released Date/Time: Mar 20, 2020@08:38

Provider: BAHRAMI, SHAHNAM N

Specimen: SERUM. DX 0320 118

Specimen Collection Date: Mar 20, 2020@07:55

Test name	Result	units	Ref.	range	Site Code
SODIUM	137	mMol/L	136	- 144	[605]
POTASSIUM	4.1	mMol/L	3.6	- 5.1	[605]
CHLORIDE	102	mMol/L	101	- 111	[605]
CO2	28.0	mMol/L	22	- 32	[605]
UREA NITROGEN	13	mg/dL	8	- 20	[605]
CREATININE	1.09	mg/dL	.64	- 1.27	[605]
eGFR	>60	mL/min	Ref:	>=60	[605]

Eval: eGFR is calculated by 4-variable MDRD equation of Levey modified for

Eval: standardized creatinine. Stable creatinine presumed - ignore eGFR in

Eval: dialysis patients. Interpret with caution in patients with acute renal

Eval: failure. Units for eGFR are in mL/min/1.73 square meters.

GLUCOSE	91	mg/dL	74 - 118	[605]
---------	----	-------	----------	-------

Eval: NEW CRITICAL VALUES APPROVED BY MEC 3/8/16.

CALCIUM	9.4	mg/dL	8.9 - 10.3	[605]
MAGNESIUM	2.2	mg/dL	1.8 - 2.5	[605]
PO4	3.3	mg/dL	2.5 - 4.6	[605]
ALBUMIN	4.6	gm/dL	3.5 - 4.8	[605]
TOT. BILIRUBIN	0.6	mg/dL	0.2 - 1.2	[605]
ALKALINE PHOSPHATASE	92 H	IU/L	32 - 91	[605]
ALT	17	IU/L	17 - 63	[605]
AST	23	IU/L	15 - 41	[605]
CPK	472 H	IU/L	49 - 397	[605]
AGAP (UI)	7.0		3 - 11	[605]
PROTEIN TOTAL	7.3	gm/dL	6.1 - 7.9	[605]

Performing Lab Sites

[605] LOMA LINDA HCS [CLIA# 05D0988208]

11201 BENTON ST 11201 Benton Street LOMA LINDA, CA 92357-1000

Radiology:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

=====

CT HEAD W/O CONT

Exm Date: MAR 20, 2020@07:56

Req Phys: BAHRAMI, SHAHNAM N

Pat Loc: LL/EMER/DEPT LOG/0001-0800-X (

Img Loc: COMPUTERIZED TOMOGRAPHY (CT)

Service: Unknown

(Case 605-032020-1672 COMPLETE) CT HEAD W/O CONT

(CT Detailed)

CPT:70450

Reason for Study: Refer to Clinical History

Clinical History:

History/Reason for exam: left-sided ha with blurry vision

BUN - No Labs for this patient
CREAT - No Labs for this patient
eGFR - No Labs for this patient

Defer to Radiologist for final protocol?....: Yes

Report Status: Verified

Date Reported: MAR 20, 2020

Date Verified: MAR 20, 2020

Verifier E-Sig:/ES/Matthew A Grube, MD

Report:

COMPARISON: None available.

TECHNIQUE: Helical CT scan obtained through the head without intravenous contrast. Total radiation DLP is 794 mGy-cm.

FINDINGS:

The brain demonstrates normal morphology with preserved gray-white matter differentiation. The ventricles are normal in size. No intracranial hemorrhage, mass lesion, or extra-axial fluid collection is visible. Incidental note of partially empty sella. The basal cisterns are patent.

Calvarium and imaged facial bones are intact. Paranasal sinuses and mastoid air cells are normally aerated, other than small mucous retention cyst partially visualized in the floor of the left maxillary sinus. Soft tissues are intact.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS

00095

Progress Notes

Printed On Feb 28, 2025

Impression:

Partially empty sella may be incidental finding, however given history of headache and blurry vision, consider evaluation for idiopathic intracranial hypertension.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:

Matthew A Grube, MD, Radiologist (Verifier)
/MAG

Select an imaging exam...

ED course/Medical decision making:

Dx and Mgmt option: Consideration was given for _____, DDx considered includes:

_____, Do not Suspect _____ (4 total).

Complexity: Case Discussed with _____, Old records reviewed, Discussed with pt and family.

Diagnosis and Disposition:

Impression:

Headache (ICD-10-CM R51.) (Primary)

Persons Encountering Health Services in other specified Circumstances (ICD-10-CM

Z76.89)

A/P:

Toradol - HA relieved post medication

- offered oral pills but declines, continue home meds

- lab/imaging results d/w patient

- DC home stable, NAD

- Return to ER for worsening condition

- Follow with PMD in 5-7 days re: this ER visit

- Continue follow up with PCP for health maintenance, exam, labs & age appropriate cancer screening

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

Pt verbalized understanding of the above impressions and plans .

Pt was given the opportunity to ask questions

Pt was instructed to return if the symptom(s) do not improve, worsen, or if new symptoms develop.

/es/ PAMELA R. TAGUINES, FNP-BC, CCRN
Nurse Practitioner, Emergency Department
Signed: 03/20/2020 15:10

LOCAL TITLE: NURS/ED/TRIAGE ASSESSMENT

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: MAR 20, 2020@07:46 ENTRY DATE: MAR 20, 2020@07:46:17

AUTHOR: PEREZ, THOMAS

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** NURS/ED/TRIAGE ASSESSMENT Has ADDENDA ***

Emergency Department/Urgent Care Center Triage

Patient age:29 Sex: MALE

On arrival patient was: AMBULATORY

Patient phone number: PATIENT PHONE

Allergies: Patient has answered NKA

Subjective/Chief Complaint:

headache, left eye blurry vision

Objective:

29 y/o male states he woke up this morning with left frontal headache and blurry vision to left eye at 0530. pt is alert and oriented times 4. pt ambulates with a steady gait. no distress noted. pt has strong and equal hand grips and pedal pushes. no slurred speech, facial droop or arm drift noted. pt evaluated by pam NP. blood will be drawn by john lvn and sent to the lab. ekg done and will be shown to ER attending. Pam NP said to hold off on Code Brain for the moment.

The patient is not a fall risk.

Vital Signs *

Blood Pressure:130/68 (03/20/2020 07:41)

Pulse:84 (03/20/2020 07:41)

Respiration: 19 (03/20/2020 07:41)

Temperature:98.2 F [36.8 C] (03/20/2020 07:41)

3/20/20 @ 0741 PULSE OXIMETRY: 100

Pain:3 (03/20/2020 07:41)

Emergency Severity Index (ESI) level

Level 2

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

0009785

Progress Notes

Printed On Feb 28, 2025

Current Medications:

Active and Recently Expired Inpatient and Outpatient Medications (excluding Supplies):

No Medications Found

Current Problems: ACTIVE PROBLEMS

Coronavirus Disease 2019 (COVID-19) Screen:

- The patient reports that they do not have a fever.
- The patient reports that they do not have a new or worsening cough or shortness of breath.
- The patient reports they do not have any flu-like symptoms.

The patient reports that in the last 14 days, they or a close contact have not traveled to a community with known COVID-19 transmission. The patient reports that they have not been in close contact with someone, including health care workers, confirmed to have COVID-19.

Results:

Screen is negative.

Suicide Screen:

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

Progress Notes

Printed On Feb 28, 2025

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

Gynecological Assessment:

Has anyone been hurting you physically or emotionally? No

Do you suspect that this patient may be a perpetrator or victim of abuse? No

Is the patient homeless?

No

SEPSIS SCREENING TOOL

No risk factors identified - Negative Screen

Negative Screen:

- No signs, symptoms or risk factors identified and no qualifying SIRS or organ dysfunction present

VISUAL ACUITY

OS: 20/25

OD: 20/20

OU: 20/20

Dispo to: ed waiting room

/es/ THOMAS PEREZ, RN

STAFF NURSE

Signed: 03/20/2020 07:55

03/20/2020 ADDENDUM

STATUS: COMPLETED

0855: Received pt to RME. Introduced self. ID band verified.

0855: Received orders from Pamela Taguines NP for Toradol 60mg IM.

0855: Verified NKDA.

0903: Medications given see BCMA.

MEDICATION ADMINISTRATION:

TIME	MEDICATION	DOSE	ROUTE
0903:	Toradol	60mg	IM RUG

0930: VSS see cover sheet. Pt discharged from ED. Pt given discharge instructions, verbalized understanding, and given the opportunity to ask questions. Pt to follow up with PMD as directed. Instructed to return to ED if symptoms worsen or persist. Pt ambulated out of the ED in no acute distress in care of self with all personal belongings.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation

Printed at LOMA LINDA HCS

00009935

Progress Notes

Printed On Feb 28, 2025

/es/ RAUL P HERNANDEZ LVN
STAFF NURSE
Signed: 03/20/2020 09:51

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MOORE, BRANDEN EUGENE
292 FINNHORSE ST
HEMET, CALIFORNIA 92545

VISTA Electronic Medical Documentation
Printed at LOMA LINDA HCS